

DISABILITY, ABUSE AND PERSONAL RIGHTS

A Project of

SPECTRUM INSTITUTE

*A Non-Profit Corporation
Promoting Respect for Human Diversity*

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QUICK REFERENCE FACT SHEET ON: INTERVIEWING ABUSE VICTIMS WHO HAVE COGNITIVE OR COMMUNICATION IMPAIRMENTS

1. Persons with intellectual or communication impairments:

- A. Know what happened to them
- B. Have feelings about their victimization(s)
- C. Will do their best to communicate this to you given a proper environment, introduction and reception/preparation
- D. Respond well to people who treat them with respect
- E. Can distinguish between consensual and non-consensual sexual contact
- F. Are members of a culture whose values may interfere with their ability to report crimes against them.

2. Language to use with persons with mental retardation

- A. Use "Plain English" language technique, with vocabulary not exceeding a 3rd grade level.
- B. Use simple (not compound) sentences. (Simple: I saw the dog. Complex: It was on Thursday in the afternoon, I believe, when I saw the dog at the park sleeping.)

- C. Avoid double negatives. (Double negative: Isn't it true that you denied you knew the man? Did you fail to deny the accusation?)
- D. Ask only one question at a time and wait for an answer.
- E. Use age appropriate and respectful titles (Mr., Ms. for adults), tone of voice and approach.
- F. Use language that empowers, enhances status and demonstrates respect.
- G. Use "Yes" "No" questions when it is not possible to get a narrative or adequate response to open ended questions. When doing so, be sure to match in fact and emotional impact a "yes" and "no" that pinpoint the answer. *For example, if the person cannot answer, "What did you have to eat?" And you know it was a chocolate ice cream cone, you might ask, "When you went on Thursday after school you say you had something to eat, right? (Yes answer, confirming previously obtained information.) "Did you have a hot dog? (No) Did you have an ice cream cone? (Yes) Did you have an ice cream bar? (No) You did not have an ice cream cone? (No, I did have an ice cream cone) Was it a chocolate? (Yes) Was it a vanilla? (No) Was there only one flavor on your ice cream? (Yes)*

3. Non-verbal individuals normally understand verbal language (receptive skills are intact). It is best for the forensic interview and in certain cases for clinical interviews to:

- A. Use a certified interpreter unknown to the individual
- B. Attempt to learn a little of their communication style or system
- C. Understand that obviously the conversations will be solely you doing the talking when vocalization abilities are absent, and that this is new to you, but not to the interviewee.

4. Pre-Interview "Musts":

- A. Be clear on the purpose of the interview (forensic or clinical)
- B. Plan to video or audio tape with the proper consents signed
- C. Be familiar with/aware of how the interviewee communicates

D. Assure the interview area is:

1. Not associated with the location or persons related to the crime
2. Not overly "busy" (bulletin boards and desks are clear, clean, quiet)
3. Plenty of space for both (all) involved in the interview, with enough distance between the interviewer and interviewee
4. Have a comfortable place for both (all) parties that is conducive to a positive interview outcome (face to face contact is easy; if an interpreter will be employed, an appropriate position in the room for ease of eye contact to be maintained with the interviewee)
5. Be familiar with how to use an interpreter (do not communicate with the interpreter but use the interpreter {example: DO NOT say, "tell Jane I want to know about her school day today", but DO SAY, "Jane, tell me about your school day today".})
6. Have interview, tools and materials accessible to you AND accessible to the interviewee (large print, spiral bound, illustrated, voiced and properly touch adapted for visually impaired children/adults)

5. DO'S -----IN INTERVIEWING-----& DON'TS

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| ☺ Take time to develop rapport | ☹ Use infantilizing language, tones or approach |
| ☺ Do a proper introduction of yourself | ☹ Touch interviewee |
| ☺ Take time to describe the purpose of the interview | ☹ Use terms of endearment |
| ☺ Allow the interviewee to ask questions | ☹ Use family members as interpreters |
| ☺ Tell the interviewee what to call you | ☹ Prejudge abilities to describe or recall abuse events |
| ☺ Work within a MultiDisciplinary Team protocol and process | ☹ Expect clear and well-formed explanations |
| ☺ Plan extra time for each interview and allow interview to end whenever interviewee becomes too agitated or distressed to continue. Be sure to change the subject briefly to a more pleasant topic prior to ending the session. | ☹ Expect the accounting will be the same when clarifying due to the confounding issues of accommodation syndrome, desire to please, and fear of disclosure. |
| ☺ Plan for more interview sessions | ☹ Repeatedly ask the same question(s). |
| ☺ Expect normal reactions to abuse, including accommodation syndrome | ☹ Lie to the interviewee about your ability to recall or understand what you have been told. |
| ☺ Use concrete images and tools | |
| ☺ Be aware of cultural issues & attempt to be as "bias free" as you can | |

6. POST INTERVIEWING

- A. Close the interview with a description of what the next steps will be. (I will see you again next week. I will call you. I will not see you again. You may telephone me if you wish. I will make an appointment for you with a doctor.)
- B. Thank the interviewee for her/his time and help.
- C. Tell the interviewee he/she did a "good job".
- D. Tell the interviewee what you will be doing with the information you have been given, with the audio and/or video tape.
- E. Allow the interviewee time to assimilate what you have said.
- F. Make an opportunity for and facilitate the interviewee's asking questions of you.
- G. Make sure that you have stated to the client something about the fact that this experience (a) did not happen because s/he has a disability and (b) did not only happen to her/him, but happens to many people.
- H. Make sure you leave your card with the interviewee.
- I. Leave a booklet or pamphlet with the interviewee to help reinforce the information you have provided, and to assist with the emotional reactions the interview itself is bound to engender.
- J. Make a referral to a sexual assault or other appropriate treatment center for a least a few sessions for the interviewee (minimum of three sessions).
- K. Make sure the non-offending friends, natural and chosen family members of the interviewee know that they also will have been emotionally effected by the events of the (alleged) assault(s), and can benefit from some educational counseling sessions with a sexual assault or other appropriate center representative.
- L. Make sure you as the interviewer take time for yourself to "de-tox" about your personal experience in conducting the interview. These types of interview can be emotionally draining and demanding. To make sure you are taken care of, plan to have someone you can take time to discuss your feelings with, someone you can trust to help you, and plan some relaxing non-related activities that will help clear you for the next steps with this interviewee as well as the next ones on your schedule.