

## Barriers to Effective & Sensitive Interviewing

- Lack of Information about MR/DD
- Limited contact with persons who have disabilities
- Cultural and Communication Differences
- Myths & Stereotypes – i.e. disabled individuals can't be reliably interviewed

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## Favorite Myths & Stereotypes

- “THEY”:
  - Can't remember
  - Make up stories to get attention
  - Cannot understand
  - Are unreliable, since they may change their story later

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## Stereotype concepts

- Spread
- Deviancy & Evil
- Contagion
- Innocence
- Wildness
- Shame

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## Characteristics of Disability

- A Disability May Be:
  - Congenital or Adventitious
  - Hidden or Overt
  - Chronic or Temporary
  - Progressive & Degenerative, or Static
  - Episodic: present or in remission

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## Developmental Disability – A Legal Term

- Federal Laws- Section 504 of the 1973 Rehabilitation Act and the Developmental Disabilities Act

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## Developmental Disabilities Act Definition

- A Condition Which:
  - Begins before age 22
  - Caused by a mental or physical impairment, which is likely to continue indefinitely
  - Results in substantial functional limitations in three or more major life activities: self-care, language, learning, mobility, self-direction, independent living, economic self-sufficiency

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## DDA Definition cont...

- The condition must reflect a need for special, interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned or coordinated.

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## New York State MR/DD Definition: MHL 1.03

- MHL 1.03 (21) defines mental retardation-
  - “Mental retardation” means subaverage intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior
- MHL 1.03 (22) defines developmental disability-
  - Similar to federal definition

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## Medical Definition of Disability

- Mental health-
  - Diagnostic & Standards Manual includes all psychiatric definitions including MR/DD
- Physical Health-
  - ICD 9-CM Coding Book, an International Code for Diagnosing Medical Conditions

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Important to Partner with other  
Mental Health/Medical  
Professionals to Interpret  
Psychological Evaluations

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Developmental Disabilities

- Autism
- Cerebral Palsy
- Epilepsy
- Neurological Impairments

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Characteristics of Mental  
Retardation

- Borderline 70-85
- Mild 55-69
- Moderate 40-54
- Severe 21-39
- Profound 5-20

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## “Mental Age”

- Be Cautious- don't rely only on the mental age numbers
- Consider the individual's lifestyle, self-esteem, and history of functioning over time
- Tests can be suspect- due to cultural interpretations

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## Communication Alternatives

- Facilitated Communication
- Sign Language
- Computer Assisted Technology
- Voiced Communications
- Pictographs
- Non-verbal

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## Non-verbal Communication

- Often, much more is said non-verbally than with words
- Non-verbal does not mean “unable to communicate”
- Our culture overemphasizes the spoken word

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### Behavioral Rules for Individuals with Developmental Disabilities

- Trained passivity, obedience
- Strong desire to please
- Consider all adults as “in charge”
- Don’t make requests unasked
- Don’t embarrass others
- Don’t make any autonomous decisions

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### Sensory Impairments

- Hearing, visual, touch, smell, taste
- Must identify how the individual normally handles these impairments

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### Cultural Issues

- Did disability begin in childhood, or was it acquired?
- Disability excludes consumers from services of all kinds
- Society poorly regards persons with disabilities

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## Crime Victimization

- Local studies indicate that disabled adults are 4-10 times more likely to be a crime victim
- Individuals with DD have high rates of abuse which are rarely discovered

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## Who are the Abusers?

- In about 99% of cases the perpetrators are well known to the victim
- May be family members, service delivery professionals or paraprofessionals
- Strangers represent 1% of cases

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## Interviewing

- Victims often are not interviewed!
- Reasons include:
  - Perceived credibility problem
  - Failure to use available experts
  - Inexperienced persons don't take the time to conduct thorough assessment

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## Interviewing Protocol

- Use a multi-disciplinary team
- Pre-interview:
  - Be aware of type of disability
  - Be aware of medications and scheduling
  - Know communication style
  - Know primary contacts

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## Interview Guidelines

- Setting should be safe for the victim
- If videotape necessary it should be unobtrusive
- Schedule around meals, naps, treatments
- Use Adaptive techniques as needed
- Be kind, calm, a good listener

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## Techniques

- Set the stage-state the purpose of your visit and your role
- Use plain English- who, what, when, where, how often
- Be concrete, not abstract--Don't ask why
- Explain what happens next
- Conclude by reassuring about safety

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## Sexual Language

- Use terms familiar to the person
- Consider using drawings, puppets or anatomically detailed dolls if appropriate

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## Why Individual May be Reluctant or Retract Statements

- Accommodation Syndrome
- Stockholm Syndrome
- Post Traumatic Stress Disorder
- Grief Response Factors

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## Assessment Tools

- Mini Mental Status Examination:
  - Must be adapted for persons with a lifetime disability
  - Facilitated communication may be needed, with a person trained and certified in forensic interviewing

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## Interviewing Mnemonic

- Great Cop Says FFF
- GREAT- greeting, rapport, enlighten, acknowledge, trust
- COP- clarify, offer support, praise victim
- SAYS- “sorry to ask, allow additions, yes, summarize
- FFF- feel, felt, found

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## CREDO

- C – Compassion
- R – Respect
- E – Empathy
- D – Dignity
- O – Open to needs of the victim

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## Internet Sites

- [www.disability-abuse.com](http://www.disability-abuse.com)
- [www.cavnet.org](http://www.cavnet.org)
- [www.icad](http://www.icad)

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## Evaluation and Handouts

- Internet: <http://www.dfa.state.ny.us/ohrd>
- Intranet: <http://sdssnet5/ohrd>

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## Next Teleconference

- Sexual Assault of Adults with Developmental Disabilities Part 2: Appropriate Community Response from Protection to Prosecution
- November 24<sup>th</sup>, 1:30-3:30

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