



VICTIMS with DISABILITIES: The Forensic Interview

Techniques for Interviewing Victims with Communication and/or Cognitive Disabilities

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VICTIMS WITH DISABILITIES: THE FORENSIC INTERVIEW

**Techniques for Interviewing Victims with
Communication and/or Cognitive Disabilities**

TRAINER'S GUIDE

**A training DVD and trainer's guide to demonstrate effective techniques for
interviewing individuals with disabilities that affect
cognitive and communication abilities.**

**Office for Victims of Crime
Office of Justice Programs
U.S. Department of Justice**

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SECTION 1

INTRODUCTION

Purpose of the DVD

This training DVD provides a specific set of guidelines for practitioners (e.g., law enforcement officers, prosecutors, victim advocates, and forensic interviewers) who work with victims of crime with disabilities during the forensic interviewing process. It is designed for professionals who already conduct forensic interviews to help them hone their ability to work with individuals who present specific challenges to a successful interview outcome.

Developed under the guidance of a National Advisory Board, the DVD provides guidelines for interviewing adults and children, and places special emphasis on victims of crime who have communication and/or cognitive disabilities. Cognitive disabilities, which involve the mental process of knowing, include disabilities such as mental retardation and autism. Communication disabilities, which involve physical impairment that interferes with a person's ability to convey information and ideas, include disabilities associated with speech production (e.g., cerebral palsy or stroke).

Process of Creating the DVD

With the primary focus of this first DVD on victims of crime with communication and/or cognitive disabilities, we concentrate on some essentials of the interview. As you will see in the following pages and as you watch the DVD, these essentials or basic principles can be applied to any interview with a person who has a disability and can facilitate a successful interaction between the interviewer and the victim.

To create this DVD, we used the expertise of the Advisory Board and the production team, who brought years of experience to the project. Writer and Director Greg Byers has many years of personal experience working and having friendships with individuals with a variety of disabilities. The same is true of Coproducer Jennifer Ballinger, who is the adoptive mother of a teenager with disabilities as well as a special education teacher for children with autism and other disabilities. Members of the Advisory Board included individuals with many years' experience in various professional roles relating to crime victims with disabilities throughout various life stages. Members included law enforcement officers, current and former prosecutors, disability specialists, and professionals from child protective services, elder and dependent adult protective services, and victim

advocate services. (Note: The terms *dependent adult* and *dependent person* are used in several states to identify individuals between ages 18 and 65 who may qualify for adult protective services. Other states use *vulnerable adult*, *endangered adult*, *impaired adult*, and other terms. Although these terms are controversial and some in the disability community find them pejorative, they are the legal terms used in this context and, thus, are used in this guide.)

The goal of the DVD is not only to help law enforcement personnel acquire additional skills but also to help them acquire a deeper understanding of the lives, personal attributes, and abilities of individuals with developmental and other disabilities. To accomplish this latter goal, the DVD provides vignettes of each interviewee and others to give practitioners a bird's-eye view of the lives of people with disabilities. Increased knowledge about people with disabilities helps bridge the gap between myth and fact and helps erode stereotypical perceptions that could interfere with the interview process. Bridging this gap, you will notice, is a major theme throughout the DVD.

The DVD introduces individuals with various disabilities, then describes and demonstrates the basic principles for an effective and productive interaction and interview. The DVD can be stopped after each basic principle for further discussion if desired. (See How To View This DVD for more information.)

In addition to describing the basic principles for productive interaction, the training DVD also describes and demonstrates basic steps for preparing for and documenting the interaction, such as—

- Understanding the disability before meeting the victim.
- Ensuring that the room is prepared properly for the interview.
- Proceeding through the interaction from introduction to termination of the interview.
- Videotaping the interview.
- Labeling the videotape and placing it with other investigation materials.
- Discussing the interview with interview or investigation team members.

Because some of the individuals appearing in the DVD are a bit more difficult to understand than others, a complete written transcript of the audio portion has been provided. In real life, however, interviewers would have to rely on their own listening skills rather than subtitles. Therefore, subtitles have not been provided; viewers must listen to each person's speech pattern and attempt to discern what is being said.

Furthermore, even though the DVD does come with an open-caption version, providing a written transcript that can be modified for those with vision impairments expands access to the entire audio portion.

To demonstrate how interviews occur in real life, the DVD includes forensic interviews conducted not only by law enforcement officers but also by qualified forensic interviewers.

Forensic interviewers are not used in all jurisdictions throughout the country, but this specialty is increasingly being recognized and used nationwide. Forensic interviewers are usually social workers or other child abuse professionals who have acquired training in this specialty.

Difficult Choices (Mile-High Wish List)

Advisory Board members had many wonderful suggestions for the development of this training DVD that could not be accommodated in just 1 hour. Their suggestions, however, will be addressed in later proposals for video or DVD training projects. Ideas for the DVD included focusing on—

- Individuals who reside in congregate living situations such as group homes.
- People who experience mental illness.
- People who have recently acquired a disability due to a crime.
- Individuals who are medically fragile and whose transport, if needed, requires special skills.
- People who have dual diagnoses of both mental retardation and a psychiatric condition.
- Specific issues for those who are deaf or hard-of-hearing.
- Specific issues for those who are blind or vision impaired.

The group also discussed creating training for first responders, judges, prosecutors, victim advocates, protective services workers, and other specialized groups. Each concept suggested has merit and deserves special attention. However, if we tried to accommodate all of these important ideas in an effort to serve all with one DVD, the DVD would no longer provide professionals with the comprehensive, effective training that is our goal.

Language

The words we use with and about individuals with disabilities make a difference in how well our interactions with them proceed. Language reflects our attitudes about, knowledge of, and, particularly, the respect we have for individuals of any population group or designation. Language preferences, however, should emerge from the disability community and will change over time. The preferred terminology and phrases that are used on these pages today may not be preferred in a few years. To avoid language that may be offensive to people with disabilities, it is important to keep up with these changes.

Throughout this DVD and training guide, the terms *individuals with disabilities* and *person who has a disability* are used. This is consistent with the language preferences originally promulgated by the People First organization. This Oregon-based self-advocacy group declared that “we are people first, then we are people who have disabilities.” The emphasis on the disability being a part of an individual’s identity, rather than the person’s entire identity, marked a milestone in moving away from what many refer to as the *medical model* of disability, in which the individual was primarily perceived as a medical patient. The concept of *having* rather than *being* a disability is important because it allows

for many other aspects of an individual's life to be included (e.g., a person with a disability may also be a professional in a particular field, a wife and mother, or an active community leader). In other words, one may "have cerebral palsy," not "be a cerebral palsy."

It is not acceptable to use an adjective to include information about an individual's disability. For example, it is not acceptable to say, "the retarded boy." However, one may say, "the boy who has mental retardation." Even the term *retardation* is currently in dispute, with many alternatives being offered. However, the term remains current in diagnostic nomenclature. In terms of this disability, many individuals who have mental retardation prefer a description of being slow but have strong negative feelings about any permutation of the word *retarded*.

It is not acceptable to refer to someone's assistive device or disability without referring to the person. An example would be, "Let's go talk to the wheelchair." This unacceptability extends to hospitals as well, in which one might hear, "How about the appendix in room 346?"

Individuals are not, nor are they part of, their assistive devices. Thus, one would not say, "the wheelchair" or "the wheelchair person," but rather, "the woman who uses a wheelchair."

Grouping people by disability is also not acceptable. Phrases such as "the disabled," "the mentally ill," take away individuality from the person with a disability. It is more acceptable to say, "individuals who have mental retardation."

The term *consumer* was developed several years ago in an attempt to find a word other than client or patient to refer to individuals with developmental disabilities. Originally, individuals with disabilities were to be referred to as "consumers of case management services." Unfortunately, *consumer* became a commonly used term and now, regardless of whether or not they use the services of a case management program, individuals with disabilities are universally referred to as consumers. Many dislike this term because it contradicts the "whole person" concept and promotes the view of people with disabilities as individuals who only use up the resources of the community. Some leaders in the disability community prefer to use the word *consumer* only when the person is actually engaged in case management activities. Otherwise, they prefer the use of another descriptive word, as one would use for a person who did not have a developmental disability. For example, when people are not engaged in case management activities, they could be called pedestrians, shoppers, tenants, workers, and customers.

Many guides are available on the Internet regarding the preferred language to use with and about individuals with disabilities. Because language is constantly changing, it is good to check these guides periodically.

SECTION 2

DVD USE

How To View This DVD

This training DVD is designed for optional viewing opportunities. It is certainly excellent for use in a single viewing followed by discussion. Because it is only 55 minutes in length and its text flows seamlessly from one section to the next, this option is effective for those who prefer to view the DVD in its entirety.

However, there are reasons to break up the viewing of the DVD into smaller bits. One reason may be a simple time consideration such as roll call, in which only 5 minutes or so can be viewed in one sitting. Another option may be that smaller bits of the DVD are viewed with discussion following, and then at the next training opportunity another section is viewed and discussed. Or, finally, the entire DVD may be viewed during a one-day training seminar, with each section viewed then discussed throughout the day.

Because the DVD training was designed for those who conduct the forensic interview, such as detectives, investigators, and others, it is our belief that most will want to view the DVD in one training session, starting and stopping it to discuss points along the way. Cues are provided within each section of this training guide to let instructors know when to stop the DVD for discussion. The next section provides an outline of the training DVD, with suggested discussion points at each section break.

This DVD has special features to facilitate alternate viewing plans. The main menu offers a choice of viewing the video in its entirety (Play Video) or selecting an individual section (Select Scene). Scenes individually selected for play will stop automatically at the end of the scene and return to the select scene menu. As discussed earlier, trainers may also want to stop and start the video based on the cues provided within each section or on individual needs and can use the standard remote control stop/play buttons to do so.

SECTION 3

STOP/START DISCUSSION POINTS AND QUESTIONS

PART 1: Introduction—Defining Terms and Concepts

This DVD training program focuses on victims of crime with communication and/or cognitive disabilities.

A **COGNITIVE** disability refers to the mental process of knowing, including aspects such as awareness, perception, reasoning, judgment, and learning.

A **COMMUNICATION** disability refers to the physical involvement that impairs one's ability to convey information and ideas.

FACTS

1. Many people who have cognitive disabilities have an excellent recall of traumatic or special events in their lives.
2. The communication method of the victim may be new to the interviewer, but it is an everyday, every moment method for the individual.
3. Victims with disabilities may be thought of as a credibility risk for the case and consequently are not interviewed. Consultants for case building advise treating each new crime victim the same, taking all of the same steps, such as investigating the scene, interviewing the victim and witness, documenting the findings, and planning the next step as if each case will be viable for prosecution. If the on-the-scene responder does not interview the crime victim or witness who has a disability, this in fact may lessen the strength of the case when it is forwarded through the system.
4. Due to improper interviewing, cases involving victims with disabilities have rarely been moved forward for prosecution. In other words, when an interview has not occurred or has not followed the steps of a traditional interview, it may make it difficult later on to defend the interview process or content. Sticking to the bedrock of the usual crime victim interview in content and process can eliminate such problems from the start.

5. Because of the severity of an individual's disability, officers may think, at times, that a person cannot be interviewed. At these times, officers should seek guidance from their supervisors and other resources available in the community to go forward with and support a successful interview.
6. Speech production problems do not signal an intellectual impairment. Problems with speech production may signal that the individual has a disability such as cerebral palsy or has suffered a stroke, and the mechanics of speech production have been affected (movement of the mouth and tongue, breathing to produce voice). However, in most cases, intellect is unrelated. For example, the late Christopher Reeve's speech production was labored and difficult following a spinal cord injury that left him paralyzed, but his intellect was unimpaired. Another example would be Stephen Hawking, the brilliant astrophysicist who has ALS (amyotrophic lateral sclerosis, also known as Lou Gehrig's disease) and uses computerized voice technology to speak. His disability impairs his verbal response but has no effect on his cognitive functioning.
7. Cognitive impairment (or disability) is *unrelated to the reliability of memory*. People with severe mental retardation, for example, can describe in exquisite detail the crimes that have been committed against them, including the name of the perpetrator (if known) and the details of the case. Like most of the population, however, they do not have excellent recall of unimportant details of daily life such as the breakfast meal they had a few days prior.
8. Cognitive impairment (or disability) is *unrelated to the ability to distinguish the truth from a lie*. Children learn to distinguish the truth from a lie early in their developmental process. This ability is intact in most people who have cognitive disabilities. To assess this ability may require a simple adjustment to matters with which they are familiar. The skill is most likely present.

Instructor: STOP DVD when you hear these words: "From his—his CDs. That's nice. He did it."

[MUSIC]

DISCUSSION QUESTIONS

1. When you see a person with an obvious disability, what are some of the thoughts that pop into your mind regarding the person's ability to communicate with you?
2. Do you usually think that if a person has a speech impairment that he or she most likely also has an intellectual disability?
3. What does the term cognitive disability mean to you?
4. What does the term communication disability mean to you?
5. Make a list of the types of intellectual disabilities with which you are familiar.
6. Make a list of the types of communication disabilities with which you are familiar.

7. Create a list of resource people, by type, who could provide technical assistance in conducting an interview with an individual with a cognitive or communication impairment, or an individual with both types of impairment.
8. Suggest two ideas for how to overcome the barriers of cognitive and communication impairment in your interview.

PART 2: The Preinterview Process—Four Steps

Step 1: Personal Preparation

- A. Clear negative attitudes and misconceptions.
 1. Ours is a “disability-negative” society in which people who are different from oneself are often viewed negatively.
 2. Furthermore, there are many myths and stereotypes that we may inadvertently or unknowingly believe are true.
 3. Before working with individuals who have any type of difference, whether the difference is cultural, ethnic, religious, or another form, you must be sure to arrive at the interview free of those factors that can interfere with the interview or cause a negative interpretation of the results.
- B. People with disabilities are people, not disabilities.
 1. Language is important in demonstrating respect for others. Of course, we all know and work to avoid certain epithets, but we must recognize that they are powerful in ascribing negative feelings to individuals with disabilities. Using positive and respectful language with and around children and adults with disabilities makes a difference in how they respond to the interviewer.
 2. We use language to share our feelings and demonstrate that we care about another human being. It is important to use language in ways that demonstrate empathy for the person who has survived the crime and for the emotional crisis the individual may be experiencing. However, using language that suggests pity because the person has a disability most likely will upset the crime victim and may inadvertently affect communication negatively.
 3. The People First self-advocacy group suggests that people who have disabilities should be referred to as “having” a disability, not “being” a disability. The following is an example of this concept: “George has cerebral palsy,” not “He is a cerebral palsy.” Another example is “Martha has a cold,” not “Martha is a cold.”
- C. The victim’s physical appearance may affect you at first.
 1. If you have had little interaction with individuals with disabilities, the person’s physical appearance may initially cause you some difficulty or discomfort. This is normal and only

requires time for you to adjust. Soon, you will find that after greater exposure to people with differences these feelings will subside and disappear.

2. If you feel that you cannot adjust quickly enough to interact effectively with the individual, use another member of the team to handle the direct interview while you attend to other important matters, such as collecting evidence or interviewing other witnesses.

D. Note similarities not differences.

1. Between individuals with and without disabilities, there are many more similarities than differences. Focus on the similarities to bridge the gap between yourself and those with whom you may have had little personal experience.
2. Naturally, there are also important differences, and these must be noted for you to find ways to bridge the gap that may affect your perception of, response to, or feelings about the crime victim or witness with a disability.

Instructor: STOP DVD when you hear these words: “Changing your focus to the similarities will help you bridge the gap between the known and the unknown. Whooo.”

DISCUSSION QUESTIONS

1. Identify some examples of a “disability-negative” society in which individuals who are different or who have a disability are not valued.
2. Identify some myths and stereotypes that could interfere with a positive interaction or interview process.
3. Discuss how belief in such myths or stereotypes could negatively affect an interview or interpretation of the results of an interview.
4. Discuss the value of using positive references to, and with, people with disabilities in terms of the outcome of an interaction or interview.
5. Discuss how feeling pity for another person can be negative and interfere with a positive interaction.
6. Discuss the differences between “having” a condition and “being” a condition. Think of examples of language that objectify a person, and discuss how these words can change one’s feelings and perceptions of the crime victim.
7. Discuss methods for overcoming a situation in which you must interview an individual whose appearance is different from the norm. Use individuals you have seen in the DVD or in your own life as examples.
8. Discuss how you would, at a moment’s notice, exchange roles in a forensic interviewing situation if the assigned interviewer determined that it would be best if you conducted the direct interview.

9. Conduct a brief exercise to identify the similarities and differences between the viewers watching the DVD and the people with disabilities shown in the DVD. Identify at least twice as many similarities as differences.
10. Although a person with a disability may be capable of communication and comprehension, discuss how differences could affect your initial perception of the person with a disability.

Step 2: Victim Knowledge

- A. Read personal records and charts.
 1. Before meeting the crime victim, obtain information about the individual from available sources. If the victim is a child, use the school as a primary source of information. If the victim is an adult, then he or she may have a caseworker or social worker who can provide background information.
- B. Talk to family members and care providers.
 1. To conduct an effective interview, you must first find out the communication, cognitive, and conduct issues that may affect the crime victim or witness. Once you know this information, make sure you have the support and resources you need to conduct an effective interview.
- C. Ascertain victim stress and anxiety.
 1. In addition to learning about the characteristics of the individual's disability, it is important to learn how the stress of the crime or the stress of discussing the crime may affect the victim during the forensic interview. Be prepared to respond or react to both the characteristics of the person's disability and his or her emotional distress.

Instructor: STOP DVD when you hear these words: "You know, five times, even though she already knows the answer. That's—that's part of the anxiety, but she—she does that with everything. Yeah. Yeah. So—huh? Yeah."

DISCUSSION QUESTIONS

1. Other than the normal sources (e.g., doctors or the victim's workplace), where else can you locate information about a victim with a disability?
2. If the individual is a child and you use the school as an information source, who would have helpful information about the child? Are these individuals possible suspects?
3. Are there any facets of the case that you would want to know before meeting the victim that are different for the crime victim with a disability?
4. Exactly how would you go about finding information on communication, cognitive, and conduct issues once you have identified the type of disability the victim has?

5. How would you prepare for a stressful reaction from a crime victim with a disability that may occur during your interview?
6. Does the disability have any characteristics that could require special medical attention, such as seizures?
7. What special preparations are required to respond to apparent distress on the part of the victim (e.g., yelling, walking around, pacing, gesturing, and self-hitting)?

Step 3: Methods of Communication

- A. Become familiar with the victim's communication method.
 1. If the victim's primary method of communication is not the usual verbal exchange, it is important to learn the name of the communication method and how it works. There may be a learning curve for you to understand how the method works, and you may need to make slight adjustments such as placing a power strip in the interview room, or more elaborate adjustments such as locating an interpreter.
- B. Understand the ethics of working with an interpreter or facilitator.
 1. In the appendix of this guide is a brief review of the practice and ethics of working with an interpreter. Of course, if speaking with the assistance of an interpreter is the victim's typical communication modality, your office must locate and possibly fund the services of the interpreter. You must ensure that the interpreter is present before beginning the interview, that the interpreter uses the communication system used by the crime victim, and that the interpreter is seated next to you or next to the crime victim, as needed for the interpretation system used. Make sure that the appropriate seating accommodation is made before beginning the interview, not only for ease of seating for the interview, but also to ensure that the cameras for videotaping the interview are adequate in number and positioning.
- C. Some cases may be unique.
 1. In some situations, the individual may require a unique type of communication assistance. For example, it may be that only the schoolteacher, speech pathologist, or care provider is able to understand the expressed communication or assure you that the victim understands the questions. Such cases may include individuals whose verbal language is developing, who have just begun work with a speech/language specialist, or who have recently arrived in the United States and do not speak English.
- D. Try not to use a parent or family member to facilitate communication, as this individual may be the perpetrator, an agent of the perpetrator, or a perceived agent of the perpetrator.
 1. The first reason to avoid using a household or family member as the interpreter is that the person may have a vested interest in not providing a proper interpretation.

2. Additionally, the family member may be deeply affected by what has occurred and serving as an interpreter will place the individual in a position to acquire intimate details about the crime that may be best left out of their psyche.
3. There may be times that using a household or family member cannot be avoided and it may in fact turn out to be the best choice. If this is the case, use precautions to avoid harm to the interpreter, the victim, or the case.

Instructor: STOP DVD when you hear these words: “If at all possible, try not to use a parent or family member as an interpreter. Keeping in mind that the interpreter may be the perpetrator or perceived agent of the perpetrator.”

DISCUSSION QUESTIONS

1. Name at least five different communication methods that people use. (e.g., sign language, communication boards, communication technologies such as typing with voice output, facilitated communication, and Braille).
2. What are the principal ethical or practical issues when working with an interpreter? Why are these important to the interaction or the interview outcome?
3. Why would an interpreter sit next to the client instead of next to the interviewer?
4. What are the legal ramifications of using an interpreter who is not a certified interpreter, such as the interviewee’s parent, teacher, or aide?
5. What are some of the practical issues surrounding using a parent or family member as the interpreter?
6. About how large a time allotment do you think is reasonable or practical to learn about the person’s communication method before beginning your interaction with the individual?

Step 4: Interview Site and Time Schedule

- A. Select an appropriate setting.
 1. As with all other cases, consider the impact of the interview site on the crime victim. In addition to the setting being appropriate for the victim, it should also meet law enforcement needs for confidentiality, videotaping, and officer safety, among other considerations.
- B. Site should not be the location of the assault.
 1. In most cases, returning to the scene of the crime would be distressing to the crime victim. The victim might feel a sense of safety and protection at a neutral location, such as a police station.

2. In other cases, the individual may want to show what happened at the location of the crime. Returning to the scene of the crime would be beneficial for a concrete thinker (a person who best communicates with things he or she can see, touch, or hear) for whom this would provide the opportunity to use his or her best communication modality. Also, returning to the crime location brings the situation to life for the interviewer so he or she can document the scene. Finally, the interviewee may feel that his or her statements are respected and honored, a demonstration of CREDO at work. CREDO is an acronym for compassion, respect, empathy, dignity, and openness to the needs of others.
- C. Ensure privacy and a lack of distractions, including noise, light, and interruptions.
1. Because feelings of disorientation, shame, or other negative emotions can accompany victimization, it is best if the interview takes place in a room that affords visual and auditory privacy.
 2. Distractions such as noise from a public address system, lights, and people popping in and out of the room, can have an extremely disorienting and disconcerting effect on the interviewee. Thus, it is best to reserve a room where you and the interviewee can meet without distractions and interruptions.
 3. Furthermore, individuals with certain disabilities (e.g., autism spectrum disorders, epilepsy, or other neurological conditions) may have a negative neurological reaction to disturbances such as light and sound. In these cases, interview adjustments will have to be made.
- D. Space considerations for wheelchairs and interpreters.
1. When planning for the interview, ensure there is ample space for all of the individuals who will be present in the room. Also be sure that these individuals can be positioned appropriately for the cameras and individuals who will be observing the interview through the one-way mirror.
 2. If the interviewee uses a wheelchair, be sure that the doors throughout your building meet the standards for accommodating wheelchairs published in the *Americans with Disabilities Act (ADA) Accessibility Guidelines for Buildings and Facilities*, and, if possible, use a table with enough height that the arms of the wheelchair can fit under the top, so the individual can use the table for writing or drawing.
- E. Create a sense of ample space.
1. Although it may seem obvious, it is important that the interview area appear as spacious as possible. To create a sense of space, have few items on the wall or in the room. An area that is free of distractions and seems to have ample space will facilitate a positive interaction.
- F. Videotape the interview. Check for regulations in your state or jurisdiction.
1. In most jurisdictions, videotaping the forensic interview is permitted and encouraged. It provides documentation of the victim's responses, demeanor, characteristics, and other

important data on the date of the interview. The trial may come many months or even years later, so the video captures the victim's statement and ability to participate in the interview. Later the victim may no longer be able to testify, due to changes in the disability or other factors.

2. It is recommended that you use the same videotaping procedures that are used in your jurisdiction for victims who do not have disabilities.
 3. It is essential to know and understand the application of *Crawford v Washington* as it currently stands and as case law emerges regarding the admissibility of videotaped interviews.
- G. Know the medications that the victim takes and enlist the cooperation of the guardian for proper medication management during the interview.
1. It is important to know how the victim typically functions, as well as how stress affects the victim. One must also be aware that if the perpetrator or an agent of the perpetrator is in charge of administering the victim's medication, such manipulation can result in the victim not being able to participate effectively in the interview, or as effectively as possible. For this reason, it is essential that the victim be interviewed without the presence of such a person, as benign as the person may appear.
- H. Be aware of the victim's schedule and routines.

Many individuals with disabilities need to follow a strict schedule for taking their medication, and for resting, exercising, and eating. It is important to accommodate this regimen as you make plans for the interview. Some individuals with disabilities adhere to a strict time schedule and become upset or distressed when changes in their routine occur.

1. Therefore, it is best to know if these factors exist and to schedule the interview for a day or time when the victim will not be distressed or distracted. Those who know the victim best can provide information about the victim's schedule and can offer you insight about the level of flexibility you will need to exercise to complete the interview.
- I. Advocate for additional time to complete your interview when possible.
1. In most cases, you will be able to complete the interview in one sitting. However, due to either cognitive or communication disabilities, there may not be enough time in one interview to gather all the information you need. Be prepared to schedule several shorter interviews to accommodate the needs of victims who have disabilities. They may tire, become too upset, or for other reasons be unable to answer all of your questions in one session.

Instructor: STOP DVD when you hear these words: "Understand that the more information acquired—'We're here to see Detective Stark.'—the better the interviewee will be able to assist the case and possibly stop others from being victimized by the same perpetrator."

DISCUSSION QUESTIONS

1. What factors should you consider when selecting an interview site for an individual with a disability?
2. What are the benefits and drawbacks of returning to the scene of the crime to conduct an interview? Are there cases in which this may be the best way for the individual to show you what happened? What factors would go into making the decision to return to the scene of the crime for the interview?
3. Discuss the reasons for eliminating or reducing possible distractions such as light, noise, or visual elements.
4. How might these distractions negatively affect the individual with a disability?
5. In addition to the interview room, what other areas and items in the building should be evaluated for wheelchair accessibility (e.g., entrance to the building, height of reception desk, water fountains, bathrooms)?
6. What are some of the benefits and drawbacks of videotaping the interview? What are the current implications of *Crawford v Washington* and how are they being handled in your jurisdiction?
7. How could the effects of medications enhance or diminish the effectiveness of the interview? Whom in your office or consultant pool could you consult about this issue?
8. Discuss the effect of conducting the interview when the individual has other plans, such as work, chores, or a social activity. Include in your discussion the individual's need to keep to a schedule due to a disability, such as autism, obsessive-compulsive disorder, or mental retardation. Discuss how a person with a disability may experience a severe negative reaction when not doing what he or she "is supposed to be doing."
9. When timelines are strict and time is limited, how will you convince your captain/chief that more time is necessary to investigate this case? What time accommodations are written into your guidelines or policies for victims who have disabilities?

PART 3: Profiles for Practice—Three Personal Profiles

To increase your level of comfort, awareness, and exposure to people with cognitive and communication disabilities, use these three practice profiles to—

- Train yourself to be aware of your own feelings and reactions.
- Focus on the individual's personal characteristics and speech patterns.
- Determine how long it takes for you to begin to understand what the individual is saying.

When you view the profiles, pay attention to your own initial assessment of the individual. You may refer to the profile transcripts, but practice developing your listening and observation skills.

Using a copy of this page, ask trainees to list their assessments, and to compare their findings with the final assessments listed at the end of each of the three profiles.

MIKE: _____

MARIA: _____

SCOTT: _____

How To Conduct a Strength-Based Evaluation

While observing the film, one begins to note more similarities than differences between individuals who have disabilities and those who do not. A focus on what works for that individual helps illuminate the individual's strengths. For example, Mike is exceptionally careful about placing his timecard in exactly the right spot, which shows his attention to detail and his ability to focus, and it shows that he is motivated to do a good job. Maria is a motivated student with a career plan that she is completing. Already, she has experienced success in her college career, and she is an attentive and loving wife and mother. Scott is a good learner at his job, is attentive to his duties, and makes sure to praise other workers. He is careful not to answer questions that he is not sure are appropriate to answer. He is friendly and cooperative, and engages in activities related to his interest in baseball. Each of these traits would be important to know about an individual you plan to interview.

Instructor: STOP DVD when you hear these words: "Hi, ladies. Hi! How you doing? Pretty good. How are you doing today? Good, thanks. Have a great day."

DISCUSSION QUESTIONS

1. Which person was most difficult to understand?
2. If you were interviewing this individual, how would you address your difficulty in understanding him or her? What would you say to the individual?
3. What techniques or skills would be helpful when interviewing each person?

PART 4: The Interview Process—Eight Steps

Standard interviewing skills and techniques used for generic interviews will form your basic foundation. This training has eight steps that supplement your usual interviewing skills in situations involving victims with communication and/or cognitive disabilities.

These interviews are real situations with real officers and qualified forensic interviewers. The sample sections will allow you to watch how an actual interview may be conducted under your own guidance.

Step 1: Preparing the Interview Site

1. To help manage the stress of the interview, have materials available that the interviewee can handle and touch, such as drawing paper, pencils, and stress balls. Of course, do not include any item that could be used as a weapon.
2. Use support materials for the interview. These could include items such as photographs from the person's home, school, work, or social activities. Standard dolls and drawings may also be used.

3. Label your videotape and begin the recording devices just before the interview. Do not stop the recording during the interview. This will help avoid a possible accusation from the defense that the tape may have been edited.
4. Have the team observe through one-way glass and participate by feeding questions to the interviewer by note, phone, or earwig.
5. Consider the individual's disability when you determine the members of the team. In particular, the individual's disability may signal a need for a consultant who specializes in that type of disability.

Step 2: Introducing Yourself

1. Introduce yourself calmly and politely.
2. Offer to shake hands, but let the victim choose whether to do so.
3. Let the victim introduce himself or herself to you if he or she chooses to do so.
4. Explain to the care provider what will happen during the interview and about how long he or she can expect to wait. Let the care provider know you are trained in working with individuals with disabilities.
5. Inform the care provider that the victim must be interviewed alone to ensure a forensically sound interview. Provide more information as needed to make sure that the care provider understands, which will facilitate an easier separation and good case management.
6. Tell the victim where you will be taking him or her and for how long.
7. Guide the victim to the interview site. If it is possible for you to go first and have the victim follow you, this may make him or her feel more comfortable. If this violates policy regarding officer safety, let the victim go first, but provide adequate directions along the way (e.g., at the next hallway, we will turn left).

Step 3: Providing for the Victim's Needs

1. Make sure the victim is comfortable.
2. Provide water or another beverage and indicate where the rest room is before starting the interview.
3. Do not touch the interviewee. Some individuals are highly sensitive to being touched. It is okay, however, to ask to shake hands briefly.
4. Only the victim and interviewer should be in the room, with the obvious exception of an interpreter or facilitator.

5. If your jurisdiction allows a support person to remain silently in the room with the victim, this may improve interview outcome.
6. Ask the victim directly for his or her consent to be interviewed today.
7. Tell the victim if you are audiotaping or videotaping the interview, and explain why you are doing so. Ask for the victim's consent before you begin recording.
8. Tell the victim that you will be taking breaks from time to time and that he or she may ask for a break at any time.

Step 4: Developing Rapport

1. Use your standard interviewing protocol.
2. Explain who you are and the purpose for having the victim talk with you.
3. Explain what will happen after the talk.
4. Explain what is happening at each step.
5. If there is an emergency, handle it calmly.
6. With genuine curiosity, ask about the victim's interests.
7. Speak easily about yourself.

Step 5: Language

1. Listen and remain focused—both are essential.
2. Avoid childlike words or baby talk.
3. Use plain language. Use the simplest words to convey your thoughts or questions.
4. Match the individual's use of vocabulary, syntax, and grammar.
5. Break "why" questions into concrete thoughts.
6. Use "when" questions in the context of the individual's daily or weekly activities.
7. Ask the individual to repeat the answer if you do not understand the interviewee's answer to a question.
8. Ask one question at a time.

9. Avoid compound questions. Use simple questions. A compound question embeds two or more topics or questions in one sentence. An example is, “When you were at the store, did you buy some ice cream and eat it before you paid for it?” A simple question would be, “Did you buy ice cream at the store?”

Step 6: Victim’s Personality Traits

1. Do not expect a chronological rendition of the victim’s experience. Someone with a cognitive disability may process information differently from someone without a disability.
2. An individual with a cognitive disability may not tell you when he or she does not understand your question.
3. More likely, the interviewee will say what he or she thinks you want him or her to say.
4. It is also likely that the interviewee will want to please you. Therefore, it is extremely important that you do not indicate the desired answer or that you prefer a particular answer.
5. Let the interviewee know you are pleased with his or her participation.

Step 7: Interviewer Patience and Demeanor

1. The interviewer guides the interview.
2. The interviewer should be calm, patient, and caring.
3. Use CREDO (compassion, respect, empathy, dignity, and openness) in regard to the interviewee’s needs.
4. Allow the interviewee to speak at his or her own pace; do not rush the individual.
5. Do not “charge” the individual with followup questions just after one question has been answered.
6. If you cannot understand the victim, do not pretend that you do. Ask for clarification in the form that works best for you. (For some, asking the individual to repeat what was said before works best; for others, asking for the comment to be said in a different way works best.) If you absolutely cannot understand the individual after a reasonable time, switch interviewers. In the best circumstances, the new interviewer would have been observing the interview.

It may take awhile to get used to the individual’s speech patterns, inflections, and accent. Taking too much time to understand the interviewee, however, can be burdensome for the individual, so use your best judgment and give it as much time as seems reasonable and adequate for the situation. You may need to call in someone as an interpreter who knows the individual and is not invested in any way in the outcome of the interview, such as a teacher or speech therapist.

If this is necessary, the interpreter must be briefed on what is expected of him or her during and after the interview. The interpreter may require debriefing following the interview, both for the person's psychological well-being and for issues of confidentiality that may concern the victim.

Step 8: Signals and Control

1. Watch for signs of stress. If the individual begins to demonstrate signs of stress that are typical for the disability, respond by changing the subject or calling for a break. Signs of stress could include increased withdrawal, distraction (looking around), fidgeting, humming, groaning, rocking, hand wringing, leg swinging, tapping, and not answering questions, to name a few.
2. If separation from the parent or care provider causes too much stress, take it slower, and allow the parent or care provider in the room for a getting-to-know-you moment. This may be the only thing that is accomplished in the first visit.
3. Be prepared for multiple short interviews.
4. Be aware of behaviors that may be new to you as an interviewer but normal for the interviewee.
5. Consider scheduling another interview with the victim if the current situation is too stressful and unproductive.
6. Announce a break; do not ask if the victim wants a break. In many cases, individuals with disabilities are told when their breaks are, not asked if they would like one. The opportunity to choose is not often part of their life experience. Additionally, an interviewee may think a "right answer" is required to such a question and may feel pressured. A break may be necessary to use the bathroom, get some water, or to just take a brief respite from the interview. At the end of each hour, you should announce a break by saying, "I'd like a break. Would you also like to take a break?" This is an easy way to create the opportunity for choice.
7. Assess the victim's level of comfort before continuing.
8. Before ending the interview, provide information about supportive services such as victim assistance funding for therapy or other restorative needs, sexual assault or rape crisis counseling, shelter services, or other assistance that would meet the victim's needs.

Instructor: STOP DVD when you hear these words: "Let me back up a little bit."

DISCUSSION QUESTIONS

1. In addition to the suggestions for preparing the interview site, what other considerations would be important?
2. What are some ideas you have found successful in separating an individual with a disability from his or her care provider?

3. When introducing yourself, what exact words would make sense to an individual with mental retardation or another cognitive disability? What would potentially frighten the interviewee?
4. If a person is “touch toxic” what is the best way to handle the sensitivity to being touched? (This term refers to the perception of touch being painful or otherwise distressing.)
5. If an individual with mental retardation makes an attempt to hug you, what should you do?
6. What is the difference between using childlike language and using simple language?
7. How can you believe someone who cannot provide a chronological story? Does it make a difference as long as all of the facts are present?
8. How does each of the five factors of CREDO play a part in the interaction between the interviewer and interviewee?
9. List some behaviors that an individual with a disability might exhibit which would be new to you as an interviewer and that you should know about before the interview?
10. What are some signs that you should call for a break? How do you assess whether the victim can continue after the break?

PART 5: The Postinterview Process

Following the forensic interview, the team must interpret its content by reviewing the interviewee’s—

1. Behavior.
2. Responses.
3. Body language.
4. Spontaneous utterances.
5. Response set (responses to questions that demand a set response pattern).
6. Understanding of all vocabulary used by the interviewer.
7. Drawings or doodles made during the interview.

The videotape will give you not only the opportunity to review the interview but will also give you the chance to identify words, statements, and nonverbal messages that you may have missed during the interview.

Instructor: STOP DVD when you hear these words: “It was very nice meeting you.

Nice to meet you, Scott. Come on, Scott. Bye, Scott. Come on, Scott.”

DISCUSSION QUESTIONS

1. How would certain behaviors help you assess the interview? Might these behaviors signal stress about a particular area of inquiry or the entire interview experience itself?
2. Are the individual's responses to the questions on point? Do the individual's responses signal another area of potential abuse that has not been explored? Is the interviewee paying attention to the question? Does the interviewee understand the question?
3. Are there circumstances in which you would request a second interview for verification?
4. How might the body language of an individual with a disability differ from that of an individual without a disability?
5. Did it appear that the person started giving the same answer for every question?
6. Did it appear that the individual understood the interviewer's vocabulary?
7. Are the interviewee's drawings or doodles significant to the investigation?

By applying the techniques described in this training program, you will improve your interaction with victims of crime with cognitive and/or communication disabilities during the forensic interviewing process.

SECTION 4

REFERENCE AND BACKGROUND MATERIAL

Acronyms Explained

ADA – Americans with Disabilities Act

ALS – amyotrophic lateral sclerosis

Arc – Arc previously stood for the Association for Retarded Citizens, but because language preferences have changed, the organization is now referred to as “the Arc.” See the Language section for an explanation of why it is no longer acceptable to refer to individuals with disabilities using adjectives.

CAN DO – Arc Riverside’s Child Abuse and Neglect Disability Outreach Project

CREDO – A philosophical approach, the acronym stands for compassion, respect, empathy, dignity, and openness to the needs of others.

DMH – Department of Mental Health

DVD – digital video disc

IDEA – Individuals with Disabilities Education Act

OCJP – The California Governor’s Office of Criminal Justice Planning, closed in 2004, was merged into the California Governor’s Office of Emergency Services (OES). All project information is available through OES.

TDD – Telecommunications Device for the Deaf

Glossary of Terms

Response set – This occurs when questions are asked that demand a set response pattern. For example, if all questions in a row are answered “yes” and the interviewee automatically says “yes” to the next questions, or if one can identify a pattern for correct responses on a true/false test.

Touch toxic – Touch is painful or distressing for the individual. This is most common in individuals diagnosed with an autism spectrum disorder but can also be present in individuals who have attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD), an obsessive-compulsive disorder (OCD), or an anxiety disorder.

A. Disabilities

Attention deficit disorder and attention deficit hyperactivity disorder – Attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD) are phrases used to describe a child or adolescent who has difficulty focusing and maintaining attention in academic and social situations. Children are sometimes labeled ADD or ADHD if they are very energetic and tend to be disruptive in the classroom or, conversely, if they are very quiet children who sit at their desks staring out the window or doodling. A child who is chronically disorganized, has difficulty remembering, consistently loses things, or waits until the last minute to complete homework or projects also may have ADD.

Children and adults with ADHD have symptoms in two main areas: The first is characterized by a poor attention span, which causes the individual to ignore details, make careless mistakes, and have difficulty following instructions, listening, and finishing tasks. They also may appear to be forgetful, distracted, and disorganized. The second area is hyperactivity or impulsivity that causes a person to fidget, have difficulty sitting still, talk excessively, interrupt others, be in constant motion, and display a general sense of physical restlessness. Although most of us exhibit some of these symptoms occasionally, a person with ADHD probably displays them more consistently and has done so since early childhood. (Definitions are taken from OneADDplace.com, <http://www.oneaddplace.com/adhd-symptoms.php>.)

Amyotrophic lateral sclerosis – Amyotrophic lateral sclerosis (ALS) is a chronic, progressive disease marked by gradual degeneration of the nerve cells in the central nervous system that control voluntary muscle movement. The disorder causes muscle weakness and atrophy; symptoms commonly appear in middle to late adulthood, with death in 2 to 5 years. The cause is unknown, and there is no known cure. This disorder is also called Lou Gehrig's disease or motor neuron disease. Literally, amyotrophic lateral sclerosis means without muscle nourishment, side (of spinal cord) hardening.

Anxiety disorders – The Anxiety Disorders of America offers the following definition for generalized anxiety disorder (GAD) on its Web site, <http://www.adaa.org/GettingHelp/AnxietyDisorders/GAD.asp>:

The essential characteristic of generalized anxiety disorder is excessive uncontrollable worry about everyday things. This constant worry affects daily functioning and can cause physical symptoms. GAD can occur with other anxiety disorders, depressive disorders, or substance abuse. GAD is often difficult to diagnose because it lacks some of the dramatic symptoms, such as unprovoked panic attacks, that are seen with other anxiety disorders; for a diagnosis to be made, worry must be present more days than not for at least 6 months. The focus of GAD worry can shift, usually focusing on issues like job, finances, or health of both self and family; but it can also include more mundane issues, such as chores, car repairs, and being late for appointments. The intensity, duration, and frequency

of the worry are disproportionate to the issue and interfere with . . . performance of tasks and ability to concentrate. Physical symptoms include muscle tension; sweating; nausea; cold, clammy hands; difficulty swallowing; jumpiness; gastrointestinal discomfort or diarrhea; . . . they tend to be irritable and complain about feeling on edge, are easily tired and have trouble sleeping.

Other types of anxiety disorders include panic disorder and agoraphobia, posttraumatic stress disorder, social and other specific phobias, and obsessive-compulsive disorder.

Autism – Autism is a complex disorder of unknown origin that can cause delays or difficulties with growth and development, primarily in the areas of communication and social interaction. In addition, anxiety issues and a need for routine or sameness in many aspects of life is typical. Physical appearance and development are not affected.

Autism spectrum disorders (ASD) – These are disabilities that range from autistic disorder to Asperger’s syndrome. The difference is in the severity and number of characteristics the individual has. Both may improve as the child ages into adulthood but not always. Changes in function during the early years of development (before age 6) seem to predict later language and social skills. Children with ASD demonstrate deficits in (1) social interaction, (2) verbal and nonverbal communication, and (3) repetitive behaviors or interests. Also, they may have unique sensory responses, such as when they are touched, and they may appear quite sensitive to sounds or light.

Blind – Legal blindness, according to the American Foundation for the Blind, is “a level of visual impairment that has been defined by law to determine eligibility for benefits. It refers to central visual acuity of 20/200 or less in the better eye with the best possible correction, as measured on a Snellen vision chart, or a visual field of 20 degrees or less.”

Braille – Braille is a system for writing down language that uses raised dots on the page that blind people read by touch. It is based on a logical system in which dots in particular formations represent letters. It is estimated that approximately 10 percent of those who are blind use braille.

Cerebral palsy – According to the Web site of the Cerebral Palsy Program at the Alfred I. Dupont Institute in Wilmington, Delaware, “cerebral palsy is diagnosed when developmental milestones as well as physical findings that might include abnormal muscle tone, abnormal movements, abnormal reflexes, and persistent infantile reflexes are present Most children with cerebral palsy can be diagnosed by the age of 18 months.”

Cognitive disability – People who have cognitive disabilities have difficulty in learning and thinking.

Communication disability – Communication disabilities interfere with a person’s ability to understand and express speech or language.

Deaf – These definitions of deaf and Deaf are taken from the National Association of the Deaf’s Web site, <http://www.nad.org/site/pp.asp?c=foINKQMBF&b=180410>:

When we define “deaf,” the parameters of the definition should be determined. The audio-logical definition can be used—that is, one that focuses on the cause and severity of the hearing loss and whether or not hearing can be used for communication purposes. Gener-

ally, the term “deaf” refers to those who are unable to hear well enough to rely on their hearing and use it as a means of processing information. Or a cultural definition may be used, as Carol Padden and Tom Humphries, Deaf in America: Voices from a Culture (1988) clarify:

We use the lowercase deaf when referring to the audiological condition of not hearing, and the uppercase Deaf when referring to a particular group of deaf people who share a language—American Sign Language (ASL)—and a culture. The members of this group have inherited their sign language, use it as a primary means of communication among themselves, and hold a set of beliefs about themselves and their connection to the larger society. We distinguish them from, for example, those who find themselves losing their hearing because of illness, trauma, or age; although these people share the condition of not hearing, they do not have access to the knowledge, beliefs, and practices that make up the culture of Deaf people.

Padden and Humphries comment that “this knowledge of Deaf people is not simply a camaraderie with others who have a similar physical condition, but is, like many other cultures in the traditional sense of the term, historically created and actively transmitted across generations.” The authors also add that Deaf people “have found ways to define and express themselves through their rituals, tales, performances, and everyday social encounters. The richness of their sign language affords them the possibilities of insight, invention, and irony.” The relationship Deaf people have with their sign language is a strong one, and “the mistaken belief that ASL is a set of simple gestures with no internal structure has led to the tragic misconception that the relationship of Deaf people to their sign language is a casual one that can be easily severed and replaced. (Padden and Humphries)

People lose their hearing in various ways. The most common causes of hearing loss are—

- *Childhood illnesses (spinal meningitis and rubella/German measles are the most common examples).*
- *Pregnancy-related illnesses (such as rubella/German measles or dependence on drugs/alcohol).*
- *Injury (a severe blow to the head can damage the hearing).*
- *Excessive or prolonged exposure to noise.*
- *Heredity. (Scientists involved with the mapping of the Human Genome Project have identified approximately 50 “deaf” genes to date, and they are working on identifying the remaining 350 “deaf” genes.)*
- *Aging (progressive deterioration of hearing in older people, which is a natural part of the aging process).*

Hard-of-hearing – “The term hard-of-hearing refers to those who have some hearing, are able to use it for communication purposes, and who feel reasonably comfortable doing so. A hard-of-hearing person, in audiological terms, may have a mild to moderate hearing loss. The terms deaf and Deaf

have been described above. . . . [the] Deaf Life article ‘For Hearing People Only’ (October 1997, page 8) defines hard-of-hearing in the following manner: ‘Hard-of-hearing [HOH] can denote a person with a mild-to-moderate hearing loss. Or it can denote a deaf person who doesn’t have/want any cultural affiliation with the Deaf community. Or both. The HOH dilemma: in some ways hearing, in some ways deaf, in others, neither.’”

The terms *hearing impaired* and *deaf and dumb* are now considered unacceptable.

Dual diagnosis – This term refers to having both a condition of mental retardation and of mental illness. In mental health communities, this term also is used to refer to individuals who have both a mental illness and an addiction to drugs and alcohol.

Epilepsy – Epilepsy is a neurological condition that makes people susceptible to seizures. A seizure is a change in sensation, awareness, or behavior brought about by a brief electrical disturbance in the brain. Seizures vary from a momentary disruption of the senses, to short periods of unconsciousness or staring spells, to convulsions. Some people have just one type of seizure. Others have more than one type. Although they look different, all seizures are caused by the same thing: a sudden change in how the cells of the brain send electrical signals to each other.” (Definition taken from the Epilepsy Foundation’s Web site, <http://www.epilepsyfoundation.org/answerplace/About-Epilepsy.cfm>.)

Learning disabilities – The phrase learning disabilities (LD) refers to a disorder that affects people’s ability either to interpret what they see and hear or to link information from different parts of the brain. These limitations can show up as specific difficulties with spoken and written language, coordination, self-control, or attention. Such difficulties extend to schoolwork and can impede learning to read and write or to do math. (Definition taken from the LDOnLine Web site, http://www.ldonline.org/abcs_info/articles-info.html.)

Medically fragile – Children and adults who require constant medical care such as tubes for breathing and eating and who require special handling for transferring from a chair to a bed, for example, are considered to be medically fragile.

Mental illness – Mental illness includes conditions such as schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, obsessive-compulsive disorder, panic and other severe anxiety disorders, autism and pervasive developmental disorders, attention deficit/hyperactivity disorder, borderline personality disorder, and other severe and persistent illnesses that affect the brain. These disorders can profoundly disrupt a person’s thinking, feelings, moods, ability to relate to others, and capacity for coping with the demands of life. Mental illnesses can affect persons of any age, race, religion, or income. Mental illnesses are not the result of personal weakness, lack of character, or poor upbringing. Mental illnesses are treatable. Most people with serious mental illness need medication to help control symptoms but also rely on supportive counseling, self-help groups, assistance with housing, vocational rehabilitation, income assistance, and other community services to achieve their highest level of recovery. (Definition taken from the National Association on Mental Illness Web site, (http://www.nami.org/Content/NavigationMenu/Inform_Yourself/About_Mental_Illness/About_Mental_Illness.htm.)

Mental retardation – Mental retardation is a term used to describe people who have certain limitations in mental functioning and in other areas of life, such as communicating with others, taking care of themselves, and social skills. These limitations will cause a child to learn and develop more slowly than a typical child. Children with mental retardation may take longer to learn to speak, walk, and take care of their personal needs such as dressing or eating. They are likely to have trouble learning in school. They will learn, but it will take them longer. There may be some things they cannot learn. (Definition taken from the NICHY Web site, <http://www.nichcy.org/pubs/factshe/fs8txt.htm>.)

Neurological conditions – Neurological conditions are those that affect the nervous system (brain, spinal cord, nerves, and muscles), such as stroke (brain attack), Alzheimer’s disease, and back pain. (Definition taken from the Neurology Channel Web site, <http://www.neurologychannel.com>.)

Obsessive-compulsive disorder – People who have this neurological disorder experience recurrent, unwelcome thoughts (obsessions) and repetitive behaviors (compulsions) that drive them to perform certain activities repetitively. (Definition paraphrased from Questions & Answers about Obsessive Compulsive Disorders on the Web site of the Obsessive Compulsive Disorder Foundation, <http://www.ocfoundation.org/UserFiles/File/Questions-Answers-About-OCD.pdf>.)

These symptoms cause distress, take up a lot of time, and significantly interfere with the person’s work, social life, and relationships. Most individuals diagnosed with OCD recognize that their obsessions come from their own minds and are not about real problems, and that the activities they are compelled to perform are excessive or unreasonable. (Definition culled from the Web site of the Obsessive Compulsive Disorder Foundation, <http://www.ocfoundation.org/what-is-ocd.html>.)

The definitions that follow also were taken from the Web site of the Obsessive Compulsive Disorder Foundation, <http://www.ocfoundation.org/what-is-ocd.html>.

Obsessions – Obsessions are thoughts, images, or impulses that occur over and over again and feel out of the person’s control. The person does not want to have these ideas, finds them disturbing and intrusive, and usually recognizes that they do not really make sense. People with OCD may worry excessively about dirt and germs and be obsessed with the idea that they are contaminated or may contaminate others. Or they may have obsessive fears of having inadvertently harmed someone else (perhaps while pulling the car out of the driveway), even though they usually know this is not realistic. Obsessions are accompanied by uncomfortable feelings, such as fear, disgust, doubt, or a sensation that things have to be done in a way that is just so.

Compulsions – People with OCD typically try to make their obsessions go away by performing compulsions. Compulsions are acts the person performs over and over again, often according to certain “rules.” People with an obsession about contamination may wash their hands constantly to the point that their hands become raw and inflamed. A person may repeatedly check that she has turned off the stove or iron because of an obsessive fear of burning the house down. The individual may have to count certain objects over and over because of an obsession about losing them. Unlike compulsive drinking or gambling, OCD compulsions do not give the person pleasure. Rather, the rituals are performed to obtain relief from the discomfort caused by the obsessions.

Other features of obsessive-compulsive disorder – OCD symptoms cause distress, take up a lot of time (more than an hour a day), or significantly interfere with the person’s work, social life, or

relationships. Most individuals with OCD recognize at some point that their obsessions are coming from within their own minds and are not excessive worries about real problems, and that the compulsions they perform are excessive or unreasonable. When someone with OCD does not recognize that these beliefs and actions are unreasonable, it is called OCD with poor insight. OCD symptoms tend to wax and wane over time. Some may be little more than background noise; others may produce extremely severe distress.

Psychiatric condition – See the Mental Illness section.

Spinal cord injury – Spinal cord injury (SCI) is damage to the spinal cord that results in a loss of function such as mobility or feeling. Frequent causes of damage are trauma (e.g., a car accident, gunshot, or fall) or disease (e.g., polio, spina bifida, Friedreich's Ataxia). The spinal cord does not have to be severed for a loss of function to occur. In fact, in most people with SCI, the spinal cord is intact but the damage to it has resulted in loss of function. SCI is very different from back injuries such as ruptured disks or pinched nerves or degenerative conditions that may occur with aging such as spinal stenosis.

People can “break their back or neck” yet not sustain a spinal cord injury if only the bones around the spinal cord (the vertebrae) are damaged, but the spinal cord is not affected. In these situations, the individual may not experience paralysis after the bones are stabilized. (Definition taken from the National Spinal Cord Injury Association, <http://www.spinalcord.org/html/factsheets/spin.php>.)

Stroke – A stroke or “brain attack” occurs when a blood clot blocks a blood vessel or artery, or when a blood vessel breaks, interrupting blood flow to an area of the brain. When a brain attack occurs, it kills brain cells in the immediate area. Doctors call this area of dead cells an infarct. These cells usually die within minutes to a few hours after the stroke starts. When brain cells die during a stroke, abilities controlled by that area of the brain are lost. This includes functions such as speech, movement, and memory. The specific abilities lost or affected depend on where in the brain the stroke occurs and the size of the stroke (i.e., the extent of brain cell death). For example, someone who has a small stroke may experience only minor effects such as weakness of an arm or leg. Someone who has a larger stroke may become paralyzed on one side or lose the ability to express and process language. Some people recover completely from less serious strokes, while other individuals lose their lives to very severe strokes.” (This definition is found on the Web site of the National Stroke Association, <http://www.stroke.org/HomePage.aspx?P=94dab59ecbbd47f2804a5e44d275e29e>.)

Vision impaired – Vision impairment refers to reduced or degraded vision due to conditions such as macular degeneration, cataracts, glaucoma, stroke, and retinal damage. (This definition comes from the Web site Wrong Diagnosis, http://www.wrongdiagnosis.com/sym/impaired_vision.htm.)

B. Communication Modalities

Sign language – See the Deaf section. There are many different types of sign languages, including American Sign Language and finger spelling, and the sign languages of foreign countries. Signed English is one of several signing systems created to reproduce the grammar and word order of English. (Scott, Susanne and James H. Lee, “Serving Clients Who Use Sign Language,” American

Speech-Language-Hearing Association Web site: <http://www.asha.org/about/publications/leader-online/archives/2003/q2/030401fa.htm>.)

People who are both deaf and blind also use American Sign Language or an English signing system. However, they feel the signs by placing their hand over the signer's hand and may use only finger spelling.

Facilitated communication – This is a method of assisting an individual who uses a keyboard or a word or picture board by providing resistive support to the individual's hand or arm. The facilitator holds or supports the person's arm or hand so that the individual can touch the letter, word, or picture in sequence to form a phrase or sentence.

Picture boards – These are commercially or individually designed boards with pictures indicating the most typical things, actions, or ideas the individual may want to convey. Usually these boards include clear pictures of the basics such as food and clothing, and more specific items the person may want, such as water, sandwich, sweater, bathroom, and TV. Many individuals customize their commercial boards. These boards are for individuals who cannot read.

Word boards – Like picture boards, word boards contain frequently used words and give the individual the opportunity to communicate quickly.

Electronic devices – Many computerized devices permit voiced communication at a variety of levels and are suited to the individual's literacy skills and needs.

Loop systems – Most hearing aids today have a switch marked M and T. Some even have M, MT, and T. The M (microphone) position is for normal listening, that is, receiving sound via the microphone built into the hearing aid. The T position is for receiving sound via an induction coil in the hearing aid. For the induction coil to provide sound, a magnetic field is set up by a loop of wire around the area concerned and powered from a special loop driver amplifier. The MT position on some hearing aids allows a person to listen simultaneously to both airborne sound via the microphone and inductively transmitted sound via the induction loop system.

In recent years, induction loop systems have begun to be provided in public places such as churches, cinemas, theaters, offices, reception desks, lecture theaters, conference rooms, and even in the home, where the T facility is used to listen inductively. Induction loops are now becoming mandatory in many public buildings. Apart from being a means of communication, they also support a facility's emergency evacuation protocol. (This information was taken from the Web site www.hagger.co.uk/article_type.asp?name=Induction%20Hearing%20System.)

SECTION 5

APPENDIX

Reference and Background Material

The foundation material for this DVD project was the resource “Interviewing Skills to Use with Abuse Victims Who Have Developmental Disabilities.”

Additional materials were used from the law enforcement training program of California’s OCJP-funded Child Abuse and Neglect Disability Outreach (CAN DO) Project.

Definitions of Disability

The definitions of disability used as a foundation for this DVD project are listed below:

- A. The Americans with Disabilities Act of 1990, 42 U.S.C. § 12101
“Disability. The term disability means, with respect to an individual
 - (A) A physical or mental impairment that substantially limits one or more of the major life activities of such individual;
 - (B) A record of such an impairment; or
 - (C) Being regarded as having such an impairment.”
- B. The Developmental Disabilities Assistance and Bill of Rights Act of 2000, Public Law 106-402—October 30, 2000
“The term *developmental disability* means a severe, chronic disability of an individual that—
 - (i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - (ii) Is manifested before the individual attains age 22;
 - (iii) Is likely to continue indefinitely;
 - (iv) Results in substantial functional limitations in 3 or more of the following areas of major life activity:

- (I) Self-care,
- (II) Receptive and expressive language,
- (III) Learning,
- (IV) Mobility,
- (V) Self-direction,
- (VI) Capacity for independent living,
- (VII) Economic self-sufficiency, and
- (VIII) Need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

Ethics of Working With an Interpreter

The following is an excerpt from the Standard Practice Papers available at the Registry of Interpreters for the Deaf (RID) Web site, <http://www.rid.org/howto.html>. The excerpt covers how to locate and work with sign language interpreters. The practices RID suggests apply to working with interpreters of any kind and can help an interviewer develop skill in working with interpreters.

STANDARD PRACTICE PAPER INTERPRETING IN LEGAL SETTINGS

RID encourages use of these papers for public distribution and advocacy.

INTERPRETING IN LEGAL SETTINGS

A qualified RID certified interpreter can bridge the communication gap between legal professionals and deaf individuals they encounter. In legal settings, clear and accurate communication among all involved parties is essential. When the legal professional and the consumer of legal services do not share a common language or communication method, a hazardous gap exists. The legal professional can jeopardize an entire legal process or proceeding by using an unqualified interpreter.

Deaf individuals appear in all kinds of legal settings and on both sides of the legal fence. Whether complainants, defendants, victims, or the accused, or simply taking care of personal business that involves legal issues, deaf individuals have the right to full and clear communication.

Who is responsible for providing interpreters?

State and local courts and administrative agencies are subject to Title II of the Americans with Disabilities Act (ADA) and other state and federal statutes. They are required to provide interpreters or other auxiliary aids and services for persons who are deaf or hard-of-hearing. Under Title III of the ADA, law offices are places of public accommodation that must provide interpreters when necessary to render effective communication. Neither courts nor attorneys may pass along the cost of interpreting service to the individual who is deaf, either directly or indirectly. Law offices may be entitled to an income tax credit for interpreter fees expended in compliance with the ADA.

In instances of court ordered activities, such as alcohol and drug assessment, domestic violence group sessions, and traffic school, the responsibility for providing interpreting service is not so clearly placed. The provision of interpreting services may be the responsibility of the ordering court, under Title II. Or, the agency providing the court ordered services may be responsible under their own Title III obligation. For complete information on the ADA, contact the U.S. Department of Justice, ADA Information Hotline at 1-800-514-0301 for voice or 1-800-514-0383 for TDD. ADA Technical Assistance Manuals are also available from the Department of Justice.

In addition to federal laws such as the ADA, some state and local jurisdictions may have statutory requirements relating to the use of interpreters in the legal system. Federal, state, and local statutes requiring use of interpreters may apply to legal situations in which deaf persons are not direct parties, but are related to the situation in some significant way. An example of this would be the deaf parent or guardian of a minor or person who is incompetent and becomes involved in a legal situation. In addition, people who are deaf may serve on juries and attorneys who are deaf may use interpreters in many job-related situations other than the courtroom.

What are the responsibilities of the interpreter?

An interpreter's first responsibility is to weigh the information regarding the circumstances judiciously to determine whether or not she/he is qualified for the particular situation. Some reasons for declining the assignment could be related to the communication mode of the deaf people involved or personal knowledge or bias in the case. Once the interpreter has accepted an assignment, he or she has the responsibility to facilitate communication accurately and impartially between the parties.

The interpreter must execute this role with total absence of bias and must maintain strict confidentiality. Whether communications are covered by legal privilege or not, the interpreter is under professional obligation to maintain confidentiality.

The professional ethics of the interpreter requires that the interpreter maintain a singular role. If an interpreter in a case is asked to provide expert testimony, such as on language, deafness, or matters related to the case, or to act as advocate or consultant for any involved party, the interpreter must either decline to do so, or withdraw as an interpreter from the case.

As professionals, interpreters are responsible for making arrangements in advance for compensation.

How many interpreters are needed?

Each situation requiring interpretation should be assessed to determine the number of interpreters needed. Often, because of the length or complexity of an assignment, interpreters will work in teams of two or more. Interpreting is more mentally and physically demanding than most people realize, and the first thing to suffer as a result of interpreter fatigue is accuracy.

Besides fatigue, there may be legal or logistical reasons to have more than one interpreter. For example, if more than one deaf individual is involved, one team of interpreters may be interpreting for a witness while a second team is at the defense table with a deaf defendant and the defense attorney. In some instances, the communication mode of an individual who is deaf may be so unique that it cannot be accessed by interpreters who are hearing. Such cases may require the use of a Certified Deaf Interpreter who is able to meet the special communication need.

How do you know if an interpreter is qualified?

In the field of interpreting, as in other professions, appropriate credentials are an important indicator of an interpreter's qualifications. The RID awards certification to interpreters who successfully pass national tests. The tests assess not only language knowledge and communication skills, but also knowledge and judgment on issues of ethics, culture, and professionalism.

The most common RID certifications are:

CI - Certificate of Interpretation

CT - Certificate of Transliteration

CSC - Comprehensive Skills Certification

IC - Interpretation Certificate

TC - Transliteration Certificate

CDI - Certified Deaf Interpreter

OIC:C - Oral Interpreting Certification-Comprehensive

An interpreter who obtains a CI, CT, or CSC, rigorous testing process, can obtain the SC:L – Specialist Certificate: Legal. The best choice for any legal situation is an interpreter who possesses an SC:L. Unfortunately, the supply of SC:L interpreters cannot meet the demand. If an interpreter holding the SC:L is not available, an interpreter with previously

mentioned generalist certifications and training in legal interpreting should be able to provide satisfactory service.

How do you find a qualified interpreter?

You can engage a private practice interpreter directly or through an interpreter service agency that will find an interpreter to meet your needs. If you are unable to find qualified interpreters in your area, contact the national RID, who can refer you to a contact person or agency in your area. In some instances, a person who is deaf can provide names of interpreters or agencies.

What can you do in order to work effectively with an interpreter?

As you work with an interpreter, you can facilitate communication in several ways:

- 1. Allow the interpreter to become familiar with the matter at hand through discussion of the case and provision of materials. This preparation enables the interpreter to render a more accurate interpretation.*
- 2. Realize that there are legal requirements and codes of conduct affecting interpreters in your jurisdiction.*
- 3. Recognize that the interpreter will interpret all that is said in the presence of all individuals and will not edit out anything spoken or signed as an aside or anything that is said to others in the room.*
- 4. Realize that the interpreter is bound by a professional code of ethics not to provide any information or opinions about the individual who is deaf or about the situation, except in regard to communication issues.*
- 5. Expect that the interpreter may occasionally pause to ask you for an explanation or clarification of terms in order to provide an accurate interpretation.*
- 6. Work with the interpreter to determine the best possible physical placement for all parties in the situation.*
- 7. Speak directly to the individual who is deaf rather than saying to the interpreter, "Ask him..." or "Tell her..."*

The Association believes that the only way that the legal rights of deaf people can be assured and the integrity of the legal process be safeguarded is by having qualified RID certified interpreters who have received rigorous training in legal interpreting interpret in legal settings.

RID has a series of Standard Practice Papers available upon request. Footnotes frequently reference these materials.

1 see RID Code of Ethics

2 see Business Practices: Billing Considerations

3 see Team Interpreting

4 see Use of a Certified Deaf Interpreter

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Resources

Preparation for working with crime victims and witnesses who have disabilities is a necessity. Finding a specialist or consultant in a hurry can be an added strain on the officer and others working the case.

The table below includes information that can be used when the need arises. It should be filled out with local and national resources.

Some national information is provided to give you a head start. This is illustrative only. Although we have included some of the major resources, the idea is to identify the types of organizations, agencies, and governmental departments that should be included on your list. Thus, following the first list is a form for you to complete and keep handy as you serve victims of crime who have a disability.

Resource	Agency	Telephone	E-mail
Developmental Disabilities Experts & Resource (National)	Administration on Developmental Disabilities	202-690-6590	http://faq.acf.hhs.gov/cgi-bin/acfrightnow.cfg/php/enduser/std_alp.php?p_cat_lvl1=69
Local Developmental Disabilities Experts & Resource	National Association of Councils on Developmental Disabilities	703-739-4400	info@nacdd.org
Deaf Child/Adult	OSERS – Office of Special Education & Rehabilitative Services		http://www.ed.gov/about/offices/list/osers/ntid.html
Blind Child/Adult			
Sign Language Interpreters	Check Internet and your state licensing board of certified interpreters		

Resource	Agency	Telephone	E-mail
Mental Illness Experts & Resource (National)	NAMI – National Association on Mental Illness and NMHA, National Mental Health Association		
Mental Illness Experts & Resource (Local)	NAMI1 – local DMH1 – Department of Mental Health – local NMHA – local		
Facilitated Communication (FC) Experts & Resources		Phone: 315-443-2699 Fax: 315-443-2274	dpbiklen@syr.edu
Facilitated Communication (FC) Interpreters	Syracuse University		
Forensic Interviewers	Child Advocacy Center		
Disability Experts & Resource	Independent Living Center		
Special Education Division	School District		
Organizations that advocate for and provide services to children and adults with developmental disabilities	Arc of the U.S.	800-433-5255	www.thearc.org

Resource	Agency	Telephone	E-mail
Agencies that specialize in responding to the nexus of abuse and disability plus online resource library, and listserv	Arc Riverside, CAN DO! Project (Child Abuse and Neglect Disability Outreach)	951-688-5141	ArcriverCa@aol.com www.disability-abuse.com
Cerebral Palsy	United Cerebral Palsy	800-872-5827	www.ucp.org
Online information resource on abuse and individuals with disabilities	Wyoming Institute for Disabilities		http://wind.uwyo.edu/resourceguide
Onsite Resource & Outreach Program	Safe Place Austin	512-267-SAFE	www.austin-safeplace.org
Information Resources, Publications, Reports	Office for Victims of Crime Resource Center (OVCRC)	800-851-3420 (TTY) 877-712-9279	www.ncjrs.gov
Providers of Training and Technical Assistance	Office for Victims of Crime Training and Technical Assistance Center (OVC TTAC)	866-682-8822 (866-OVC-TTAC) (TTY) 866-682-8880	http://www.ovcttac.org/
OVC Web Forum, Directory of Crime Victim Services, National Calendar of Events	Office for Victims of Crime	800-851-3420	www.ovc.gov
Victim Services	National Center for Victims of Crime	202-467-8700	www.ncvc.org
Victim Services	National Domestic Violence Hotline	800-799-7233	www.ndvh.org

Resource	Agency	Telephone	E-mail
Victim Services	Rape, Abuse & Incest National Network	800-656-HOPE	www.rainn.org

RESOURCES FOR CRIME VICTIMS WITH DISABILITIES

Resource	Name	Agency	Telephone	E-mail
Developmental Disabilities Experts & Resources (National)				
Local Developmental Disabilities Experts & Resources				
Deaf Child/Adult				
Blind Child/Adult				
Sign Language Interpreters				
Mental Illness Experts & Resources (National)				
Mental Illness Experts & Resources (Local)				
Facilitated Communication Experts & Resources				
Facilitated Communication Interpreters				

Forensic Interviewers				
Disability Experts & Resources				
Special Education District/Directors				

Advisory Board Members

National Professional Advisory Board

Professional Identification	Name and Title	State
Law Enforcement	Jack Trotter San Bernardino Sheriff's Department Sergeant, Crimes Against Children Detail	CA
Law Enforcement	Randy Thomas South Carolina Department of Public Safety, Criminal Justice Academy Chief, Domestic Investigations	SC
Prosecution	Tristan Svare San Bernardino District Attorney's Office, Elder Abuse Unit	CA
Prosecution	Candace Heisler Heisler & Associates	CA
Protective Services — Adult	Eva Kutas, Director Office of Investigations and Training, Department of Human Services	OR
Protective Services — Child	Sylvia Deporto DCFS Deputy Director, Children's Service Division	CA
People With Disabilities	Laurie Hoirup ACCESS Community Center, Executive Director	CA
People With Disabilities	Angela Kaufman L.A. City Department on Disability, Project Assistant	CA
Victim Services	Martie Crawford, Director Riverside County Victims of Crime Program, Director, Retired	CA

Civil Litigation	Chris Poulos Attorney at Law	CA
Civil Litigation	Tamara Peterson Jones & Vargas, Attorneys at Law	NV
Staff	Nora J. Baladerian , Executive Producer	CA
	Jim Stream , Executive Producer for Arc Riverside	CA
	Jennifer Ballinger , Coproducer	CA
	Greg Byers , Producer, Director, and Writer	CA

Evaluation and Observations

This evaluation form was used in our pilot tests of this DVD training product to assess its value and effectiveness through observations by members of our National Advisory Board.

Please use this format to inform OVC about your experience in using this DVD. Positive comments provide validation that this product is meeting the needs of those responding to crime victims. Negative comments help guide future efforts, and help to avoid repetition of undesired outcomes. Many comments let OVC know that this information is important to those in the field serving crime victims with disabilities as well as those preparing to serve them.

#	QUESTION	YES	NO	COMMENT
1.	Did you learn something new while watching this DVD?			
2.	Did you learn something new about people with disabilities?			WHAT did you learn?
3.	Did you learn a new attitude or fact about people with disabilities that will help in your job?			PLEASE describe:
4.	Did you learn interviewing techniques you will be able to apply in your job?			PLEASE describe:
5.	Did you enjoy watching the DVD?			
6.	Was the length of the DVD about right for your learning needs?			
7.	What was the most important factor you gained from watching this training DVD?			
8.	What did you like best?			
9.	What did you like least?			
10.	Was anything missing?			

11.	Would you recommend this training DVD to other law enforcement officers or law enforcement agencies?			
12.	Please use this space to provide additional comments about any other feature of this DVD.			

Name _____ Phone _____

Position _____ Agency _____

E-mail _____

Written Transcript

Part I: Introduction

[MUSIC]

Narrator: This training video will acquaint law enforcement and protective services professionals with additional principles and techniques to use when conducting an indepth forensic interview with an individual with a disability.

Narrator: This training program will focus on victims of crime with cognitive and/or communication disabilities.

Interviewer: Do you like to take pictures?

Narrator: These interviews are performed by experienced law enforcement officers and forensic interviewers.

Interviewer: Who was it, that—scrapbooks?

Narrator: A cognitive disability affects the mental process of knowing, including aspects such as awareness, perception, reasoning, judgment, and learning.

Interviewer: And how long does your walk usually last?

Narrator: A communication disability refers to the physical involvement that impairs one's ability to convey information and/or ideas.

Interviewee: Help—her—changed—diaper —changed the baby.

Narrator: In this video, you will meet real individuals with cognitive and/or communication disabilities. Although they do not represent the entire spectrum of possible disabilities you may encounter, they do represent many people you may meet within your own communities.

Female Voice: Come on, Mike. Make a basket. Come on, Mike. Good job.

Interviewee: This works the lights.

Narrator: There is a myth in our society about individuals with mental retardation or communication disabilities. People assume that these disabilities automatically signal that the person cannot be believed because their reality is distorted.

Interviewer/Interviewee: Tell me about this one. —[turning into a stone]. He turned into a stone? [Mm-hmm.]

Narrator: But, in fact, they usually have an excellent recall of their own victimization. Could you please sign in?

Narrator: One of the major contributing factors to this myth is the manner in which they are able to communicate. Their own form of expression may be unusual to you, and so you may feel communication is difficult and uncomfortable.

Interviewer: And your last name, sir? Wirtz. W-i-r-t-z. Okay.

Narrator: This first brush assessment is the point at which impressions or determinations of competence and credibility that do not exist are inadvertently applied to that person. Many times, interviewers fail to interview the victim, wrongly assuming that the credibility of the victim is impaired, due to the disability. Therefore, the case is less likely to be filed for prosecution.

Narrator: In turn, cases involving individuals with cognitive and/or communication impairments are rarely moved forward in the legal system, due to a belief that the report will not result in any positive benefit for the victim, and that a report may result in a more negative situation for the victim and the reporter.

[MUSIC]

Narrator: Typically, when an interviewer is unable, or thinks he or she will be unable to interview a child or adult with a disability, they say, “this person can’t be interviewed,” instead of asking their supervisor for assistance and calling on a specialist who is knowledgeable with communication impairments.

Narrator: In other words, being unable shouldn’t be the end of the process for the victim, but the bridge to learning how, for the interviewer.

Narrator: As in real-life situations, individuals do not come with their own captions or subtitles. In this training guide, you will find that some individuals are harder to understand and it may take you a little time to adjust to their speech pattern.

Male: —four, two. One, four, o. I wanna get one of these—

Narrator: But by being patient and attentive, you will begin to develop the listening skills you need for a successful interview.

Dina: Take that out. Take that out. I didn't do that. I'm a good driver.

Dina: A lot of people have their own prejudged expectations, which I'm sure we all do.

We all (inaudible) we think we know someone until we actually sit down and talk to them.

Dina: A lot of people look at me and see my wheelchair and think that, or hear, that when I open my mouth, I'm a little hard to understand. So they assume that since I'm hard to understand I obviously don't know what I'm talking about. Which is probably true, but not because of my speech, because of the topic. Yeah, I encounter that in my work and my personal life every day.

Narrator: Throughout this video, monitor your own thoughts and first impressions, and how those first impressions could affect your interview with that particular person.

Dina: This is where Daniel works, Computer Access Center. He's a guru with a computer.

He teaches people with disabilities, um, that have different kinds of disabilities, how to use assistive technology. I think he's the best teacher they have.

Narrator: A speech production problem does not mean intellectual impairment.

Daniel: I'm working with a client today. I teach, I teach her whatever she wants to be taught. I taught her Microsoft Word, and I taught her, um, how to operate— basic windows operation.

Daniel: You want to take that off? [Yeah, sorry.] No problem. Beautiful. Now I'm teaching her how to do a videoconference — And she just love it. [Hi, Danny. What's up?] Good job. Now we want to save it. And now you're going to send it to me. You know how, right? Yeah. Okay. Let's see you— let's see if you, you can remember all the steps.

Narrator: Cognitive impairment is unrelated to the reliability of memory.

[MUSIC]

Male #1/Male #2: Was that already in the cup for you? [No. No, I did.] Oh, you poured it in there earlier? [Yeah.] Just reach in the refrigerator and pull out a cup of juice? [No, tea.] Oh, tea. Okay. You just reached in and pulled it right out. You didn't have to pour it or anything? [Yeah, I did.] Oh. When did you do that? [Now.] Oh, I didn't see you pour it. [I did.] Did y—you're fast. When did you pour it in the cup? [Out of this thing.] But earlier, right? [Yeah.] Earlier today?

Narrator: Cognitive impairment is unrelated to the ability to distinguish the truth from a lie.

Male: I got my Spanish ones. I got some that, that um— His partner, um, um, made me and, um, a music, um, of the—of DJ—DJ music.

[LATIN MUSIC]

Male: That—he—that's, um, he mixed it for—he, uh, mixed it, um, for me. He—he, um recorded it from the c— From his—his CDs. [That's nice.] He did it.

[MUSIC]

Part II: The Preinterview Process

Narrator: Nearly half of the interview process is in the preparation. The more personal information you know and understand about the victim and their disability, and the way in which their disability affects their manner of communication, the better the success of the interview. But the reality of most situations is the matter of time. Most officers who interview do not have the luxury of taking the time to research a case or a victim's records as thoroughly as they would like. In this preinterview process section, the following four steps are guidelines that, in a perfect world, would be ideal. As an interviewer, try to use these guidelines as much as possible in the time allotted, prior to the interview.

Step 1: Personal Preparation

Narrator: Children and adults with disabilities are people, not disabilities. Clear yourself from negative attitudes and any beliefs and myths and stereotypes about individuals with disabilities that would cause you to question their truthfulness, or ability to provide the most factual response possible.

Scott/Interviewer: That's Saddleback Mountain and back this way, over here on this side, toward the right, that's Santa Montarita. [What's that called?] Santa Montarita. [Santa Margarita?] Yeah. Yeah? It's out that way. Yeah! When I first— when we first moved out here, none of those homes you see out there were not even there. [Oh, really?] Really.

Narrator: Also, be aware that the victim's physical impairments or appearance may affect you, as the interviewer. For people with disabilities, their life experiences and daily struggles with common tasks are normal to them, but appear different and unusual to someone without a disability, or unfamiliar with disabilities.

Narrator: Although we may focus on the differences initially, changing your focus to the similarities will help you bridge the gap between the known and the unknown.

Whooh.

Step 2: Victim Knowledge

Narrator: It is important for the interviewer not to make assumptions about the victim. Read the interviewee's records and charts prior to meeting them, to have a sense of their background.

These records will include medical history and educational history, with explanations of special needs regarding the individual's specific disability. Access to the individual's personal records will vary from state to state, so check the directory in this training guide for more specific information. By talking to family members or care providers, you could learn about both the communication and cognitive impact of the individual's disability.

Interviewer: What I need to know from you are basically things about Michael—um, his—first of all, number one, is his personal needs. [Mm-hmm.] And that’s what you need to understand is that while we’re here and while we’re talking during this interview, Michael comes first.

Narrator: Learning how to communicate with the victim, before the interview begins, is a vital tool in your preparation.

Interviewer/Mike’s Mom: Is there anything that I need to know right now, before we sit down and talk with Michael, that “don’t do this,” “don’t do that”—something like that? [Mm-hmm. Um, he’s pretty easygoing. Um, a lot of times when you might ask him a question, he might answer a different answer. So he uses what’s called “facilitated communication,” and I have an interpreter here that’s gonna be working with him to answer questions on the typer.] Okay. Can you tell me about that? [She’s basically providing resistive support to his hand, so when you ask him the question, then he will type what the answer is, and it’s—the device has a voice feedback, so you’ll hear what his answer is.] Okay. Okay. If I don’t understand him—Right. [—just wait until the machine produces the sound, or produces the answer. And he has, sometimes, about a 20-second delay in—Whether it’s verbal answering or typing, so—] Okay. Okay. That’s what I need to know.

[MUSIC]

Narrator: Learn how the stress of an interview may affect the individual. This includes emotional or behavioral differences that may be caused by the disability, as well as any current changes in personality, due to the trauma they have experienced.

Female: Lots of problems with, um, knowing what to do, but not— not being able to do it without being, um, told, but not—not told, like being told what to do, but she’ll have to ask the question, you know, five times, even though she already knows the answer. That’s—that’s part of the anxiety. But she—she does that with everything. Yeah. Yeah. So—huh? Yeah.

Step 3: Methods of Communication

Narrator: In our culture, we emphasize, perhaps overemphasize, the importance of words and ignore demeanor, pay only minimal attention to body language and other forms of nonverbal communications. This perception can be changed, by gaining an understanding that all forms of communication are valid, regardless of how different, new, or strange they may seem.

[COMPUTERIZED VOICE] This is my kitchen.

Narrator: As an interviewer, you should become familiar with the communication system the interviewee is going to use.

Mikel: I-t-tida. How do you spell “Matilda?”

Narrator: In special cases, some victims may have a very unique communication method that only the care provider or a family member may understand.

Mikel’s Mom: I’d say, “Michael,”—“what’d you eat for— at school today?” And he’d say, “pizza,” verbally say “pizza.” But then, when we type, he will say, “I had a hamburger.” Because pizza is

easy for him, he knows that word and he has a lot of oral-motor kind of issues. So that's an easy word for him to say. And so most people go, oh, cool. Okay. You had pizza. But then, if I ask him here, he'll say, "chicken."

Narrator: The victim may need an interpreter to translate orally to the interviewer. Or the victim may need a facilitator who assists the individual in communicating on their own. As an interviewer, you should be familiar with the ethics of working with an interpreter, and if not, use the directory provided with this training program to contact someone in your area who is familiar and experienced.

Interviewer/Mikel??: Can you tell me, who is that? Michael and Brianne. Who is this right here? [She Brianne.] Who is it? [Brianne.] That's Brianne. That's Brianne. Is bri—He said, "Michael." I don't think you heard him. Oh, okay. Okay. So that's Michael and Brianne.

[MUSIC]

Narrator: It is best not to use a parent or family member as an interpreter. The family member may be the perpetrator or perceived agent of the perpetrator.

[MUSIC]

Step 4: Site and Time Schedule

Narrator: Select the most appropriate setting for the interview, keeping the comfort of the interviewee in mind. The interview site should not be the location of the assault. Assure privacy and lack of distractions. Take care of space considerations. In light of the individual's disability, the site must have a sense of ample space and provide room for a wheelchair or interpreter. Depending upon the laws and practices in your jurisdiction, be sure to videotape the interview, to avoid putting the victim through multiple interview situations. The videotaped interview can be reviewed for statement accuracy and nonverbal communication.

Interviewer: How old is this kid? [Fourteen.] I mean, he's just a sweetheart. He can, he can type sentences, he can respond.

Narrator: Assure the cooperation of the interviewee or interviewee's guardian, for proper medication at the time of the interview.

Loren: These are my Depakote. These are my Concerta. And the rest of them are my other medicine. I don't know—and I—and I— [You take all those at once?] Yes.

Narrator: Be knowledgeable about the medications the interviewee uses, the effects of these medications, and their conduct, mood, and medical condition without medication. Learn the interviewee's schedule and behavior plans. This way, you can schedule the interview for the times at which the interviewee will be most receptive for the session, and not distracted by daily routines.

Mike/Interviewer: No, I work Monday, Tuesday, Wednesday, Thursday, Friday—I work. I have—I have 2 off. [You have 2 days off?] Yeah. [How much more time do you have till you start?] Uh, eleven. [Three minutes?] Eleven. [Two minutes?] Eleven. [Oh, eleven o'clock.] I go to work.

Bradley: He's got a schedule and he'd— and boy, he don't break it. If you get him to break his schedule, good luck, 'cause you don't want to be around then. He doesn't like—if things don't work exactly the way they're supposed to go, he gets a little upset. And usually, everything does, so—

Narrator: When a specific case requires additional time, insist on making the time. Understand that the more information acquired

Female: We're here to see Detective Stark.

Narrator: . . . the better the interviewee will be able to assist the case, and possibly stop others from being victimized by the same perpetrator.

[MUSIC]

Part III: Profiles for Practice

Narrator: This section contains three personal profiles of adults who will be interviewed in part four of this training program. In order to increase your level of comfort, awareness, and exposure, you may use these practice profiles to train yourself to focus on their personal characteristics and speech patterns.

Scott: It turned out to be a nice day.

Narrator: If needed, you may print out the transcripts provided with this training program and follow along.

Female: Okay.

Narrator: As you watch the following profiles, pay attention to your own initial assessment of the individual. Make a list to check your assessments against the final assessments that follow each profile segment.

[MUSIC]

Profile Number 1

Mike/Mike's Mom/Bradley: See, that's me and Dad and Mom— Chester and Brandy. [Well, let's see, he's been working his job for 13 years now. So, um, these are his little chores, you know, and he's right on, doing all of them.] [And if we don't—if we don't keep him busy—he gets in trouble. He'll clean our drawers. He'll clean your closet. He'll clean everything that you don't want him to touch. And you can't find anything. So we give him things to keep him busy, before he goes to work.]

Mike: You want this right here, old man? Right here, I'm gonna wait. I wait for the bus right here. I get on, I get my seat. A pass. And I slide it in. That's it. That's it. Yeah. And when the bus comes— Yeah. I'll g—I'll get on. Sit down. Go to Adams. Ring the bell? I'll get off. Walk over that way down to Adams.

Mike's Employer: Michael always works hard. Rarely misses a day. Thirteen years. He's been here a long time. Yeah. Yeah. He does a good job. He loves to make everyone smile and—[Oh, yeah.]

Mike: Here's a bird. He likes (inaudible) with his beak. See here, the feathers are gone. Oh, yeah. He pick— picking on himself. Yeah, they put this on him. Here in the light uh, the bones, in the body, of the doggy. Here the x-ray, right here. Okay. And so, did— where do they put the dog? On top. Oh, I see. And you take—picture? Yeah. I see.

[MUSIC]

Profile Number 2

Maria: I usually take the Venice bus. It come all the way to Santa Monica, get off at Pico. It take me, like, an hour. [So how long have you been going to school?] (laughs) All my life. I need, like four more classes of child development to finish that course. Okay, come on. That's my father. We came to live here when my baby was born so my mother could help me with my baby. Get it? No? Get it. No? No. Ok.

[MUSIC]

Profile Number 3

Scott: This is Tom, my uncle. [Don? How do you do?] This is my room. I'm a big baseball fan. I love baseball. I'm a Cubs fan. This is from my father—these were the badges from my father when he passed away. [Where did he work?] He used to work for the Chicago fire department— Mm-hmm. —back in the city of Chicago. That's where we were originally from, from Chicago. This is a picture of my father up here, on the wall, that I have.

Scott: This is my friend, Rudy, and I'm just training him—And he's been working with me for the last couple days. He's getting the hang of it and he's doing a wonderful job, and I'm happy— I'm very happy with his work. Every day is different— it kinda depends on what kind of a day I have. Some days might be slow and easy. Some days might be busy and crazy. [singing] Hello again, hello.

Scott: This is a bakery. They bake cookies and cakes and rolls. They make peanut-butter cookies, chocolate chip cookies. Every day it's different. They—sometimes they make brownies.

[What are those things she's making?] I'm not s—[Scott, it's your favorite.] Carol, what are you making? [They're caramel-chocolate.] Caramel-chocolate. [Scott loves to watch chocolate.] I do. Carol is a good—Carol is a very good baker here. She does really good and she's been doing an excellent job since I met her, working here. [And you do a great job too, Scott.] —you're doing an excellent job and your doing it wonderful. We're very happy—we're very happy to have you here. [We're happy to have you, too, Scott.]

Scott: [And what's this big thing you're cleaning?] What? [What is this thing?] This big machine? I'm not too sure. I'm not usually in here and working here, so I really don't wanna— I can't say, cause I might say the wrong thing. Okay. I'm gonna show you the other polishing room, where another r—room that we're—another place where we work off and on, from time to time.

Female/Scott: Do you like to polish the silverware? [Yeah.] What did you polish mainly? [I polished my shoes over the weekend.]

Scott's Job Coach: Scott is very good. He's good to train the other coworker, because he's able to give the important information; He's able to discriminate what is essential to say about, uh, to the other one about the safety, about, uh, linking, about the—he will say just the important thing. And he praise his coworker, too. He realize that they need that. And he's able to repeat what need to be repeated and he's, uh, I would say, kind of diplomat. I can trust him 100 percent. So for job purpose, it's a great thing to have him in the team.

Scott: Hi, ladies. Hi. How you doing? [Pretty good. How are you doing today?] Good, thanks. Have a great day.

[MUSIC]

Part IV: The Interview Process

Narrator: Standard interviewing skills and techniques that are used for generic victim interviews will form your foundation. In this section, we will use five different interview situations, to show specific examples of the techniques you will learn from this video. Each situation will have an individual with a different cognitive and/or communication impairment.

[MUSIC]

Narrator: This training section has eight steps that supplement your standard skills in these situations.

[MUSIC]

Step 1: Prepping the Interview Site

Narrator: Have materials available for the interviewee, to reduce anxiety, such as drawing paper and pencil, or stress balls. Have nothing that can be used as a weapon against themselves or you, the interviewer. Use appropriate materials to support the interviewee in answering questions, such as photos from home, standard drawings, and dolls that are not necessarily anatomically detailed.

[MUSIC]

Narrator: Once the room is ready, begin recording video before escorting the interviewee from the waiting room to the interview site.

[MUSIC]

Female Interviewer: Okay. Ready?

Narrator: If using a facility that has a one-way glass viewing room, the team can observe and participate by feeding questions to the interviewer by telephone or note.

Step 2: Introducing Yourself

Narrator: These are actual interviews, and although the information extracted will not be about actual victimization cases, the select moments demonstrate the results of the techniques you can use as a tool to gather the information you'll need to build a proper case that's ready to move ahead in the legal system.

Jerry/Maria: Hello. You must be Maria? [Yeah.] Hi, Maria. How are you? [Fine.] I'm Jerry. [Hi, Jerry.] I'm pleased to meet you. [Nice to meet you.] Can we—can we go inside? [Yes, please come.] All right. Thank you.

Nora: Hello. Hi. [Hi.] Hi. I'm Nora. Hi. Nice to meet you. [I'm Kate.] Oh, hi, Kate. Nice to meet you. You must be Liam. [Yes.] Hi. You shake hands? How are you today?

Liam: Good.

Nora: Good. So we're gonna just talk and spend a little bit of time here right now and then we'll go into the other room and maybe do some drawings . . . Is that okay?

Liam: Uhmm.

Nora: Yeah.

Detective Stark/Mike: Hi, Mike. I'm Detective Stark. How are you doing? [Good.] Great. Ready to come back and talk with me for a little bit? [Yeah, why not.] We'll be back in about 15 or 20 minutes— Okay. [I'm Mike's mom.] Great. Nice to meet you. Go right down this hallway and around the corner, okay?

Jack Trotter/Scott: Hi, Scott. [Hello.] Jack Trotter. How are you? [I'm doing fine, thank you.] Good to meet you. [Very nice to meet you.] And you're his uncle? [Tom Kane.] Nice to meet you, Tom. [Nice meeting you, too.] Are you comfortable out here? [Sure, I'm all right.] We're gonna go back, and we might be 20, 30 minutes or so. [You can keep him.] Okay. Only if he wants us too. [All right.] So follow me, okay, Scott? My office is way in the back, but we're gonna go to an interview room, way out back., okay. Okay? [Okay. That's fine.]

Jerry/Maria: I'm Jerry Villanueva. Pleased to meet you. And this is my assistant. I'm Annette Rehnquist. Nice to meet you. Pleased to meet you. What I was just telling Maria is that we're gonna have Annette set up the tripod and the camera. And if this is okay, we'll—whatever's convenient for Maria. So we'll—we'll sit right here. If I can sit there? You can sit there. And that'll be okay with you? Okay. Antonio, I don't wanna take your chair, either. It's okay if I sit there? So why don't you— if she's gonna be there, there's a plug right there. And go ahead and set your stuff up.

Step 3: Providing for the Victim's Needs

Jack Trotter/Scott: Are you thirsty? [A little bit.] Can I offer you a soda? [That's fine.] Water? [Okay.] We kind of have a little store over here, so I'll let you take your pick. [Okay, thank you.] Okay. Follow me.

Narrator: Make sure the victim is comfortable. Provide drinking water and time to use the restroom before starting your interview process.

Jack Trotter/Scott: Take your pick. Have water in the back, or a soda, whatever you want. [Thank you very much.] You're welcome. Let's head on out of here.

Narrator: As with individuals with autism, some people are highly sensitive to touching.

Refrain from touching the interviewee during the interview process.

Jerry/Maria: If you need a glass of water, if you—if you need to, you know, take care of yourself in the restroom or something—[Yeah.] —then just stop me. Okay? Stop me. And say, just, “excuse me, I have to go.” okay? [Yeah.] 'Cause it's all— this is all about you. Okay? [Yeah.] The other thing is, is that once we start the tape rolling, then the tape is going to continue to roll. Okay? [Okay.]

Narrator: During the interview process, only the victim and interviewer should be in the room, unless an interpreter is required for help with communication.

Step 4: Developing Rapport

Jack Trotter: And if you would, go ahead and have a seat there.

Narrator: When beginning with the interviewee, use your standard interviewing protocol. Explain who you are, and the purpose for talking with you. Include what will happen after the talk.

Jack Trotter/Scott: Remember my name? [Jack?] Jack, yep. And you're Scott. [Yes, sir.] Um, I'm a police officer and you know that, right? [Right.] Okay. You know what cops do for a living? [They chase bad people.] We—yep. We chase—They try to find bad people. That's what we do. But to find bad people, we have to ask a lot of questions. Okay? Right. Is it okay if I ask you a lot of questions here today? Is that okay? [I don't want to answer a lot of questions.] Okay. [Just—I don't have a...]. I think you have a lot of answers, but—Yes. —let me just ask you a few questions and we'll get out of here as soon as we can. Okay. [Okay.] But again, you're not in any trouble whatsoever. Okay. [Okay.]

Female Interviewer: And you can have a seat right there. I'm gonna sit over here.

Narrator: Explain what is happening at each step, and what will happen next. Let there be no surprises.

Diana/Loren: How are you doing? [Good.] Good. Can you tell me again what your name is? [Loren.] Loren. Do you remember what my name is? [Uhn-uhn.] No? Okay. My name's Diana. [Di—a—di—a—anna?] Yes. And I know when we were out there, you asked me if this is where I work? Yeah. And this is where I work. And what I do is I talk to kids of all ages. So I talk to little kids, and I talk to big kids. I talk to boys and girls. And I just ask a lot of questions. So we're just gonna hang out for a while today, and I'm gonna ask you some questions and just try to get to know you a little bit. Okay? [Yeah.] Do you have any questions about anything in this room, like the mirror, or the phone, or anything? [Uh, why is that phone in here?] There's actually some people that are listening to us today that are—they're watching us and hearing what we're saying. And if they have a question for us, or if they have a question for me to ask you, they can go ahead and call on this phone. [Oh.] And

what we think is that it's easier for kids, to just have to talk to one person, instead of have to talk to, like, three or four different people at one time.

Narrator: You can build comfort and trust by having a healthy and genuine curiosity about the person. Develop a rapport by asking about their areas of interest and by speaking easily about yourself.

Jerry/Maria: Does your does, uh, is the baby Antonio? And does—does Antonio like— like staying with his grandparents? [Oh, yeah.] Yeah? All the time? Well—well, my mom takes care of him.] Right, but grandparents always spoil you—they always spoil the kids. [Yes.]

Detective Stark/Mike: What do you like to drink with your lunch? [Coke.] Coke, huh? [Yeah.] Diet coke or regular coke? [No, I know that, regular coke, I can't. I like, diet.] Diet coke? [Yeah.] See, I like regular coke. [I can't.] See, I don't drink coffee. [I do.] So I use the regular coke for the caffeine, then, to get me going in the morning. [Oh, yeah.] Yeah, it helps out a lot. [I drink—I drink coffee.] You drink coffee? [Yeah.] Do you drink it black? [Yeah.] How long have you drank coffee? [Uh, (inaudible).] Yeah? See, I don't like the taste of coffee. It doesn't taste good to me. [You like coke?] Coke.

Step 5: Language

Maria: I guess especially my father—I guess he was very scared for me. Right.

Narrator: Speech patterns vary. So listening and remaining focused is essential. Keep in mind that the effort used to communicate for someone with a disability is far more exhausting than your ability to sit and listen intently.

Maria/Jerry: When I started going to the doctor um, she told me that she was concerned about giving labor. She thought that I would need a C-section. Right. Right. At the last moment—she told me that I could have it normal. And, yes, my baby was a, a normal labor. [Well, you know what? Listening to you, it sounds like what— what you've said is that "All I want is a chance. Just give me a chance to deliver my baby normal." That's what any— any woman would want.]

Narrator: Use language appropriate for the person's age. Keep in mind that their cognitive ability may differ from others in their age group. Avoid any "kiddie" words or baby talk.

Detective Stark/Mike: Is there anyone at home before you leave to catch the bus? [No, they don't.] Okay—so, who locks up the house? [I do.] Do you? You lock the back door and the front door? [No. On—no, only the front.] Only the front door. [Yeah.] Make sure all the windows are closed? [I—oh, the window, no, I don't.] Okay. [Only Mom.] Okay, your mom does that? [Yeah.] Okay. And how far is the bus stop from your house? [Half-a-block.] Half-a-block? [Yeah.] And you just walk down there by yourself? [Yeah.]

Jack Trotter/Scott: What Ford dealer was that, that you worked at? [What?] The Ford dealer?

Narrator: When commenting or asking questions, use plain language. The simplest words convey your thoughts or questions best. Match the interviewee's use of vocabulary, syntax, and grammar.

Jack Trotter/Scott: —and now, since I didn't write it down, Scott, I forgot. How many years were you there? [Eight.] Eight years? Okay. And this might be a tough question. What caused you to leave the Ford dealer? [What?] What caused you to— to leave the Ford dealer? [You mean, why did we leave?] Yes. [We got laid off.] You got laid off. Okay. Okay. So you got laid off after 8 years of working there? Okay. Did they—no other reason other than they just—[They never called us back.] Okay. [So I—so I w—so—Did—did they—I had—there was another friend was helping me out, trying to find another job for me that I—and helping me out. And then, they told me about the Montage job. Oh. And so I decided to interview and check and see what that was like. They hired me. And so they hired me.] So again, let me back up just a little bit. Uh, were you—you weren't the only one to get laid off from the Ford dealer? [No, there was a few other pe— there was a lot of other people.] Okay.

Narrator: Use “when” questions in the context of the interviewee's daily or weekly routine and activities. Because of their set schedules, daily routines fall around consistent time intervals that will help you to determine specific time references.

Detective Stark/Mike: Is that when you take the dog for a walk? [Yeah.] And how long does your walk usually last? [Uh, an hour.] An hour? [Yeah.] Well, that's a good walk. You take all three at one time, right? [No. I take two dogs around the block, back home. Take another doggie— I have three dogs.] Right. So you take two dogs at one time? [Yeah.] And then, you come home and you take the other dog out? [Yeah.]

Step 6: Victim's Personality Traits

Narrator: An individual with a cognitive disability will process information and language differently. So don't expect a chronological report of their experience.

Diana/Loren: Once you get to school, what kind of things do you do at school? [Um, like, what kind of stuff I do?] Yeah. [Um, well, like, I do, like, in, um, in math, I do, like, 'Cause he writes down what I'm doing that like—I'm doing, like, going shopping to buy stuff, like, some food. Okay. And 'cause I need to learn ho— how to do it when my mom's not with me, 'cause I need to go find stuff without my mom.] And you said he writes down—[Yeah.] Who's “he”? [My, uh, my math teacher.] So the teacher will, like, write down your assignment. [Yeah.] Okay.

Narrator: Keep in mind that the interviewee will seldom say they don't understand. They are most likely to answer, based on what they think you want them to say. So take extra caution not to signal your desired answer.

Diana/Loren: How long have you lived in that apartment? [Uh, 5 years?] Five years? [I don't know.] You don't know? That's okay. Do you remember how old you were when you started to live there? [Maybe 6, I think.] And that's okay, 'cause y— if you don't know the answers, it's okay to say that you don't know. [Yes.] You don't have to know all the answers. Okay. Um, let me see. I'm just going to see if you can— do you know how to draw? Are you a good artist? If I try. I'm not a very good artist, so usually I draw stick people. [I know, me to. I used to do that, too.] I'm just wondering if you can draw me a picture of your apartment, like, show me where the rooms are in the apartment? [Okay.] Do you want to use a pencil, or crayons? [Pencil.]

Step 7: Interviewer Patience and Demeanor

Narrator: The interviewer's demeanor guides the course of the interview. The interviewer should be calm, patient, and caring.

Jack Trotter/Scott: Where was that photograph taken? [This was taken in Phoenix, Arizona.] Okay. [We went to a couple—we went to the spring training game.] Oh, okay. [Yeah. And down at, um, Mesa, Arizona, this—this year]—You really are a baseball fan. [Oh, yeah.] Okay.

Narrator: Demonstrate “CREDO”: C – Compassion, R – Respect, E – Empathy, D – Dignity, O – Openness to their needs.

Jerry/Maria: I've asked you a lot of questions. And thank you very much for, you know, responding back to me. But is there something that you want to tell me? Is there something that, before I came here today, you said, “you know, when that guy comes here, I'm—I wanna—I wanna make sure I tell him this”? Is there anything you'd like to say? Anything you'd like to tell me?

Mike/Detective Stark: On Friday nights, I dance. [You dance? Where do you go dancing at?]

Narrator: Allow the individual to speak at his or her own pace. Don't pressure the interviewee with followup questions, if no answer is quickly forthcoming.

Mike/Detective Stark (continued): Edison park. [Yeah?] Yeah. [Do you have a bunch of people that come there and dance?] Yeah. [So you know a lot of people?] Yeah. [Do you dance a lot?] Yeah. [How long does the dance last?] I don't remember. Let's see. 7:30. [11:30?] 7:30. Seven—[7:30?] Yeah, three-oh. [Till what time?] At the end. 9:30. [9:30?] Nine—9:30. Okay. Nine-three-oh. [9:30.] Yeah. Then I go home. [Then you go home?] Yeah.

Step 8: Signals and Control

Narrator: There may be times when the victim themselves is not prepared and could require the presence of a guardian or a parent until he or she feels at ease with the situation and you.

Nora: There's all kind of toys, and you and I are gonna sit here at the table.

Narrator: Watch for signs of stress in the interviewee. Then either change the subject, take a break, or terminate the interview and schedule the next session. You'll know what these signs are from your preinterview research and discussions with those familiar with the interviewee.

Nora/Liam: So this is kind of hard for you, hmm? [Mm-hmm.] And what about Mrs. T? Does she ever help you with your art? [Um, um, no, uh, a little.] A little. [Mm-hmm.] I'm trying to figure out if you have an art teacher.

Narrator: Be prepared for multiple short interviews. Don't be alarmed by behaviors that may be very new to you as an interviewer but normal for the interviewee.

Liam/Nora: [I don't know.] So what we're gonna do is, then, uh, we might meet again. And I'll call you on the phone and let you know when would be good for me, and then you can tell me when would be good for you.

Narrator: Generally, individuals with a cognitive disability are compliant and are trained not to ask for anything. So when noticing signs of stress or fatigue, don't ask if they want to take a break; announce a brief break. Then, upon returning, assess the interviewee's level of comfort in continuing with the interview.

Jack Trotter/Scott: Are you okay with me asking all these questions so far? [I'm doing just fine.] Okay. Thanks a lot, Scott. [No problem. Any time, officer.] —Let me back up a little bit. [Sure.]

Part V: The Postinterview Process

Detective Stark/Mike: Well, Mike, you know what, I really appreciate you coming down and talking to me tonight. It was fun. [Yeah, it is.] I learned a lot from you. I learned you like to do a lot of fun things. [Oh, yeah.] Wanna come back and talk to me again sometime? [Sure, any time.] Any time. And you can tell me anything you want to tell me when you come down. [Yeah.] Okay. I do thank you very much for coming down. [All right.] Come on, I'll take you out.

Narrator: It takes time and patience to work with a person with a communication and/or cognitive disability. The fact is that this victim may not be the only person that has been victimized by the perpetrator. There may be many more in this same situation that have been ignored.

Nora: Bye-bye. Bye.

Three Interviewers: I guess one of your questions is "Is he going to be able to qualify to testify in the court proceeding?" [Right, uh—I need to know if we have enough information to be able to present all the way— to take it to court.] [So you have enough right now?] Yes.

Narrator: After the interview, the team must interpret the interviewee's behavior. Interpretations of drawings or doodles made by the interviewee should also be considered. The use of recorded material will enable you to review any misunderstood statements, as well as unspoken reactions that may have been missed during the interview.

Narrator: Once an interviewer adopts these new techniques to their standard interviewing skills, a successful interview can be conducted with a person of any type of disability.

You did a good job. Yeah, I did. [laughing]

[MUSIC]

Jack Trotter/Scott: All done with him, Tom. [All right.] Whatcha doing, Scott? Just a little something you can— [Thank you very much.] You can pin it wherever you want to, all right? [Thank you very much.] You're welcome. Put it on now? [What is it?] [It was very nice meeting you.] Nice to meet you, Scott. Come on, Scott. Bye, Scott. Come on, Scott.

SECTION 6

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U.S. Department of Justice
Office of Justice Programs
Office for Victims of Crime

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This training guide is intended for use with the *Victims with Disabilities: The Forensic Interview—Techniques for Interviewing Victims with Communication and/or Cognitive Disabilities* DVD, and is designed to help those who work with victims of crime during the forensic interview process. This training kit provides a specific set of guidelines for practitioners (law enforcement officers, prosecutors, victim advocates, forensic interviewers, and others) for interviewing adults and children with communication and/or cognitive disabilities.

Included in this guidebook is a complete transcript of the DVD as well as a glossary of terms and concepts used in the film. The interactive discussion guide engages viewers with a series of questions related to each section of the video that assess audience comprehension, require abstract thinking, and enhance practitioner aptitude.

