

A Law Enforcement Guide for Working with Children with Autism, Intellectual and Communication Disabilities

Authors

Scott J. Modell, Ph.D.

Marcie Davis, M.S.

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In 1978, the state of New Mexico Legislature created the Sexual Crimes Prosecution and Treatment Act. This Act mandates that the state provide services to professionals (medical, mental health, law enforcement, and social services) which will assist them in offering appropriate services to victims of sexual abuse. This law outlines the necessity to provide ongoing training on a variety of sexual abuse topics. It also mandates the provision of sexual abuse evidence collection in order to offer victims the best possible prosecution of their cases. Additionally, the Act provides for payment for all victims' medical exams following an assault or the discovery of abuse.

The New Mexico Coalition of Sexual Assault Programs (NMCSAP), a private, non-profit organization, was created and continues to exist to fulfill the requirements of this statute. In addition, the NMCSAP provides child sexual abuse prevention projects in rural New Mexico as well as a clearinghouse of literature and resources to assist professionals in our state in the assessment, prosecution and treatment of sexual abuse and assault cases.

For more information:

www.swcp.com/nmcsap/

New Mexico Coalition of Sexual Assault Programs, Inc.

3909 Juan Tabo NE, Suite 6

Albuquerque, NM 87111

505.883.8020 | 888.883.8020 toll-free

National Sexual Assault Hotline

1.800.656.4673

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Introduction

Communicating effectively with individuals with autism, intellectual and communication disabilities can present challenges to law enforcement. However, the need to communicate effectively in a crisis (e.g. the individual is a victim of a crime) is critical. This guide is designed to provide law enforcement personnel with practical tips on how to understand and communicate more effectively with individuals with autism, intellectual and communication disabilities.

Understanding and respecting disability begins with language. Persons with disabilities typically are referred to by their disability first (e.g. “disabled people,” “Down’s kids,” “retarded adult,” “the handicapped”). This is problematic because it neglects the fact that disability is but one aspect of the individual and does not define the individual.

If your friend Bob had cancer, you would not introduce him as “Cancerous Bob.” You would say, “This is Bob. He has cancer.” This same concept should be applied to individuals with disabilities. It is called, “person-first” terminology. This dictates that you refer to the person before the disability. For example, you would change “disabled person” to “person with a disability” and “retarded adult” to “adult with mental retardation” and “autistic” to “person with autism.”

It is not just about political correctness. It is about respecting the fact that individuals with disabilities are people first. They are not syndromes, or diseases or cripples, handicaps, retards, gimps, midgets or other derogatory terms. They are people, first and foremost. It matters. It matters because when we do not see individuals with disabilities as people, they become less important, less likely to be safe and less likely to have crimes against them reported, prosecuted and convicted.

Sobering Statistics

- People with developmental disabilities are **disproportionately at high risk for violent victimization, abuse, and neglect** (Petersilia et al., 2001; USDOJ, 2009).
- It is estimated that more than **90% of people with developmental disabilities will experience sexual abuse** at some point in their lives.
- Approximately **15,000 to 19,000 people with developmental disabilities are raped each year** in the United States (Sobsey, 1994).
- 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, et al., 1995; Sobsey, 1994).
- **49%** of people with developmental disabilities who are victims of sexual abuse will experience **10 or more abusive incidents** (Valenti-Hein & Schwartz, 1995).
- **88 to 98% of sexual abusers are known by the victims** with disabilities (Sobsey & Mansell, 1994).
- **Children and youth with disabilities** are more likely than children and youth without disabilities to experience **physical abuse resulting in bodily injury** and to experience **serious sexual victimization**.
- According the Department of Justice, **youth with disabilities experience violence at nearly twice the rate** as those without disabilities (USDOJ, 2009).
- Over **80% of females with developmental disabilities have been sexually assaulted** at some point in their lives (Sorenson, 2002; Johnson & Sigler, 2000; Stimson & Best, 1991).
- **Women with disabilities are raped and abused at a rate at least twice** that of the general population of women (Sobsey, 1994) and are **more likely to stay longer in an abusive situation**.

Selective Perpetrators

Unfortunately, individuals with autism, intellectual and communication disabilities make good victims. In general, they have deficits in communication, may lack understanding of what constitutes abuse and are perceived as not credible witnesses by perpetrators, law enforcement and the general public. In fact, evidence suggests that some offenders specifically seek victims with disabilities because they are perceived to be vulnerable, unable to seek help and believe they cannot or will not report the crime (Lang & Frenzel, 1988).

A general lack of understanding of and ability to communicate with individuals with disabilities puts them at greater risk. Research supports that the risk of victimization is likely increased if the offender believes the victim will not be able to successfully or credibly tell anyone about the crime (Bryen, Carey, & Frantz, 2003).

As such, the ability to understand and communicate with individuals with autism, intellectual and communication disabilities is a critical step in reducing victimization.

Autism Spectrum Disorder (ASD)

Autism is a developmental disability that affects verbal and nonverbal communication and social interaction. It is helpful to consider autism a “spectrum” disorder as there are a range of abilities and levels of function among the population (this includes individuals with low functioning autism, Asperger’s, high functioning autism, PDD and Rett Syndrome). As such, referring to individuals with any type of autism as having Autism Spectrum Disorder (ASD) is best. While the characteristics of individuals with ASD will vary in form and intensity, there are a number of common behaviors that warrant understanding.

Individuals with ASD have deficits in language and communication. This evidences itself in four distinct ways.

1. **They tend to be very concrete and literal in their communication** (both in what is communicated to them and how they communicate to you) and rarely understand sarcasm. If you said it is “raining cats and dogs outside,” they might look up at the sky and expect to see dogs and cats. It is not that they are not intelligent; it is more about how they interpret what is being said.
2. **Deficits in pragmatics of communication are common.** This includes how close or far away they will be from you (e.g. too close or too far), not making eye contact, laughing inappropriately, discussing topics unrelated to the situation, or a hyperfocus on a particular topic (e.g. bus schedules).
3. **They may have echolalia** (repeating what was just heard) **or delayed echolalia** (repeating something they heard previously). Echolalia is normal in young children as part of language development, but not normal in adults. Individuals with ASD may have echolalia. It is not random speech, rather they know it is their turn to speak but may not know what to say, so they repeat what was said as their way of taking their turn in the conversation.

4. **They may have a flat affect** (e.g. feelings are not connected with what they are saying). This can be a monotone voice or odd voice tone that does not match what is being said. For example, we would expect someone to have a strain in their voice when discussing a violent act committed against them or express joy when presented with a valuable gift or act indifferent for something trivial. With individuals with ASD, they have a distorted perception of the emotional significance of events. It does not mean they are being deceitful or do not feel emotion, rather they just communicate it differently than we would normally see or expect.

It is also important to note that many individuals with ASD have what is termed Sensory Integration Disorder or SID. This basically means that they may have unusual responses to sensory input (visual, auditory, touch, etc.). They may have aversions to certain input or seek out others. It can be specific to one sense or across many.

For example, an individual who has SID may have an auditory integration disorder and the noise of a siren may feel like nails on a chalkboard. Or, they may have a tactile aversion where touching any part of their back may feel like someone pouring salt into an open wound. The type of SID and severity of response varies significantly among the population.

See tips for communicating with people with Autism, page 20.

Communication Disability

Individuals with communication disabilities (CD) come from all walks of life. They include young children with cerebral palsy, adults with post traumatic brain injury, older adults who are post stroke and other individuals who have difficulty communicating for a variety of reasons. When someone doesn't speak, we typically say that person is "non-verbal." A more accurate statement would be that the person does not have "vocal verbal behavior." This represents the fact that they may have verbal skills, just not expressive skills. Communication requires both expressive (that which you communicate) and receptive (that which you understand) language.

Just because an individual does not have expressive verbal language, do not assume they have an intellectual disability. It is common to perceive that individuals, who do not speak or speak with an impairment or drool, also have an intellectual disability. This does not always hold true (e.g. Stephen Hawking has no vocal verbal behavior, but he clearly has verbal understanding as he is recognized as one of the most brilliant people on the planet). In short, individuals with CD may or may not have an associated ID, but do not assume they do.

With difficult to understand speech, be patient. Do not pretend you understand. Instead, repeat and paraphrase. Do not be afraid to say, "I didn't understand that. Could you repeat it?" You can also ask the person to show, draw or write their response (if able). Establishing a yes/no communication system (e.g. blinking once for yes and twice for no) or using an existing system they have can be effective.

You can also ask a person who knows the individual with CD to interpret what they are saying (may not be admissible), then the individual through yes/no communication can verify if the interpreter is accurate. Most people find that the more you communicate with an individual who is difficult to understand, the easier it is to understand them. It is important to note, research suggests that most often the victim knows their assailant.

Some individuals with CD use what is termed Augmentative and Alternative Communication (AAC) devices. These are processes or devices that augment or replace an individual's method of communication and include: manual signing, gestures, facial, expressions, pantomime, pointing, eye gaze, Picture Exchange Communication System (PECS), American Sign Language (ASL), picture boards, head pointers, facilitated communication and high tech devices like computers that speak.

You do not need special training to communicate with a person who is using an AAC. You should speak directly to the person who is using AAC (e.g. do not speak to/look at the sign language interpreter, look at the person with CD).

See tips for communicating with people with Communication Disabilities, page 21.

Intellectual Disability

Individuals with intellectual disabilities are also called individuals with mental retardation. Even though mental retardation is still used diagnostically, a more respectful term is intellectual disability (ID). Individuals with ID also fall across a spectrum with respect to overall function, skill sets and ability to understand and communicate. In order to be diagnosed with an ID, the individual typically has to have an I.Q. lower than 70 (the average I.Q. is 100) and have deficits in adaptive skill areas (e.g. self-care, communication, health/safety, etc.). Most individuals with ID are taught to be obedient and obey those in authority. They generally have poor attention spans, lack age-appropriate behavior, tend to follow and imitate, have few friendships and think very concretely.

As a function of concrete thinking, individuals with ID may have difficulty with abstract concepts (e.g. “when,” “how,” “if,” “why”). Example: not knowing when something occurred (either the time of day or date). We make time concrete by the use of clocks, calendars and events. For example, if attempting to determine when an assault took place, the individual with ID may not know what time (based on a 24-hour clock) the event occurred. However, you may be able to narrow down the time by asking questions like, “was it dark outside?” or “was it before your watched *Days of Our Lives*?” or “did you already eat dinner?” Tying common, daily events to when a crime occurred can assist you in determining when something occurred.

Consistent with their intellectual ability, individuals with ID may not have knowledge of certain facts like their address or the location of other places. This does not indicate the victim can’t remember anything. It is more of a function of saliency.

Saliency refers to the significance of events in our lives.

Individuals with ID may not find it significant to know their address because they do not send out mail and need a return address. They may not know addresses of other places because they are typically driven everywhere.

Individuals with ID are taught to “get along” with other people and respect those in authority. As a result, they may change their responses if they think you don’t like their answer. Research suggests individuals with intellectual ID can be as accurate as individuals without ID, but are significantly more suggestible (Henry & Gudjonsson, 1999). The key is to find a balance between being overly helpful, friendly and supportive and being too cold.

It is important to remember to use age-appropriate language when communicating with individuals with ID. For example, when speaking with an adult with ID who is 32 years old who has the perceived intellectual function of a 5-year-old, you should talk to the 32-year-old like a 32-year-old and not a 5-year-old, even though they intellectually may be on that level.

You may ask, how do you do that? You would still use short, non-complex sentences to match intellectual level, but you would not infantilize the adult using whimsical voice tones, feigned excitement or other speech patterns that are reserved for very young children.

See tips for communicating with people with Intellectual Disabilities, page 22.

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New Mexico Coalition of Sexual Assault Programs, Inc. Disability Resource List

ADWAS (Abused Deaf Women Advocacy Services)

8623 Roosevelt Way NE
Seattle, WA 98115
800-787-3224 TTY National Hotline
800-799-SAFE (7233) voice National Hotline
206-726-0093 TTY only (Office)
<http://www.adwas.org>
Email: adwas@adwas.org

American Indian Vocational Rehabilitation Program: New Vistas

1205 Parkway Drive, Suite A
Santa Fe, NM 87505
505-471-1001 or 505-471-4427
800-737-0330 TTY/voice
505-471-4427 fax
<http://www.newvistas.org/home/index.php/Native-American-Services.html>

Americans with Disabilities Act (ADA)

Disability Law Resource Project, through DBTAC Southwest
ADA Center
2323 S. Shepherd, Suite 1000
Houston, TX 77019
800-949-4232 toll-free
713-520-0232 TTY/voice
<http://www.dlrp.org>
Email: swdbtac@ilru.org

The Arc of New Mexico

3655 Carlisle Blvd. NE
 Albuquerque, NM 87110
 505-883-4630 voice
 505-883-5564 fax
 800-358-6493 toll-free
<http://www.arcnm.org>
 Email: arcnm@arcnm.org

Chemical Injury Information Network (National Organization)

406-547-2255
<http://ciin.org>

Community Outreach Program for the Deaf

10601 Lomas NE, Suite 112
 Albuquerque, NM 87112
 505-255-7636 voice
 800-229-4262 voice, in-state toll-free
 888-517-7460 TTY
 After Hours Emergency Referral Service:
 Albuquerque Area: 505-857-3642
 Outside the Albuquerque Area: 888-549-7684 toll-free
<http://www.copdnm.org>

DRM (Disability Resources Monthly) Regional Resources Directory (National Resources)

<http://www.disabilityresources.org>

Multiple Chemical Sensitivities Task Force of New Mexico

PO Box 23079
 Santa Fe, NM 87502
 505-983-9208 voice

NAMI (National Alliance for Mentally Ill) New Mexico

6001 Marble NE, Suite 8
 Albuquerque, NM 87190
 505-260-0154 voice
<http://nm.nami.org>
 Email: naminm@aol.com

New Mexico AIDS Services, Main Office

625 Truman St. NE
 Albuquerque, NM 87110
 505-938-7100 voice
 888-882-AIDS (2437) toll-free
<http://www.nmas.net>

New Mexico AIDS Services, Farmington

3535 E. 30th St., Suite 127
 Farmington, NM 87402
 575-327-7043 voice / 888-929-0911 toll-free
<http://www.nmas.net>

New Mexico AIDS InfoNet

www.aidsinonet.org

New Mexico Commission for the Blind

Administrative Office:
 2905 Rodeo Park Dr. E. Bldg. 4 Suite 100
 Santa Fe, NM 87505
 888-513-7968 toll-free
<http://www.cfb.state.nm.us>
 Alamogordo Orientation Center: 575-437-0401 voice
 888-513-7967 toll-free
 Albuquerque Office: 505-841-8844 voice
 888-513-7958 toll-free
 Farmington Office: 505-327-3031 voice
 888-513-7964 toll-free
 Las Cruces Office: 575-524-6450 voice
 888-513-7960 toll-free
 Las Vegas Office: 505-425-3546 voice
 888-513-7963 toll-free
 Roswell Office: 575-624-6140 voice
 888-513-7961 toll-free
 Santa Fe Office: 505-476-4479 voice
 888-513-7968 toll-free

New Mexico Commission for Deaf and Hard of Hearing Persons (NMCDHH)

Albuquerque Office:
2500 Louisiana Blvd. NE, Suite 400
Albuquerque, NM 87110
505-881-8824 voice/TTY/VP
505-881-8831 fax

Las Cruces Office:
304 W. Griggs, Suite 4
Las Cruces, NM 88005
505-525-1037 voice/VP
505-525-1027 TTY (Las Cruces Office)
505-525-1039 fax (Las Cruces Office)

Administrative Office:
PO Box 5138
Santa Fe, NM 87502
800-489-8536 TTY/voice, (in-state toll-free)
505-827-7269 TTY/voice (Santa Fe Office)
505-827-7273 fax
<http://www.cdhh.state.nm.us>

New Mexico Developmental Disabilities Planning Council

810 West San Mateo, Suite C
Santa Fe, NM 87505
505-476-7321 voice
800-311-2229 toll-free
<http://www.nmddpc.com>

New Mexico Developmental Disabilities Supports Division (DDSD)

810 West San Mateo
PO Box 26110
Santa Fe, NM 87502-6110
505-476-8973 voice
877-696-1472 toll-free
<http://www.health.state.nm.us/ddsd>
Email: SANTAFEmailbox.ddsd@state.nm.us

New Mexico Department of Health

Public Health Division
1190 S. St. Francis Drive
Santa Fe, NM 87502
505-827-2389 voice
<http://www.health.state.nm.us>

New Mexico Environment Department

Physical Address: 1190 St. Francis Drive Suite N4050
Santa Fe, NM 87505
Mailing Address: PO Box 5469
Santa Fe, NM 87502-5469
505-827-2855 or 800-219-6157 toll-free
<http://www.nmenv.state.nm.us>

New Mexico Governor's Commission on Disability

491 Old Santa Fe Trail
Santa Fe, New Mexico 87501-2753
505-476-0412 TTY/voice
505-827-6328 fax
877-696-1470 in-state toll-free
<http://www.gcd.state.nm.us>
Email: gcd@state.nm.us

Disability Rights New Mexico DRNM (Formerly New Mexico Protection and Advocacy System)

1720 Louisiana Blvd. NE Suite 204
Albuquerque, NM 87110
800-432-4682 in-state toll-free
505-256-3100 voice
<http://www.nmpanda.org/index2.html>
Email: info@nmpanda.org

New Mexico Relay System (Hamilton Relay)

Dial 7-1-1 to use relay system in New Mexico or call one of these toll-free numbers:

800-659-1779 toll-free voice

800-659-8331 toll-free TTY

800-327-1857 TTY/toll-free Spanish Speaking

<http://www.relaynm.org>

New Mexico Technology Assistance Program

NMDVR / NMTAP

435 St. Michael's Dr. Bldg. D

Santa Fe, NM 87505

800-866-2253 toll-free voice

505-954-8608 fax

<http://www.nmtap.com>

NICHCY – National Dissemination Center for Children with Disabilities (National Organization)

1825 Connecticut Ave NW, Suite 700

Washington, DC 20009

800-695-0285 TTY/toll-free voice

202-884-8200 TTY/voice

202-884-8441 fax

<http://www.nichcy.org>

Email: nichcy@aed.org

Rape Crisis Center of Central New Mexico

Interpreter Services can be provided to your agency free of charge through the Rape Crisis Center of Central New Mexico.

To arrange free interpreter services call: 888-811-8282

<http://www.rapecrisiscnm.org>

Southwest Services for the Deaf

2202 Menaul Blvd. NE

Albuquerque, NM 87107

505-440-3512 text/voice

<http://www.southwestdeafservices.com>

Email: asl@nm.net

University of New Mexico - Center for Developmental Disability (CDD)

A University Center for Excellence

2300 Menaul Blvd NE

Albuquerque, NM 87107

800-270-1861 toll-free

505-272-3000 voice

505-272-5280 fax

<http://cdd.unm.edu>

Email: cdd@unm.edu

University of New Mexico - Information Center for New Mexicans with Disabilities

505-272-8549 voice or 800-552-8195 toll-free voice

505-272-0321 TTY

<http://cdd.unm.edu/babynet/index.htm>

Email: infonet@unm.edu

DO:

1. Use a calm voice.
2. Give simple one-step or two-step instructions.
3. Be **calm, literal and concrete** when speaking.
4. Remember pragmatic deficits in communication are common (proximity when speaking, talking about odd topics, inappropriate laughing, lack of eye contact) and do not imply lack of intelligence, disrespect or deceitfulness.
5. Make sure that your environment is **calm and quiet**.
6. Turn off flashing lights and distracting sounds.
7. Avoid touching the person.
8. Speak to adults as adults and not children regardless of disability.
9. Match your questions to the individual's intellectual ability (e.g. responses in two- or three-word sentences dictate questions in short sentences).
10. When referring to people, places, and acts, it is best to **use proper names**. For example, instead of asking, "Did it hurt when he did that?" ask, "Did it hurt when Steve punched you in the stomach?" Be clear to avoid confusion with the pronouns "you" and "I."
11. Keep your **facial expressions and body language neutral** when asking questions.
12. With speech you cannot understand have the person **write, draw or show**.
13. If the individual is using an interpreter, **speak directly to the individual not the interpreter**.
14. Remember that **sexual abusers are often known by victims** with disabilities.
15. Expect to take more time.

DON'T:

1. **Don't use metaphors**. For example, instead of using "let's get the ball rolling," to signify the start of an activity, use "we can begin now."
2. **Don't use interrogative statements** (e.g. "You weren't at home").
3. **Don't use conversational punctuations** (e.g. "Good" or "You do") they may be taken literally.
4. **Don't use questions that are leading or posed in the negative** (e.g. "Do you not like going to school?" instead it is better to state, "Do you like going to school?")
5. **Don't use sarcasm**. It may be difficult for an individual with autism to interpret tone. Remarking sarcastically, "the traffic is so smooth today" when there is a heavy traffic jam may be confusing as they may take you literally.
6. **Don't nod or shake your head during responses to your questions**.
7. **Don't interpret monotone voice or lack of emotion as lying or lack of ability to feel**.
8. **Don't fill in the blanks** (e.g. a broken statement of: "Paul...touch....penis" should not be followed with the question: "Paul touched your penis?" because Paul could have been touching his own penis.
9. **Don't assume the individual has an intellectual disability or is not capable of understanding if they don't speak**.
10. **Don't pretend to understand what someone is saying**, instead with difficult to understand speech, repeat or paraphrase what was said.

Quick Tips: Autism

1. Be **calm, literal and concrete** when speaking. Avoid using metaphors. For example, instead of using “let’s get the ball rolling,” to signify the start of an activity, use “we can begin now.” Maintain a calm and even manner of speech.
2. **Avoid sarcasm.** It may be difficult for an individual with autism to interpret tone. Remarking sarcastically, “the traffic is so smooth today” when there is a heavy traffic jam may be confusing as they may take you literally.
3. Remember **pragmatic deficits in communication are common** (how close someone is to you when speaking, talking about odd topics, inappropriate laughing, lack of eye contact) and do not imply lack of intelligence, disrespect or deceitfulness.
4. **When echolalia occurs** (repeating what was just heard); **be patient**, continue to build rapport and reduce anxiety and continue to try and communicate.
5. **Do not interpret monotone voice or lack of emotion as lying or lack of ability to feel.** Just remember that is part of autism.
6. **If possible, take off any thing that may be distracting** (e.g., uniform, badge, gun, watch) as they may become fixated on these things and have difficulty staying on point.
7. **If possible, make sure that your environment is calm and quiet.** Turn off flashing lights and distracting sounds.
8. **Avoid touching the person.** Use a calm voice and give simple one-step or two-step instructions.
9. **Expect to take more time.**
10. **Seek assistance** when you think you will need it.

Quick Tips: Communication Disability

1. Remember, **receptive language** (what someone understands) **is always greater than expressive** (what someone can communicate back to you).
2. **Do not assume the individual has an intellectual disability or is not capable of understanding if they don’t speak.**
3. **Do not pretend to understand what someone is saying,** instead with difficult to understand speech, repeat or paraphrase what was said.
4. **With speech you cannot understand, you can:**
 - Have the person **write, draw or show.**
 - Try to **establish a yes/no system.** For example, some individuals nod their head for yes and shake for no. Other individuals may be able to point to a card with “yes” written on it as well as a card with “no” written on it.
 - **Have someone interpret the individual’s speech** if you cannot understand it (the individual can then verify accuracy with yes/no).
5. If the individual is using an interpreter, **speak directly to the individual not the interpreter.**
6. **Be patient and expect to take more time.**

Quick Tips: Intellectual Disability (Mental Retardation/Developmental Disability)

1. **Be calm, literal and concrete** when speaking. Avoid using metaphors. For example, instead of using “let’s get the ball rolling,” to signify the start of an activity, use “we can begin now.” Maintain a calm and even manner of speech.
2. **Speak to the individual in a manner matching their chronological age** not their perceived intellectual age.
3. **Match your questions to the individual’s intellectual ability** (e.g. responses in two or three word sentences dictate questions in short sentences).
4. **Pay attention to verbal and non-verbal language for both yourself and the individual.**
5. When referring to people, places, and acts, it is best to **use proper names**. For example, instead of asking, “Did it hurt when he did that?” ask, “Did it hurt when Steve punched you in the stomach?” Be clear to avoid confusion with the pronouns “you” and “I.”
6. **Avoid questions that are leading or posed in the negative** (e.g. “Do you not like going to school?” instead it is better to state, “Do you like going to school?”).
7. **Try to stay away from lists like, “Was it Tom, Dick, or Harry?”** They may say Tom, but Dan is the actual abuser, but wasn’t listed, so he didn’t think it was a choice. It may be better to ask who hurt you, or ask the questions one at a time such as, “Was it Tom?” “Was it Dick?” “Was it Harry?”
8. **To minimize getting a false response** based on their desire to please:
 - **Keep your body language neutral** (e.g. try not to nod or shake your head during responses).
 - **Keep your voice tone neutral.**
 - **Avoid interrogative statements** (e.g. “You weren’t at home”).
 - **Avoid conversational punctuations** (e.g. “Good” or “You do”) they may be taken literally.
 - **Resist temptation to fill in the blanks** (e.g. a broken statement of: “Paul...touch....penis” should not be followed with the question: “Paul touched your penis?” because Paul could have been touching his own penis.
9. **Use praise non-contingently** (in other words, try not to praise based on a specific response, rather provide praise in between questions so as not to influence responses).
10. **Use daily activities as a reference for determining time** when an individual with intellectual disability has difficulties with the concept of time.
11. **Ask the same questions 2 or 3 times in a different way** to make sure you’re getting the right answer, and look for patterns.
12. **Expect to take more time.**

About the Authors

Scott J. Modell, Ph.D. is recognized as a national expert in disability etiology, characteristics, interview techniques, and abuse. He is a Professor and Director of the Autism Center for Excellence at California State University, Sacramento. Dr. Modell has received numerous accolades for his work on behalf of individuals with disabilities. For more information please contact him at modell@csus.edu.

Marcie Davis, M.S. is recognized nationally for her expertise in both victim and disability services. Her award winning materials and program development have been recognized through both the criminal justice and disability communities. Ms. Davis is President of Davis Innovations, Inc. and Executive Director of Soulful Presence, a non-profit organization. For further information please contact her at mdavis@davisinnovates.com.

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New Mexico Coalition of Sexual Assault Programs, Inc.

3909 Juan Tabo NE, Suite 6

Albuquerque, NM 87111

505.883.8020 | 888.883.8020 toll-free

www.swcp.com/nmcsap/

National Sexual Assault Hotline

1.800.656.4673

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