



Working with victims with special communication needs

Recommendations for the police and other intervention workers

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People with difficulties in the field of understanding and processing information

- This group includes: people with sensory disabilities, people with various mental disorders and foreigners.
- Reduced ability to communicate → greater vulnerability → it is easier for them to become victims of crimes.
- Even people with mental disorders may have specific credibility!

General recommendations:

- Make **more time for** questioning.
- Arrange a **calm environment** without disruptive influences.
- **Good establishment of contact** → reduction of stress → better cooperation during questioning.
- The possibility of previously **consulting** with a police psychologist **or a specialist in the specific area**.
- The possibility of requesting **the presence of a police psychologist during questioning**.
- The following help stabilise individuals: **provision of information, contact and communication with people close to them, assurance of basic needs** (safe environment, hygiene, beverages, or possibly assistive devices).
- Make sure you maintain their **human dignity and respect**.
- Try to ensure the individual's **own activity** and independence, do not take away his own competence.
- **Do not express pity, respect** differences in understanding and communication.
- Be **patient, perceptive and considerate**.

People with visual impairment

- This concerns various disabilities (congenital blindness, subsequent loss of sight, residual sight).
- The ability to receive information, orientate oneself in an unfamiliar environment and the ability to attend oneself are all restricted.
- Mental development is the same as in people with sight.
- When first addressing a blind person **lightly touch** his arm. Introduce yourself, explain your role and tasks.
- When introducing yourself say, "I would like to shake your hand".
- Address the person by name. **Speak directly to the blind person**, not his assistant.
- Maintain **eye contact** (he can tell if you are not speaking to him directly).
- **Ask** whether and how much he can see and what he needs.
- Find out whether he has /needs **assistive devices** (stick, mobile phone, magnifying glass, laptop, dictaphone ...).
- Actively **describe what you see**, explain procedures, let him touch items.
- Do not separate the individual from his guide dog.
- Do not handle the blind person's items without his awareness.
- Use **all other senses when communicating**.
- Do not use phrases such as "over there " or "here", but rather "right behind you" or "two metres in front of you", etc.
- You can of course use terms such as "watch", "take a look", "see", "take a glance"...
- Let the blind person **touch** unfamiliar items and equipment (he sees by touching), explain everything and describe where things are.
- **When guiding the individual** offer your arm and let him hold on (do not push him in front of you or pull him along by the hand). Warn him of curbs or obstacles.
- **When approaching steps** place his hand on the railing and point out the first and last step.
- **When approaching a vehicle** put his hand on the handle, or on the upper edge of the opening, point out the height of the floor.
- **When seating the individual** place his hand on the back rest, let him sit by himself. Point out items that he could knock over. Place his hand on the item (a glass for instance), describe where things are.
- Show the individual where the toilet is, the flushing mechanism, toilet paper, wash basin are. Check that the toilet is clean.
- Do not leave the individual without warning him.
- Do not walk behind him like a guard, without communicating.
- Encourage the individual's **maximum independence** and his **dignity**.

People with hearing impairment (HI)

- This concerns various disabilities (congenital deafness, subsequent loss of hearing, residual hearing, loss of hearing due to old age).
 - **The mental development of these individuals may differ**, because thought processes develop on the basis of speech.
 - These individuals sometimes have **difficulties with abstract thinking and social understanding**. (Hearing impaired people who grew up in an environment using sign language have normal development).
 - The ability to accept information and orientate oneself in more complicated contexts may be limited.
 - Only some people with HI are able to speak **sign language** (SL), some are able to **lip-read**, others use **assistive devices** (hearing aids, cochlear implants, **speech transcription**, tablet, mobile, PC).
 - Not all hearing impaired people can lip-read well.
 - Some people with HI may live for extended periods **in sensory and social isolation**.
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- When addressing a hearing impaired person **gently touch his arm** (or gain his attention otherwise).
 - Introduce yourself and describe your role and tasks.
 - **Ask** whether and how well he hears and what he needs.
 - Find out whether he has/needs **assistive devices**.
 - Speak to the individual **face to face**, or speak towards the side with residual hearing.
 - **Arrange an interpreter** for people who speak SL. If an interpreter is not available, the most important tools are **a pen and paper**.
 - Always speak **directly** to the individual, not to his interpreter.
 - Use all senses when communicating (vision, touch, residual hearing).
 - You can use various methods of communication (gestures, writing on paper, printed pictures or sentences, text messages, SL translators ...)
 - Use **short sentences**. **Articulate** clearly. Do not stand with the light behind you. **Do not shout**.
 - Write the information you are trying to impart in simple sentences on paper.
 - **Verify** whether the individual has understood us correctly. Ask, “what have you understood?”
 - **Actively inform** about the situation, explain procedures, all activities and actions.
 - Individuals with HI may become very anxious if they cannot use their hands to communicate (injury, cuffs).
 - Watch out for dangerous situations – for instance vehicles out of sight.
 - Encourage the individual's **maximum independence** and his **dignity**.

People with mental disabilities

- This concerns various disabilities (congenital intellectual disabilities, dementia in old-age, conditions following an injury, post-traumatic stress disorder, depression, phobia, intoxication, autism, psychoses, etc.). Some individuals can also have combinations of disabilities.
- Consult specific requirements and possibilities with experts, staff or the individual's assistant.
- Information concerning psychopharmaca could be important.
- If possible work in the person's natural environment.
- A safe environment and minimisation of stress in an unfamiliar environment are crucial.
- These individuals are often more suggestible.
- They are frequently attached to their assistant.

People with serious psychiatric disorders: Proceed intuitively and cooperate with the assistant, treating staff or psychiatrists. Unless an individual's condition is highly decompensated, he may be able to provide information that is important to the investigation.

People with mental disabilities: Intellectual disabilities may be of various levels, Traits that may appear are attachment, repetition, inadequate emotions, poor memory, issues with eye contact, speech disorders, sensitivity to changes, verbosity, inability to generalise, increased suggestibility, dependence on others...

- Calm behaviour, a positive expression, soothing the individual and describing what is happening, all help.
- Speak comprehensibly, expressively, slowly and in short sentence.
- Avoid expert terms, phrases and irony.
- Utilise the presence of a familiar person.

People with autistic spectrum disorders (ASD): Every person with ASD has their own unique traits. Some of these people may be highly intelligent, others are mentally retarded. Differences in social behaviour (introversion), in understanding speech and expressing themselves with speech and in specific activities (attachment, inability to divert attention, stereotypical activities) are frequent. Sometimes these individuals may display (auto)aggressive behaviour when under stress.

- Consulting the assistant may help.
- Try to carry out actions in the individual's natural environment.
- Eliminate any waiting.
- Speak directly to the specific individual, not the assistant.
- Use brief sentences, provide information specifically, graphically and simply.
- Avoid metaphors, irony or ambiguousness.
- Explain everything and make sure that the individual has understood.
- Patience helps.

People with motor disabilities

- Motor disabilities have many forms. This may concern people with congenital disabilities, disabilities following injury, limited motion as a result of age or bedridden patients.
 - Some individuals may simultaneously have **disorders of the speech organs and facial muscles** (untrained persons may sometimes confuse this with drunkenness or mental retardation).
 - Motor disabilities have no impact on the ability to understand information, but if we want to establish trust, it is a good idea to ensure that these people are **as comfortable as possible**. Only some people have combinations of physical, mental or sensory impairment.
 - **Bedridden** patients often have chronic difficulties, sensory deprivation, pain in their entire body or bedsores, their sense of touch is retained. They are frequently discussed without their input. Do not underestimate communication with them!
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- Let the individual advise us how to **handle him during transport** and what his specific needs are.
 - Endeavour to encourage the individual's **own activity**, do not take away his competence. Ask what he is capable of managing himself and what we can help him with.
 - Make sure that his **human dignity and respect are maintained**.
 - **Do not express pity, respect** differences in movement. These people have frequently learnt to live with their disabilities.
 - Watch out for **fragile bones** and the risk of injury to people with **muscular weakness**.
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- When helping with a wheelchair proceed **according to the wheelchair user's instructions**.
 - You must ensure that **the doors to the toilet are wide enough**.
 - When **transporting the individual down stairs**: one person holds the wheelchair by the rear handles and tips it backwards onto the large wheels, a second person holds the wheelchair at the bottom by the rigid part of the structure near the front wheels. Light people can be carried downstairs in their wheelchair.
 - The procedure is similar when transporting the wheelchair user up stairs (the wheelchair is carried up backwards).
 - If the wheelchair user has enough strength in his arms, only one person is needed to help him move up or down the stairs.
 - When traversing stairs the wheelchair must be tipped backwards onto its rear wheels, so that the person does not fall out.
 - **Pull the wheelchair with the person in it backwards** along uneven, stony or sandy terrain.
 - If you want to remove the person from the wheelchair, **you must ask** how to take hold of him.

Foreigners

- **Foreigners and members of national, cultural and religious minorities may also be** considered especially vulnerable victims.
 - **Language skills are a crucial competence** when working with foreigners .
 - **Cultural differences** also play a role. This can apply to **communication, food, clothing, accommodation, religious needs, treatment of the deceased, funeral requirements and rituals, gender roles** etc.
 - **Tourists** who have experienced crime abroad, and **refugees** who are escaping a threat to their lives or health are in a different situation. We can assume that the latter will be experiencing increased **uncertainty, distrust, concern and that they have experienced mental trauma**, not only due to war and violence in their country, but also during their journey, and also trauma suffered in camps and other refugee facilities.
 - Some foreigners may have a **negative experience of corruption, violence and persecution by the police** in their own countries.
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- **Provision of comprehensible information** in their native language, **contact and communication with people close to them**, helps stabilise people. Arrange contact with a person close to the individual, with the embassy or a translator.
 - If you do not have the requisite inter-cultural knowledge, contact an employee of **the specific embassy or a translator**, or even **ask the affected people themselves**.
 - **Electronic translators** can also be used to communicate.
 - When communicating with foreigners and members of minorities make sure you maintain their **human dignity, cultural customs and respect**
 - **Religious requirements** are a priority in some countries.
 - Communication between **an unrelated man and woman** may be a problem in some cultures.
 - It is sometimes not appropriate for someone to be questioned by a significantly younger person.
 - It is sometimes impolite to look someone straight in the eyes, **looking askance** is an expression of respect and honour, not that the person is hiding something.
 - **There is a strict hierarchy in some cultures** and individuals with a higher standing may give evidence.
 - Try **to understand the cultural context, respect differences** in cultural customs and communication.
 - **Explain** the tasks, procedures and nature of the police.
 - **Ask** about specific needs and customs.
 - **Verify** that the individual has understood the provided information correctly.