

*Clinical Practice***Interviewing Suspected Victims**

by Holly Ramsey-Klawnsnik, Ph.D.*

Editor's Note: Interviewing suspected victims is a critical task in the investigation of alleged abuse, neglect, and exploitation. Skillful victim interviewing requires significant training and expertise. A well-conducted interview yields information which is relevant, reliable, and valid. This data can be enormously helpful to the suspected victim and those who care about this person, as well as to investigators, prosecutors, and the public-at-large. Organizations employing staff alleged to have abused clients or residents can use suspected victim interview data to guide administrative decision-making. Persons erroneously accused of abuse benefit from valid and reliable suspected victim interview results. While there is great potential benefit to well-conducted interviews, adverse consequences result when interviews are not conducted appropriately. Most significantly, vulnerable individuals may be subjected to ongoing and serious victimization.

This column will review clinical and forensic principles of suspected victim interviewing, discuss data-gathering techniques, and provide guidelines for responding to abuse disclosures. Victims who are elderly or have disabilities may experience limited English proficiency, aphasia or other speech problems, cognitive or sensory limitations, or psychiatric conditions. Interviewing in especially challenging situations will be addressed in the Clinical Practice Column which will be published in the next edition of VED.

Principles of Victim Interviewing

All aspects of an abuse investigation must be conducted in a forensically sound manner. (Holly Ramsey-Klawnsnik, "Clinical Practice: Investigating Alleged Victimization," 7 (2) VED (Jul./Aug. 2004).) Investigators need to learn and

comply with all applicable laws, standards, regulations, and policies. A key principle is approaching a suspected victim with respect and taking steps to preserve that person's rights and safety. It is vital to arrange the suspected victim interview for privacy and effectiveness. For example, interviewing in a resident's nursing home room in the presence of a roommate is contra-indicated. Similarly, it is inappropriate to allow staff or visitors to enter and exit the room during the interview. The investigator must plan in advance the circumstances of the interview to protect the suspected victim's safety and privacy. It is especially

son failed to hear or understand.

Interviewers should commence by introducing themselves and explaining their role, affiliation, and purpose. Interviewees should be helped to understand how information they provide will be used and their rights should be explained. These may include the right to refuse to be interviewed, to pass on specific questions, to ask questions, and to terminate the interview. Confidentiality and the limits should be discussed.

Rapport Building. Effective interviewing requires building and maintaining rapport. The interviewee should be approached in a respectful manner

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critical to insure that alleged perpetrators and any persons collaborating with perpetrators are not allowed to interfere with or overhear the interview.

Preparation for the Interview. Proper preparation for the interview involves planning the location, timing, and appropriate questions. Background information guides the planning. This includes information provided by the person who reported the allegations. Additional information may be sought from family members or care providers. Strategic planning requires avoiding alerting possible perpetrators of the pending interview and thereby giving them the opportunity to intimidate victims to prevent their cooperation.

Presentation Manner. The interviewer should present a non-threatening manner and communicate genuine interest in the interviewee and his or her difficulties. Speech must be clear, intelligible, and well-paced. Language must be adapted for the person being interviewed. The response time of older adults is longer than that of younger people. Provide time for an elder to consider questions and think through answers before assuming that the per-

and invited to explain special needs or request. For example, "Please sit on my left side because I cannot hear with my right ear." During rapport building, the interviewer and interviewee ideally get to know each other somewhat and become accustomed to each other's speech, language, and style of communication. During this phase, both typically assess the motives of the other. The interviewer demonstrating genuine concern for the suspected victim is likely to collect more information, and more accurate information, than the interviewer who fails to do this. Non-threatening conversation is advisable prior to asking about abuse allegations. This helps to build rapport and enables the interviewer to assess the interviewee's communication and cognitive abilities.

It is generally inadvisable to outnumber the interviewee with multiple interviewers or observers, as this increases anxiety and inhibits rapport building. Discussing experiences of abuse can evoke significant distress and discomfort in victims. The presence of multiple interviewers and observers can exacerbate these feelings and inhibit people from revealing victimization.

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*Holly Ramsey-Klawnsnik, Ph.D., is a sociologist and licensed mental health clinician in Canton, MA. She is in private practice, providing clinical consultation and training to multidisciplinary professionals nationwide regarding sexual assault, domestic violence, elder abuse, and abuse of adults with disabilities. She has conducted a number of research studies, works closely with many adult protective services systems, and is a board member the National Committee for the Prevention of Elder Abuse. She can be reached at (781) 828-0784.

The author expresses appreciation to Lisa Klausnik, J.D., for assistance with this column. Ms. Klausnik is experienced in interviewing victims and prosecuting offenders of domestic violence.

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Note-taking during the interview impedes building and maintaining rapport, can cause anxiety in the interviewee, and interferes with observing non-verbal responses. Care must be taken when making any notes during the interview. Interviewers are strongly encouraged to write detailed notes as soon as the interview is concluded. Delayed documentation results in omitted and erroneous data, thereby violating forensic principles.

Data-Gathering

During the interview, a delicate balancing act occurs. The interviewer balances the need to maintain rapport with the need to collect information. Overzealous data-collection alienates interviewees.

Observation. A primary data-gathering method is observation. How does the person appear and behave—well-groomed and properly dressed, alert, oriented, and comfortable? Or is there evidence of poor care, confusion, agitation, pain, intimidation, or other problems? It is essential to observe the environment of the suspected victim. Is it fairly orderly, clean, functional, and safe? Or is there evidence of poor care such as soiled linen, rotten food, lack of drinking water? The interviewer relies upon the senses—that seen, heard, smelled. The goals are to get a sense of the interviewee's functioning and environment and to determine if danger or unmet needs are present.

Use judgment in deciding which observations, if any, to discuss. Those selected depend partly on the physical, cognitive, and emotional status of the interviewee. Choosing observations to discuss, and broaching them respectfully, requires considerable interpersonal skill. Observations indicating immediate risk are addressed without delay, with the interviewee or others who may provide assistance. All significant observations are documented.

Questioning. The other primary data-gathering method is, of course, the questioning. There is a vast difference between social conversation and investigative interviewing. Clinical and forensic principles must be followed.

Proper question format is required. Question formats include open-ended, specific, yes/no, multiple choice, lead-

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ing or suggestive, and tag. Open-ended, specific, and yes/no questions are appropriate for the interview. Multiple choice questions can result in people answering incorrectly to select a provided option. These questions can also be confusing, particularly to persons with cognitive limitations. Tag questions make a statement and ask the respondent to agree, thereby becoming leading.

Following are recommended question formats:

- Open-ended: "How do you like living in this facility?"
- Specific: "How long have you lived here?"
- Yes/no: "Do the staff cause you any problems?"

Following are question formats that are not recommended:

- Multiple choice: "Are things here better, worse, or the same?"
- Leading: "Didn't that nurse make you mad?"
- Tag: "That nurse is hard to get along with, isn't she?"

Broad, open-ended question encourage information sharing and build a foundation for subsequent questions. At the beginning of an interview they are more helpful than specific or yes/no questions. These questions facilitate screening for the reported abuse, as well as any existing but unreported maltreatment. Progress to specific questions based upon responses and following a logical sequence. For example, asking a woman how often her husband hits her is inappropriate if she has not acknowledged that he does hit her.

Necessary abuse-related questions often cause discomfort. Personal questions are especially uncomfortable when posed by a stranger. Aggressive probing is contra-indicated at the outset of an interview. In the beginning, use carefully selected open-ended questions to encourage information sharing while minimizing discomfort. Questions are related to the allegations, as well as observations. Defer intrusive, highly focused, and potentially embarrassing questions until later in the interview. In some cases, especially where a person is traumatized and afraid to discuss abuse, it may be necessary to delay in-depth questioning until a second interview. Open-ended questions may result in revelation of problems or safety concerns. If so, gently probe to determine if the interviewee can more fully discuss the issue. Use a supportive, nonthreatening demeanor and express concern for safety to help people tolerate these questions.

Avoid Inappropriate Questions. Avoid inappropriate questions such as asking an individual the thoughts, feelings, or motives of others. These questions require mind reading and are likely to be answered incorrectly. (For example, "What was your son thinking when he cashed your check?") Questions that ask "why" are also problematic. (For example, "Why did you give your son that check?") "Why" questions tend to put people on the defensive because they imply wrongdoing.

Interviewees may change the subject when they feel uncomfortable with the discussion. Return to unanswered questions at a later time rather than pressure the person to continue when this occurs. Interviewers may find it appropriate to change the subject when it has been fully covered, or when the interviewee appears uncomfortable. However, it is inappropriate for the interviewer to change the subject because he or she is feeling anxious, despite the interviewee's desire to continue the discussion. This is especially problematic if the topic concerns the person's safety, such as abuse-related discussion. Changing the subject during an investigative interview is a clinical decision. It should not be a random conversational act or an inappropriate response to abuse disclosure.

Responding to Abuse Disclosures

Appropriate response to abuse disclosures preserves the integrity of the investigation and facilitates fact-finding.

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The first response to a disclosure of abuse should be an open-ended question that invites the person to describe the experience. For example:

Disclosure: "That aide hurts me when he showers me."

Inappropriate response: "Does he make the water too hot?"

Appropriate response: "Can you tell me more about that?"

Refrain from jumping into specific questions. People encouraged to describe experiences in their own words tend to provide more data, and more accurate data, than when questioned. Furthermore, specific questions run the risk of being suggestive. Avoid interrupting the interviewee's presentation to ask questions. Follow up on issues not fully explained when the person has finished. Demonstrate concern and interest, but refrain from asking questions simply to satisfy personal curiosity.

Attempt to collect abuse details:

- What happened?
- Who was involved?
- When, where, and how often did it occur?

- What is the seriousness of the victimization?
- What is the risk of continued harm?
- What is the victim impact?

As abuse details emerge, refrain from judgmental response. Do not display shock, alarm, upset, or other personal reactions to the victimization or the perpetrator. Do not tell victims how you feel about what has occurred, and do not tell them how they should feel or what they should do. Instead, elicit and validate the victim's feelings.

Invite adding information and asking questions. People who have suffered extensive victimization typically require more than one discussion to reveal all of the abuse information. Respect limits regarding how much information victims can comfortably reveal at one time.

Closing the Interview

In closing, thank the person for discussing the matter. Professionals hearing abuse disclosures often need to consider the information and discuss it with others involved in the case before formulating suggested interventions. Don't feel a need to instantly have all the answers for resolving a complex abuse situation. However, imminent safety risks call for action without delay to assist victims. ■

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