Interviewing Victims with Disabilities: Identifying Gaps and Best Practices

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Setting the Stage: Barriers to Safe and Accessible Interviews for Victims with Disabilities
People with Disabilities at Increased Risk for Victimization

• People with disabilities are 3X more likely to experience violent victimization, including sexual assault.

• People with intellectual disabilities are up to 12x more likely to experience sexual victimization.
Victimization is Underreported

• Only 37.3% said they had reported it to the authorities.

• About 58% believed that nothing would happen if they reported; 38% had been threatened or were afraid; 33% did not know how or where to report.

• When victims with disabilities did report incidents of abuse to authorities, in 52.9% of cases nothing happened. Alleged perpetrators were arrested in only 9.8% of cases where abuse was reported to authorities.

Misconceptions about people with disabilities can lead to victimization

• Societal norms of how people with disabilities should be controlled and protected, as well as stripped of power, creates an environment ripe for violence, abuse, and neglect.

• People in positions of power can take advantage of that power to harm people with disabilities.

• A person with a disability is often placed in situations where others may have power or control over them.
Misconceptions (2)

• People with disabilities may experience a variety of power dynamics that can contribute to their victimization, including:

  ➢ Age (someone older or younger taking advantage of their age);
  ➢ Use of Institutional Power/Position (someone using a position of power);
  ➢ Guardianship (a guardian using their power);
  ➢ Privilege (using other types of privilege [race, gender, sexuality, etc.] as power).
Barriers to reporting

• Victims with disabilities are traditionally more isolated than victims without disabilities, may have fewer avenues for disclosures.

• Victims with disabilities may face communication barriers.
  ➢ Victims with disabilities may not communicate in the way that professionals expect or easily understand.

• Victims with disabilities may have experienced disbelief from authorities in the past, making them hesitate to report.
Barriers to reporting (2)

- Victims with disabilities are usually denied education about healthy sexuality and healthy relationships before and after victimization occurs.
  - They may not know the behavior they are experiencing is “wrong” or how to respond to it.
- Belief that people with disabilities are not victimized.
- Belief that people with disabilities are not good reporters of what happened to them.
Barriers: chat

• What barriers have you seen for victims with disabilities in reporting their victimization?
Gaps in Interviewing Victims with Disabilities
Gap #1: Protocols not designed for adults

- Current protocols for interviewing adult victims with disabilities are modeled off of protocols for children with disabilities
  - Default reliance on child advocacy centers
- Equates adults with disabilities to children when, in reality, adults have different needs than children
- Assumes vulnerability and infantilizes adults
Gap #2: No protocol used for various types of interviews

• There are different types of interviews, including:
  ➢ Minimal facts
  ➢ First responder contact
  ➢ Forensic interview

• Interviews are conducted by various players in the system, at various points in the system and are not consistent for people with disabilities
Gap #3: Pre-interview stage is not designed for adults with disabilities

• Fact gathering is not designed to elicit information from the victim when a person has a disability

• Over-reliance on third party information which can compromise confidentiality
Gap #4: Ongoing supports not equipped to work with victims with disabilities

• Agencies providing ongoing supports to victims are not equipped to support adults with disabilities
  ➢ May refer to CACs, who are equipped to connect children and their families to resources, but not necessarily adults

• Victim services are working with prosecutors – they need context on victims with disabilities
Gap #5: Limited on-going therapeutic opportunities for adults with disabilities

- Group therapy is not always accessible to people with disabilities
- Individual therapists are not trained to work with people with disabilities
Gaps: chat

- What gaps have you seen when interviewing victims with disabilities?
Recommendations for Interviewers
Best practices

• Still being established – protocol for adults with disabilities

• Interviewers should specialize in adults with disabilities (*not* default to child interviewers)

• Varies by jurisdiction
  - Neutral, comfortable, safe setting for reporting
  - Decision of reporting made by adult, but supported
  - Electronic/video recording of statement
Best practices (2)

- Appropriately trained interviewer
  - Knowledge in disabilities
  - Open ended narrative question types
  - Non-leading or suggestive
  - Done in a way that the victim communicates
- Trauma informed
- Referrals for necessary services/supports for victim during the process
- Policies in place to serve people with disabilities
Rethink How We View Disclosure

• Historically viewed as static, single-time occurrence and a one-way process.
Address Sources of Reluctance/Roadblocks

- Family/caregiver dynamics
  - Socially isolated
  - Support system more controlling or may be torn apart
  - Rigid traditional family values and stigma
- May process stress/trauma differently
- Trauma can create communication challenges
- Barriers to access
Interview settings for adults: chat

• Where in your community are adult victims with disabilities being interviewed?
Interview settings for adults (1)

• Fully accessible
• Not specific for children
• Room is set-up for adults
  • No child like paraphernalia, has adult chairs
• Neutral
  ➢ Non-threatening
  ➢ Friendly or comfortable
Interview settings for adults (2)

- Audio and visual recording capabilities
- Appropriately trained interviewer for adults
- Medical services available – seamless process
- Ideally some mental health / family support available
Interview setting for children

- Children’s Advocacy Center
  - Fully accessible
  - Friendly, comforting, familiar, inviting
  - Neutral
    - Not a place offenders are served
  - Semi-private
  - Audio visual recording capabilities
  - Appropriately trained interviewer
  - Family support as well as mental health support
  - Medical services
Asking questions

• Recall-based questions
  ➢ Narrative invitation
  ➢ Focused narrative request
  ➢ Detail question (who, what, where, when, how)

• Recognition-based questions
  ➢ Multiple choice question
  ➢ Yes/no question
  ➢ Questions that introduce information

• People with disabilities may respond more accurately to recall based questions.
Asking questions (2)

Recall information

- Victim’s information
- In victim’s words
- Less influenced/contaminated by interviewer
- The “story” of what happened

Recognition

- May feel they need to answer
- Risk of contamination – false positives
- May answer question they did not understand
Questions – examples

- Recall
  - “What happened?”
  - “Tell me more.”
  - ”What happened next?”

- Recognition
  - ”Did the fight happen in the bedroom, den, or somewhere else?”
  - “Did he do it on purpose or was it an accident?”
Questions: chat

• What other types of questions have you seen be effective for victims with disabilities?
Create adult appropriate protocols

- Long term goal: develop protocols for adults with disabilities that are modeled off of best practices for interviewing adults
  - Create adult protocols
  - Adapt adult protocols to make them accessible to people with disabilities
Questions?

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