Interview Techniques and Considerations for Victims with Developmental Disabilities

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“The Power of Language”

“He never seemed disabled to me”
“He was the least disabled person I know”

- “Lebensunwertes Leben”
- Eugenics
- 1942 American Journal of Psychiatry
- 1989 New Jersey High School Football Players
- Larry James McAfee
- Terri Schiavo
Myths and Truths about Disability

Myth

- People with disabilities are “suffering”
- People with disabilities lack the ability to make choices or know what is best for them
- Some persons with disabilities feel no pain (physical or emotional)
- Persons with disabilities are not reliable witnesses
- Most people are born with their disabilities
- Most adults with disabilities are dependent on others for care

Truth

- People have/live with a disability, “suffering” evokes pity – instead provide civil rights
- Although some need greater support and advocacy, it does not impede their ability or preclude their right to actively participate in decisions affecting their lives
- No basis for this myth. Regardless of expressive ability, all individuals feel
- Many individuals with disabilities can testify accurately and truthfully
- Roughly 25% of all individuals with disabilities were born with their disability
- High variability
Disability in Perspective

- Increases: CA - 20% General vs. 52% DD
- People with developmental or other disabilities are disproportionately criminally victimized.
- Persons with developmental disabilities are four to twelve times more likely to become crime victims than persons without a disability (Sobsey, 1996).
- This victimization rate is consistent irrespective of living situation.
- Victimization rates for persons with disabilities is highest for sexual assault (more than 10 times as high) and robbery (more than 12 times as high) Sobsey, Wells, Lucardie, and Mansell, 1995).
- 83% of females and 32% of males are the victims of sexual assault (Johnson & Sigler, 2000; Stimson & Best, 1991).
- More than 90 percent of people with developmental disabilities will experience sexual abuse at some point in their lives. Forty-nine percent will experience 10 or more abusive incidents (Valenti-Hein & Schwartz, 1995).
More....

- One of five women is limited in a major life activity by a disability, and one in ten have a serious disability, according to the U. S. Census.

- Incidence rate of domestic violence against women with disabilities
  - More likely to stay longer in an abusive situation and have fewer options for safety due to systemic and physical barriers in the community

- The Colorado Department of Health estimates that upward of 85 percent of women with disabilities are victims of domestic abuse, in comparison with, on average, 25 to 50 percent of the general population

- In a five-year retrospective study of 4,340 child patients with disabilities in a pediatric hospital, 68 percent were found to be victims of sexual abuse and 32 percent were victims of physical abuse. (Willging, Bower, and Cotton, 1992).
Victimizations

- Repeated Victimizations
- According to a study involving the sexual abuse of persons with disabilities, 79.6% were sexually assaulted on more than one occasion, and 50% of those experienced more than 10 victimizations (Sobsey, & Doe, 1991)
- Abusers typically abuse as many as 70 people before ever getting caught.

Victimization Rates

Factors
- long-standing barriers to reporting and prosecution
- physical vulnerability of the victim
- abuser taking advantage of a position of trust
- 97%-99% of abusers of victims with developmental disabilities are known and trusted by the victim (Baladerian, 1991)

- Only three percent of sexual abuse cases involving people with developmental disabilities will ever be reported (Valenti-Hein & Schwartz, 1995).
**Dependent Adult’s Characteristics: Susceptibility to Victimization**

- **Mental Retardation**
  - Impulsivity
  - Obedience to those in authority
  - Lack of ability to think abstractly
  - Slow cognitive processing
  - Memory difficulties
  - Restricted vocabulary

- **Autism**
  - Social/interpersonal deficits
    - Antisocial behavior
  - Lack of ability to communicate verbally
  - Difficulties in discerning others’ emotions
    - Facial expressions
  - Obsessive behavior
  - Adherence to routines
Dependent Adult’s Characteristics: Susceptibility to Victimizations

- **Speech/Language Disorder**
  - Not good communicators
  - Validity of alternative communication
  - Repeated victimizations
  - Assumed intellectual deficit

- **Traumatic Brain Injury (TBI)**
  - Memory Issues
  - High variability in function
  - Communication
  - Frustration

- Common among all three is disparity between receptive and expressive language
- Correlation between intelligence and expressive language?
  - Bias in the United States
Elder Adult’s Characteristics: Susceptibility to Victimizations

- Dementia – Alzheimer’s
- Why is someone with Dementia susceptible to abuse?
  - Memory loss
  - Deterioration of language function (Aphasia)
  - Impaired ability to execute motor activities (Apraxia)
  - Failure to recognize or identify objects (Agnosia)
  - Impaired ability to think abstractly and to plan, initiate, sequence, monitor, and stop complex behavior (Executive function)
- Abusive behavior (Coyne, 1993; Paveza, 1992; Pillemer & Suitor, 1992)
- Isolation
I.Q. and Function

- I.Q. is one specific measure of intelligence and should not be used to determine overall function.

- Case study example
  - Bob: IQ – 35    Henry: IQ - 65

- Implication – get to know the victim!
Diagnosing a Disability

- Dr. Modell’s Taxonomy –
  - “Clinical Diagnosis”
    - Characteristic based
  - “Medical Diagnosis”
    - Confirmation through blood test
Autism

Clinical Diagnosis
Specific Learning Disability 52.3%

Speech or Language Impairment 25.9%

Mental Retardation 6.5%

Other Health Impairment 4.3%

Emotional Disturbance 4.0%

Autism 3.2%

Orthopedic Impairment 2.2%

Low-Incidence Disabilities 1.6%

Source: California Special Education Management Information System (CASEMIS), December 2002.
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Autism - Causes

- Neurobiological
- Gene?
- Acquired?
  - Vaccines?
  - Environmental?
- What were parents told?
  - 1970’s
  - 1990’s
  - Today
Autism Characteristic Behavior

- No speech
- Non-speech vocalizations
- Delayed development of speech
- Echolalia (speech consisting of repeating something heard)
- Delayed echolalia
- Confusion between “I” and “You”
- Lack of interaction with other children
- Lack of eye contact
- Lack of response to people
- Treating other people as inanimate objects
- Perseveration
- SIB

- Offering no help when being picked up
- Preoccupation with hands
- Flapping hands
- Spinning
- Walking on tiptoes
- Hypersensitive to sounds
- Texture sensitive
- Dislike of being touched
- Behavior that is aggressive to others
- Lack of interest in toys
- Desire to follow set patterns of behavior/interaction
- Savantism
Autism – Peace Officer Responses

“What does the term Autism mean to you?”

Themes
- Appx. 81% incorrectly identified accurate Autism characteristics or did not know
- Appx. 20% identified Autism as a social interaction deficit and/or communication deficit
- Many varied responses
  - Over 20 respondents identified mental retardation as an autism characteristic
  - Living in a fantasy
  - Unusual abilities
  - Mental Illness
  - Learning Disability
  - Physical Disability

“Rain man”
Autism Distinguishing Features

- Sensory Integration Disorder
- Lack of eye contact
- Facial expression differentiation
  - Audience Participation
- View of the world
- “Asocial Behavior”
Dementia

- Characterized by the development of multiple cognitive deficits (including memory impairment) that are due to the direct physiological effects of a general medical condition, to the persisting effects of a substance, or to multiple etiologies.
- Cognitive deficits must be sufficiently severe to cause impairment in occupational (ADL’s) or social functioning and must represent a decline from a previously higher level of functioning.
- Memory impairment is required to make diagnosis
  - Learning new material
  - Forgetting previously learned material
  - Both
- Assessment
  - Register, retain, recall and recognize information
  - Ex. Learn new information (learn list of words; repeat (registration), to recall the information after a delay of several minutes (retention, recall), and to recognize the words from a multiple list (recognition). They are not helped by clues or prompts because they did not learn the material initially.
- Aphasia, Apraxia, Agnosia, Executive Functioning
Alzheimer’s

- 4.5 million Americans
  - By 2050 (12 – 16 million)
- $100 Billion Annual Cost
  - Medicare Cost 2005 - $91 Billion
  - 2010 – est. $160 Billion
- The development of multiple cognitive deficits manifested by both
  1) memory impairment (impaired ability to learn new information or to recall previously learned information)
  2) one (or more) of the following: aphasia, apraxia, agnosia, disturbance in executive functioning
- With and without Behavioral Disturbance
Alzheimer’s and Abuse

- The importance of cognitive impairment as a risk factor for elder abuse has been apparent from the very first investigations

  - **Coyne (1993)**
    - 342/1000 caregivers completed survey forms dealing with abusive behavior
    - Almost 12 percent reported that on at least one occasion they had physically abused the demented person in their care
    - 25% of the caregivers who admitted physically abusing the patient said that the patient had been abusive before becoming demented

  - **Paveza (1992)**
    - 16% of patients were reported by caregivers to exhibit severe violent behavior toward the caregiver
    - 5% of caregivers reported that they were violent toward the patients
    - 4% mutual violence in these households
Alzheimer’s and Abuse

**Pillemer and Suitor (1992)**
- About 20 percent of the caregivers said they "feared that they (themselves) would become violent," and six percent related that they had actually done so. A quarter of them reported that the patient had become violent.

**Implications of the findings**
- The risk of abuse in families with an Alzheimer patient may be greater than that found in the general population.
- Train caregivers in behavior management techniques to lessen patients' disruptive and violent behavior;
- Provide psychological, medical and social services to caregivers to treat depressive symptoms and raise self-esteem;
- Make respite care and other social support services available to families to reduce the number of hours of direct care giving per day; and
- Offer counseling services to assist families with long term placements when care giving tasks become overwhelming.

**Reference for Law Enforcement:** CANE (Clearinghouse on Abuse and Neglect of the Elderly) [www.elderabusecenter.org](http://www.elderabusecenter.org)
Strategies for Addressing Typical Behaviors in Dependent Adults

- **Echolalia**
  - Awareness of
  - Relevancy

- **Savantism**
  - Use to advantage

- **Perseveration**
  - Eliminate Irrelevant Stimuli
  - Re-focus attention
  - Set up transitions
Interview Techniques and Considerations

- Myth – “I can’t get good information from a person with mental retardation”
- Why?
  - Difficulty communicating what happened
  - Remembering the order of events that led to the crime
  - Difficulty naming people, places, and times
  - Providing consistent testimony
- Truth – All witnesses have difficulty with some of the above
  - Do not dismiss a victim because they have difficulty with 1 or more
Interview Techniques and Considerations

- **Language**
  - Sixth grade level
  - Match questions/answers with individuals level (ex. 2 or 3 word sentences)
  - Avoid double negatives
  - Use words victim uses for body parts

- **Abstract Concepts**
  - Avoid “Why”, “How” and “If” questions
  - When possible, “concretize the abstract”
Interview Techniques and Considerations

- **Augmentative and Alternative Communication (AAC)**
  - American Sign Language (ASL) [5 years training]
  - Use professional interpreter
  - Learn basics (thank you, bathroom, please, good, bad) to establish rapport [Baladerian, 1991]

- **Facilitated Communication**
  - Using yes/no format
Interview Techniques and Considerations

- **Sub-vocalizations**
  - reflects a strategy to vocalize the thought processes in the individual’s mind (“hearing”) what they are thinking
  - rehearse what is going to be said or to practice something the individual is planning to do
  - These should not be considered stalling tactics or an attempt to lie
  - Not the same as “talking” from person with a psychiatric disturbance (hallucination)
Interview Techniques and Considerations

- Confusing personally-deemed relevant information with victim-deemed relevant
  - For example, we may find it relevant to know our address or a location of work, movies, etc. For many individuals with mental retardation, they are driven everywhere and do not need to know directions, addresses, or specific locations.
  - Another example: how big a house is or how many rooms? May not be known because an individual with mental retardation rarely house hunts or negotiates leases.
Interview Techniques and Considerations

- Saliency - “emotional strength or pull” of an experience or information—something that puts the individual on alert and has high personal relevance
- The saliency of information helps all people remember things – good or bad
- The saliency of common events may be greater for individuals with mental retardation
  - Ex. Fun events
- If you know what is salient for the victim, you can link that information to the crime
  - Ex. Food
Interview Techniques and Considerations

- **Socially desired responses**
  - Individuals with severe disabilities are taught to “get along” with other people and respect those in authority, so they may change their responses if they think you don’t like their answer.
  - Expect to take more time.
  - Avoid conversational punctuations – Ex. “Really” and “You don’t” they may be taken literally.
Interview Techniques and Considerations

- **Cognitive Interviewing Techniques**
  - Four broad techniques
    - Report everything
    - Reconstruct the circumstances
    - Recall the events in a different order
    - Change perspective
  - Start with report everything before attempting to reconstruct the circumstances
  - Don’t state, “Tell me everything that happened” – this requires editing important information (they may not know what is important and/or have a difficult time sorting through the details)
  - Instead – let them know everything is important, then sort out what you need and follow up
    - Ex. Start with where were you when it happened, then tie it to now tell me everything that happened. Use salient information to assist
Interview Techniques and Considerations

- **Cognitive Interviewing Techniques**
  - Reconstructing the circumstances
    - Difficulty in sequencing events (exact hour and day something happened)
    - Use “focused open-ended questions”
      - First – establish victims routine (this helps sequence day and you can determine if the crime happened before or after a daily event)
      - Build on what they tell you (use their words) and continue to construct the events
  - Recall the events in a different order
  - Change perspective
Interview Techniques and Considerations

- Retrieval (word finding) versus recognition
  - Retrieval requires pulling something from memory
  - Recognition requires identifying something that is named
    - Ex. learning disabilities (exams – short answer versus multiple choice)
  - Recognition is a simpler form of recall
Interview Techniques and Considerations

- **Expectations**
  - Avoid before interview (either by what you expect based on presentation or what you have been told)

- **Age appropriateness**
  - Ex. skiing

- **Touching**
  - Invasive
  - Toxic
Final Thoughts

- Educate yourself through:
  - Increasing cognitive knowledge base
  - Increasing experiential knowledge base
  - This will lead to better interview and investigative techniques

- Recognize there is no “cook book” on disability......only common characteristics that are contextually and individually based
Disability Definitions

- **Mental Retardation**
  - Sub average Intellectual Functioning
  - Begins before Age 18
  - Deficits in 2 or More Adaptive Skill Areas
    (Included: Down Syndrome, Other Chromosomal Anomalies)

- **Mental Illness**
  - Meeting one of the DSM IV Criteria
    (Included: Schizophrenia, Mood Disorder [Bi-Polar], Substance Abuse Disorder, Obsessive Compulsive Disorder)

- **Physical Disability**
  - Impairment of body
    - Muscles and/or Motor/Sensory Function
    - Bones
    - Spinal Cord
    (Included: SCI, Cerebral Palsy, Spina Bifida, Muscular Dystrophy, Blind, Deaf)

- **Emotional Disability (CEC defines as Behavioral Disorders)**
  - Impairment in one’s ability to interact with other persons or the environment that significantly affects are persons ability to perform daily functions in school, work, play, and/or social interactions and relationships
    (Included: MI categories, Oppositional Defiant Disorder, Conduct Disorder, Autism)

- **Autism**
  - A severe deficit in reciprocal social interaction skills beginning before age 3 that significantly affects one's ability to participate fully in school, work, and social relationships
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