

# The Fine Art of Peeling the Onion



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# Why Victims Don't Tell

# FEAR

(CLEET, 2007; Johnson & Bogan, 1986, 1996)

- Fear of discipline.
- Fear of loss.
- Fear of harm.
- Fear of being discovered.
- Fear of getting into trouble.
- Fear of not being believed.
- Fear of destabilizing their world.
- Fear of embarrassment.

# Why Kids (Especially) Don't Tell

- Coercion by offender.
- View of self as co-conspirator.
- Illegal acts or rules broken by child.
- Desire to protect offender or others.
- Hesitance to punish.
- Past experience with authorities.
- Environment. (e.g. at crime scene)
- Persons present during questioning.
- “Why” questions.

# Risk versus Blame Assessment

(Johnson, 2014, 2014a, 2014b; Turvey, 1999)

- Commonly, victims are considered at least partially responsible for their own victimization. This is referred to as “blame assessment.”
- Victims are not responsible for the actions of their assailants, even if their behavior contributed to elevation of their own risk of harm.
- Offenders often engage in “blame assessment” of their own victims. If the investigator also engages in blame assessment, he/she is aiding in reinforcing negative outcomes of the victimization, and perpetuating the problem.
- Risk categorization and evaluation (either for living victims and/or posthumously for deceased victims) is usually done according to level-of-risk: low-risk, medium-risk, and high-risk.

# Key Barriers (Human Trafficking Types III and IV)

(Johnson, 2010)

- Fear, force, or coercion.
- Protection of abuser.
- Perception of / prior experience with law enforcement.
- Cone of silence.
- Victim to victimizer transition.
- Unfamiliar surroundings.
- Isolation.
- False sense of freedom.

# Other Pathological Barriers and Obstacles

(Carlson, 1997; Carnes, 1997)

Signs and symptoms of traumatic disorders may be **shared with** symptoms of other types of disorders.

Signs and symptoms of traumatic disorders may be **masked or mitigated by** signs and symptoms of other types of disorders.

Signs and symptoms of other types of disorders may be **secondary to** those of traumatic disorders.

The **ability to identify** various indicators of trauma-related disorders **may be limited** by many types of barriers (communication, trust, memory loss, dissociation, accessibility, et cetera).

# Developmental Issues

(CLEET, 2007; Johnson & Bogan, 1986, 1996)

- Delayed or stunted development may affect the child's ability to credibly and effectively communicate.
- The child may have warped or stunted concept of right/wrong, reality/fantasy, et cetera.
- The child may have lived his/her entire life "guessing at what 'normal' is."
- The child may have been maladaptively-trained.
- The child may not understand the complex concept of sex and sexuality.
- Abuse may have occurred over extended period of time. Therefore, secrecy is normalized, feelings of helplessness are common, and child feels trapped.



# Desirable Skills and Traits of an interviewer

# Requisite Skill Set

- Communication skills.
- Rapport-building skills.
- Problem-solving skills.
- Investigative skills.
- Scientific skills.
- Team and leadership skills.
- Documentation skills.

# Communication and Rapport- Building Skills

- Facilitative vocabulary.
- I-Messages.
- Positive confrontation.
- Active listening.
- Empathetic communication.

# Problem-Solving Skills

- Needs Assessment Analysis.
- Problem Analysis.
- Systematic Problem Solving.

# Investigative Skills

- Inductive → Deductive Investigation.
- Empathetic interview.
- Content analysis.
- Evidence-gathering procedures.
- Cognitive interviewing.

# Scientific Skills

- Content analysis.
- Forensic interviewing.
- Data analysis.
- Qualitative research methods.
- Quantitative research methods.
- Mixed methodology research methods.

# Team and Leadership Skills

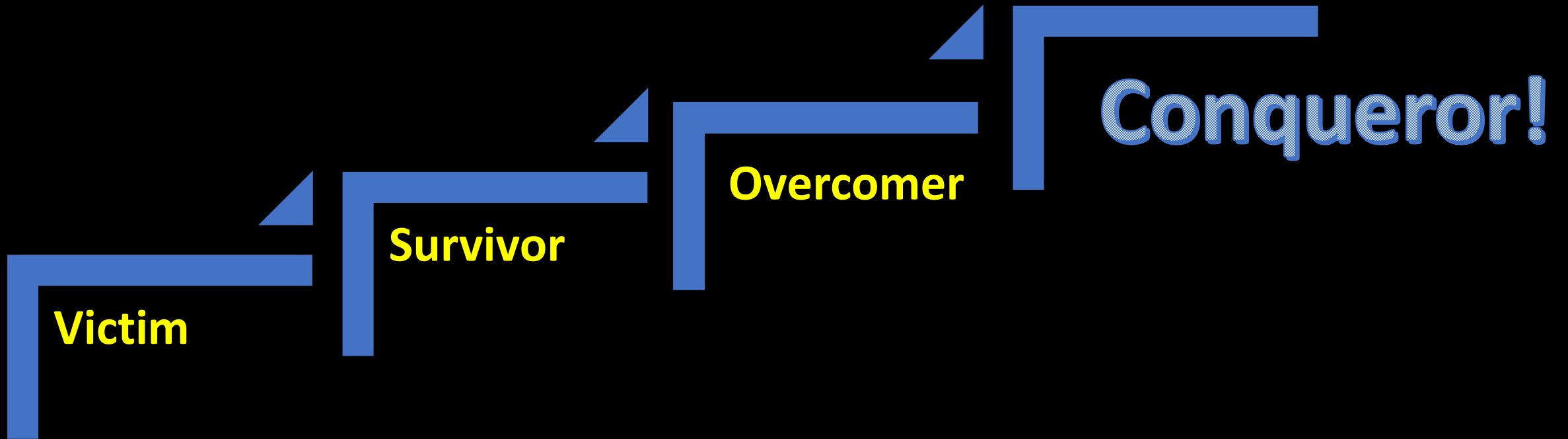
- Team-building skills.
- Interdisciplinary briefing skills.
- Interdisciplinary group participation skills.
- Group leadership skills.

# Documentation Skills

- Report-writing skills.
- Report synthesis skills.
- Search warrant preparation skills.
- Subpoena ducus tecum and other “official request” skills.
- Data organizational skills.
- HIPAA regulation adherence skills.
- Mandatory reporting documentation skills.



# Victim-to-conqueror continuum



# Breaking Down Barriers



- Strategic.
- Facilitative.
- Non-Threatening.
- Enlightening.
- Trust/Rapport-Building.
- Gentle Finesse.
- Logical Order.
- Gradual Intimacy.
- Revealing.
- Barrier-Breaking.

# To Build Trust and Rapport, Be

(Gordon, 1975; Johnson, 2010, 2014; Johnson & Bogan, 1986, 1988)

- Clear, concise, and organized.
- Accessible.
- Down to earth.
- Relaxed and unhurried.
- Supportive and willing to listen.
- HUMAN.
- Someone to be trusted.

# Top Ten **DON'Ts** of Crisis Intervention Communication

(Johnson & Bogan, 1986, 1988)

- **DON'T** place the individual on defensive with “why” questions.
- **DON'T** be confined to listen for “codes.” Focus on underlying “messages.”
- **DON'T** ever get caught in a lie.
- **DON'T** make promises you can't keep.
- **DON'T** enter into secrecy pacts with the person being interviewed.
- **DON'T** invalidate or impede the individual's expression of feelings.
- **DON'T** give advice; Especially, legal advice.
- **DON'T** feed into “staff-splitting” behavior.
- **DON'T** lose the respect of the person being interviewed.
- **DON'T** coddle or pity the individual; empathize and empower the person.

# Let's Look at Some Other Roadblocks to Communication

(Gordon, 1975; Johnson, 2005, 2006)

- **Solution-oriented** statements.
- **Put-downs.**
- **Other inferior methods** of communicating.
- **Inhibiting factors** unique to customer.
- Our **general approach.**
- **Reinforced powerlessness** (Enabling).
- **Anxiety / crisis** mode.

# More about Roadblocks to Communication

(Gordon, 1975; Johnson, 2005, 2006)

## Solution-oriented

- Ordering.
- Threatening.
- Moralizing.
- Advising.
- Lecturing.
- Criticizing.
- Directing.

## Put-Downs

- Flattering / False Praise.
- Name-Calling.
- Reassuring.
- Advising.
- Probing.
- Diverting / Humoring.
- Interrupting.

# Other Potential Problematic Co-Factors

(Johnson, 2005, 2006, 2014; Johnson & Bogan, 1986, 1988)

- Disregarding inhibiting factors unique to person in crisis.
- Our general approach.
- Co-Factors which may be influencing the person's behavior.



# Remember the Other Inferior Methods of Communicating

(Gordon, 1975)

- Parroting.
- Paraphrasing.
- You-messages.
- Monologue.
- Excluding / Ignoring.

# In Addition To

*the actual words, the way we say them and how we act when we say them can help to build trust / rapport and a level of comfort with the needful customer. Also, how far apart we are physically.*

# The Four “P”s

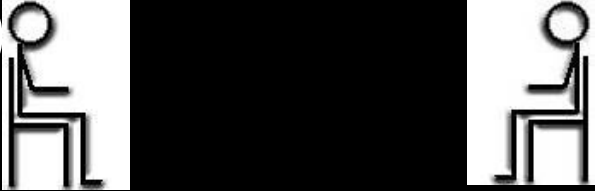
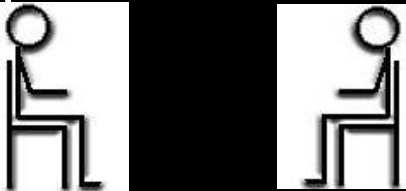
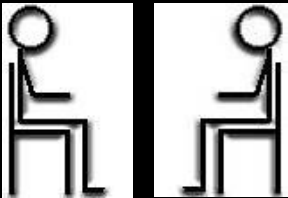

# Be Conscious of the “Four P’s”

(Inbau, et al, 2001; Johnson, 2005, 2014)

- **Posture.**
- **Para-linguistic** (tone, volume, cadence, inflection, et cetera)
- **Precipitating co-factors and co-morbidity factors.**
- **Proxemics.**

# Proximity Zones (Proxemics)

(Inbau, et al, 2001)

- **Public Zone** (Over 5 Feet) 
- **N/A**
- **Social Zone** (3-5 feet) 
- **Start Here**
- **Personal Zone** (1 – 3 feet) 
- **Work Closer**
- **Intimate Zone** (0-1 foot) 
- **Be Sure Before Getting Into Intimate Zone**

# Verbal De-escalation Skills

# Verbal De-escalation Skills and Guidelines

(Gordon, 1975; Johnson, 2005, 2006)

- I-Messages.
- Positive Confrontation.
- Active Listening.

# Components of I-Messages

**Describe Behavior:** *“When you interrupt me and tell me to ‘not feel that way’... “*

**Describe How it Makes You Feel (in Realistic, Non-inflammatory Terms):** *“It makes me even more frustrated and angry, like you don’t want to allow me permission to feel...”*

**Describe Tangible Consequences (or Benefits) to You, and/or to Your Relationship:** *“That causes me to shut down, not be honest and open, and that hurts our relationship, which is very important to me.”*



# Components of You-Messages

**Label the Person:** *“You’re an inconsiderate jerk who never listens to me. You don’t love me...you think I’m stupid!”*

**Describe How it Makes You Feel (in Inflammatory and/or Exaggerated Terms):** *“That makes me want to rip off your head and spit down your neck!”*

**Cite Either Non-realistic Consequences or Share No Consequences to You or To the Relationship:** *“Maybe if I was dead and couldn’t talk at all, you’d be happy.”*

# I-Messages versus You-Messages

(Gordon, 1975; Johnson, 2005, 2006, 2010, 2014)

- I-Messages validate feelings, lessen risk of damage to the relationship, and are more difficult to argue with.
- You-Messages have much higher risk of damaging the relationship.
- I-Messages facilitate clarification, honesty, and open communication.
- You-Messages cause people to shut down, and stuff anger.
- I-Messages are excellent first-steps to discussing and solving problems.
- You-messages shut down communication and impede problem solving.

# Positive Confrontation

(Johnson, 2014)

- Positive confrontation techniques are designed to facilitate change in behavior, and/or reinforce behavior, by addressing the elements covered in an “I-message” (describing behavior, sharing non-inflammatory emotions, and describing clear, concrete benefits or consequences of the person’s behavior.
- Positive confrontation focuses on changing behavior at little no risk of damaging the relationship between the person attempting to facilitate change, and the person to whom the positive confrontation is addressed.
- Positive confrontation, when properly executed, brings favorable results without damaging the relationship.

# Co-Factors Which May Be Influencing the Person's Behavior

(Inbau, et al, 2001; Johnson, 2005, 2006, 2010, 2014)

- Importance of the issue.
- Self-Image.
- How the person views others.
- How the person views the interviewer.
- Relationship with the interviewer.
- Previous contact with law enforcement.
- Prior treatment for various mental disorders.
- Mental state of the individual.
- Transference.
- Response to Counter-transference.
- What person has to gain or lose.
- Environment.
- Audience.
- Threats or promises by another person (present or not present).
- Methods and tactics used by the interviewer.
- Physical state of the individual.

# Effective Listening Levels

(Gordon, 1975; Johnson, 2005, 2006)

- **Analytical** = for information / to categorize.
- **Directed** = to answer specific questions.
- **Attentive** = for general information.
- **Exploratory** = because you're interested.
- **Appreciative** = for esthetic pleasure.
- **Courteous** = because you feel obligated.
- **Passive** = overhearing, but not attentive.

Yes, we can respond with

- **Parroting** - repeating the exact words the person said.
- **Paraphrasing** - putting what they said in your own words.
- Of the two, **paraphrasing is better** than parroting, **but not the best alternative.**

# And then there's ACTIVE LISTENING

(Gordon, 1975; Johnson, 2005, 2006, 2010, 2014; Johnson & Bogan, 1986, 1988)

- We speak in **codes** and **messages**.
  - **Codes**: the words we say.
  - **Message**: what we really mean.
- **Process**:
  - **Listen** to code.
  - **Interpret** code into apparent message.
  - **Relay** back message to speaker.
  - **Allow** and **respond** to feedback.

# Advantages of Active Listening

(Gordon, 1975; Johnson, 2005, 2006, 2010, 2014; Johnson & Bogan, 1986, 1988)

- Better than parroting or paraphrasing, because it **relays your message**.
- **Makes the person in crisis feel better** about the conversation.
- Tells the person in crisis that **you're listening**.
- **Insures that you are interpreting accurately** and/or allows the person in crisis to correct you if you're reading them wrong.
- Therefore, it renders **more accurate information** which will **help you in helping** the person in crisis.



# Helpful Hints

- **Remove** the words **“WHY,” “SHOULD,”** and **“OUGHT”** from your customer service vocabulary.
- **“Why”** tends to sound accusatory and may place the listener **“on the defensive.”**
- **“Should”** and **“ought”** are autocratic, solution-oriented terms which tend to say **“You’re dumb.”**

# Example

*“What was going on that prevented you from TELLING SOMEONE ABOUT WHAT WAS GOING ON?”*

As opposed to

*“Wow, Bill. Why didn't you SAY SOMETHING SOONER! IF YOU HAD, WE MAY HAVE BEEN ABLE TO HELP YOU MORE. NOW, I'm JUST NOT SURE WE CAN.”*

# Facilitate Communication Via

(Johnson, 2005, 2006, 2010, 2014, 2014a, 2014b)

- Rapport-building exercises.
- Encouraging person to give their version of event in narrative form; uninterrupted.
- Utilizing active-listening and I-message skills.
- Avoiding “why” questions.
- Avoiding put-downs and solution-oriented communication techniques.
- Strategically and carefully utilize leading questions which do not compromise integrity of investigation.
- Team-building and trust-building exercises.

# Facilitating rapport and cooperation

- Be patient.
- Don't push.
- Don't stereotype.
- Offer respect.
- Be observant to needs.
- Give choices.
- Facilitate supportive and autonomous decision-making.
- Empower.
- Connect with survivors.

# Recommended verbal approaches

- *“Cindy, I’m not asking you to trust me. After all you’ve been through, you’d be crazy to trust a total stranger, or even one who has been nice to you. I’m just asking you to watch me, and when you’re ready, to make a decision on whether or not I’ve earned your trust.”*
- *“I’ll meet with you as many times as it takes for you to feel more comfortable talking to me. My main goal isn’t to get information; it’s to help you.”*
- *“You’re in control: you don’t have to tell me anything you don’t want to. I want you to feel free choosing what we talk about, and how much or how little you wish to share with me.”*
- *“If you say you’re done for the day, the interview’s over. I know it can be very tiring talking about things that are painful and scary. Just take your time. Do you feel the need to take a little break right now?”*
- *“Don’t worry about not remembering everything right now. When you’re hurt really bad inside, it sometimes affects your memory. Don’t worry about not getting everything right, or in the exact order that things happened. It will come back to you. I’m here to give you a safe place to remember those things, and to sort them out.”*

# More Recommended verbal approaches

- *“You’ve survived for a long time by making yourself numb. It’s how you endured the trauma, the abuse, and the humiliation. Those bad things are over, and now you’re learning to feel again. That can be scary, and sometimes uncomfortable. But numbness isn’t the same as being well, and sometimes healing hurts, but it is worth it. It’s kind of like when your leg goes to sleep, and then when the circulation comes back, you feel those little needles. I hate those; but they always remind me that my leg is coming back to life, and that if my leg had stayed numb, I might have lost it.”*
- *“You’re experiencing some scary things right now that are caused by your memories. But those things aren’t real any more. You’re in a safe place, where you have permission to feel, and where you are protected. I’m here to help you through those feelings and memories as much as I can, but we also have special people who are experts in helping you do that. You’re not by yourself anymore. I promise.”*
- *“Even though you’ll be working with other people to help you through this, I promise I’ll be there to check in on you regularly, and will not forget about you.”*
- *“Why am I being patient with you? Because you’re worth it, and because the most important thing to me isn’t the information you have; it’s for you to be safe, and okay, and to get beyond this and on to a happy, fulfilled life. I promise you that’s possible, and that we are here to help you to start that new life.”*

# Crisis Intervention

# Crisis Intervention Modalities

(James & Gilliland, 2001; Johnson & Bogan, 1986, 1986a; Roberts, 2000)

- **Acute, short-term interventions designed to deal with immediate crises.**
- In death cases, primary client is the family. Primary focus is clinical.
- **May or may not employ evidence-based methodology.**
- Evidence preservation may be high priority, but not paramount.
- **Listen/Understand/Validate (“L.U.V.”) model is commonly employed.**
- May change perspective and answer questions.
- **Designed to enlighten, empower, prevent, educate, and prevent further trauma.**
- Helps to break down isolation, and to identify/facilitate resources.
- **May prevent onset of complicated grief, but doesn’t treat it.**



# Roberts' Crisis Intervention Model

(Roberts, 2000)



# Interacting with the victim, keep in mind the importance of

(James & Gilliland, 2001; Johnson, 1986, 1988; Roberts, 2000).

- Willingness to listen.
- Patience.
- Gentleness.
- Respect.
- Rapport.
- Empathy.
- Choices.
- Encouragement.
- Empowerment.
- Positive reinforcement.
- Sensitivity to Victim's needs.
- Verification of Victim's statements.
- Likelihood that Victim will withhold information to protect the Trafficker.
- Determining how Victim wishes to be addressed.
- Interviewing in a safe setting, conducive to disclosure.
- Privacy, but not isolation.
- Avoiding the "crime scene" as a place to interview.
- ANY possible communication from the Pimp or Trafficker, directly or through third party.
- Ascertaining who retained legal counsel, if they arrive.
- Signs of the Victim preparing to "rabbit."
- Documenting and investigating comments and assertions made by victim.
- Third party witnessing all interaction between the investigator and the victim.
- Asking gently-probing questions to elicit clues and indicators of human trafficking.

# Such as

(Craig Williams, Senior Agent, OBN human trafficking unit)

- *“Do you get to keep the money you make?”*
- *“What do you do with the money you make?”*
- *“Who do you give it to?”*
- *“When do you give it to him?”*
- *“Who posted your ad on \_\_\_\_\_?”*
- *“Who helped you put that ad up?”*
- *“Who took the pictures?”*
- *“Did he use your phone or his?”*
- Et cetera.

# Coordinate with / Rely heavily upon

- Local multi-disciplinary teams, agencies, and organizations dealing with child abuse victims, domestic violence survivors, and youth and adults involved (or escaping from) the “sex industry.”
- Utilize departmental and prosecutorial “victim advocate” services.
- Also consult with and utilize local, regional, or national telephone “hotlines” who target victimized, abused, exploited, or otherwise traumatized children, youth, and adults.
- Confirmed and well-known former members of the sex industry who now advocate or work with current victims. BE CAREFUL IN SCREENING THESE RESOURCES.
- Become as well educated, trained, and briefed as possible.
- Access publications through the National Center for Missing and Exploited Children and other recognized resources.
- Veteran and current investigators who specialize in investigation of human trafficking, crimes against children, crimes against persons, et cetera.

# Simple Rapport-building Tactic

Don't get the victim/survivor something to eat...

...Get BOTH of you something to eat...or share your lunch with them. Talk about normal, social stuff over lunch.

It's the "normal" thing to do.

*"You know what? We've been talking for an hour, and I'm tired of talking. Besides, I'm hungry. You hungry? What you hungry for? What do you say we take a break and have some lunch?"*

# Breaking down victim/witness resistance

- Videotape pimp / play strategic portions for Victim.
- Document “side ladies” that Bottom Lady may not be aware of.
- Be cautious not to emulate tactics of pimp.
- Be cautious to never get a working girl hurt by her pimp because of you.
- Apologize on behalf of prior adverse/ridiculing contact with law enforcement.
- “Come to defense” of victim (Mutt and Jeff with a Twist).
- Run tab at convenience store on “the Track.”
- Notify working girls on Track of dangerous persons of interest and vehicles (Johns).
- Be fair, firm, and honest. Never compromise ethics.
- Don’t make a promise you can’t keep / Keep all promises made.
- Extend dignity and respect, when due.

Questions?