

HUMAN CENTRIC INTERVIEWING®

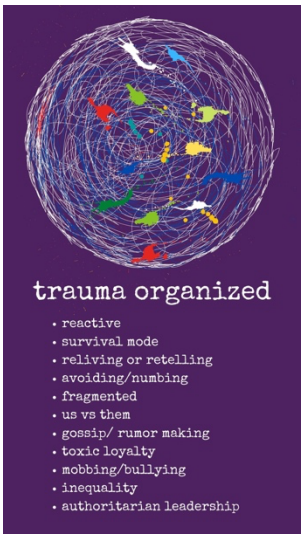


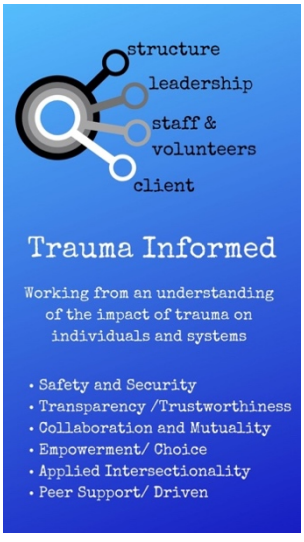
Presented by: Kimberly Korrin – Detective, Retired – The Blue Opal Collective

LEARNING OBJECTIVES

To discuss the progression of interview methodologies.
To discuss bias and how it can impact interviews.
To discuss how trauma, high stress, and memory can impact interviews.
To discuss the essential elements of the human centric interview.
To discuss documenting the interview.

INTERVIEW METHODOLOGIES









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History helps us understand why & how we are today.

Interviews and Interrogation have historically been torture.
Social workers intervened in the 1950's.
Interrogation rooms were built to intentionally dehumanize & intimidate.

1940's – The Swedish began to incorporate the need to build trust.
- Some signs of nervousness were not signs of guilt
- They were normal emotional reactions to the interviewer's behavior
- Open-ended questions

Unfortunately, it didn't catch on with most police organizations
Non-english research + derived in academia = law enforcement didn't trust

Hanns Sharff – Nazi interrogator
- Originally assigned as an infantryman upon being a drafted.
- Circumstances reassigned him as an interrogator.
- His methods were unconventional – believed prisoners should be treated like human beings
- A friendly approach
    - Never press for information
    - Create the illusion of knowing everything
    - Confirmation/Disconfirmation tactic
- In the confirmation/disconfirmation tactic, the interrogator presents a claim with the aim of making the prisoner react by confirming or disconfirming it.
- This approach was completely different from the usual direct method in which the captive was asked a series of prepared questions.
- Sharff, by contrast, made claims to elicit emotional responses.
- Brutality you can resist. If I slap your face, you can slap me back – probably harder than I can. But if friendliness and considerations for the underdog comes from the heart, show me the human being who can resist it.

Acceptable law enforcement standards have been question and answer and interrogative approaches to include lying to an interviewee, but are they all ethical?

824 Law Enforcement Interview Techniques (*Kelly et al, 2013*)
- *Most fall within one of these contexts*...
    - Emotional Provocation
    - Rapport& Relationship Building
    - Confrontation & Competition
    - Collaboration
    - Context Manipulation
    - Presentation of Evidence

What is the purpose of an interview?

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Although the traditional goal of an interview is to obtain a confession or valuable information, law enforcement will have to display flexibility in the interview process by implementing alternative interview strategies and redefining what a successful interview is composed of when these suspects are unwilling to confess to their crimes. (*Perri, 2011*)

Interrogation *(Kassin & Gudjonsson, 2004)*
- A guilt presumptive process.
- Only outcome measure is a confession.
- "Once people form an impression, they unwittingly seek, interpret, and create behavioral data that verifies it."

Interview rooms don't follow neuroscience and they weren't built for victims.

TRADITIONAL	**TRAUMA INFORMED**	**HUMAN CENTRIC**
• Focus on 5 W's & H (peripheral details) • Interviewer in charge • Harmful for trauma victims • Bias • Development of Themes • Interview & interrogations techniques co-mingled • Closed-ended /Leading?	• Understands & Applies Neurobiology of Trauma and Trauma Memory • Focuses on needs of interviewee • Focused on experiential (central details) elements • Interviewee is in charge • Follows SAMHSA principles of trauma informed care • Open-ended/non-leading? • Neutral	• All principles of trauma informed interviews PLUS • Intersectionality • Neurodiversity • Healing Centered: • Trauma mitigation techniques • Impact on body, mind, spirit • Human Centric

Where to child forensic interviews fall?

EXPLORING BIAS

In between the things we know and the things we don't know are the things we know we don't know. Similarly, between all evidence and our beliefs is evidence we believe. Outside of this is evidence we ignore.

A poorly trained interviewer who initially takes the case seriously, and keeps an open mind is eminently preferable to a well-trained investigator who allows their bias drive the interview

Bias can include unfair beliefs, prejudice, preferences, and stereotypes.

Unconscious bias: Learned attitudes or stereotypes that exist in our subconscious & can involuntarily affect the way we think and act.

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Biases may impact the way we interview.

Neurodiversity can also impact the interview through behavior and engagement.

We tend to put people in boxes and label them. The more we do this, the less we understand each other.

It's not about treating people differently, it's about recognizing they arrive at the interview with different life experiences.

Those experiences shape how interviewees experience trauma, communicate, engage, and trust.

Our job isn't to become experts in every identity, it's to stay curious enough to understand the human in front of us and give them a safe environment to empty their bucket.

DYNAMICS OF ABUSE

Types of Violence

- Physical abuse
- Sexual abuse
- Psychological abuse
- Financial abuse
- Emotional abuse
- Feeling unsafe

Poly-Victimization = surviving multiple different kinds of harm – like domestic violence, sexual assault, intimate partner violence, or substance abuse.

Poly-Perpetration = Having power over and/or using coercive control through physical, psychological, and sexual violence.

TRAUMA, HIGH STRESS & MEMORY

Trauma is a psychological, physical, and emotional response to a deeply distressing or overwhelming even that threatens to cause or causes serious harm to oneself or others.

Trauma includes vicarious trauma, compassion fatigue, parallel trauma, cumulative trauma.

Trauma Echoes

They live deep within the body

- by body function
- by pain
- by feeling tender
- by sensations that come with anger, sadness, rejection, humiliation, shame

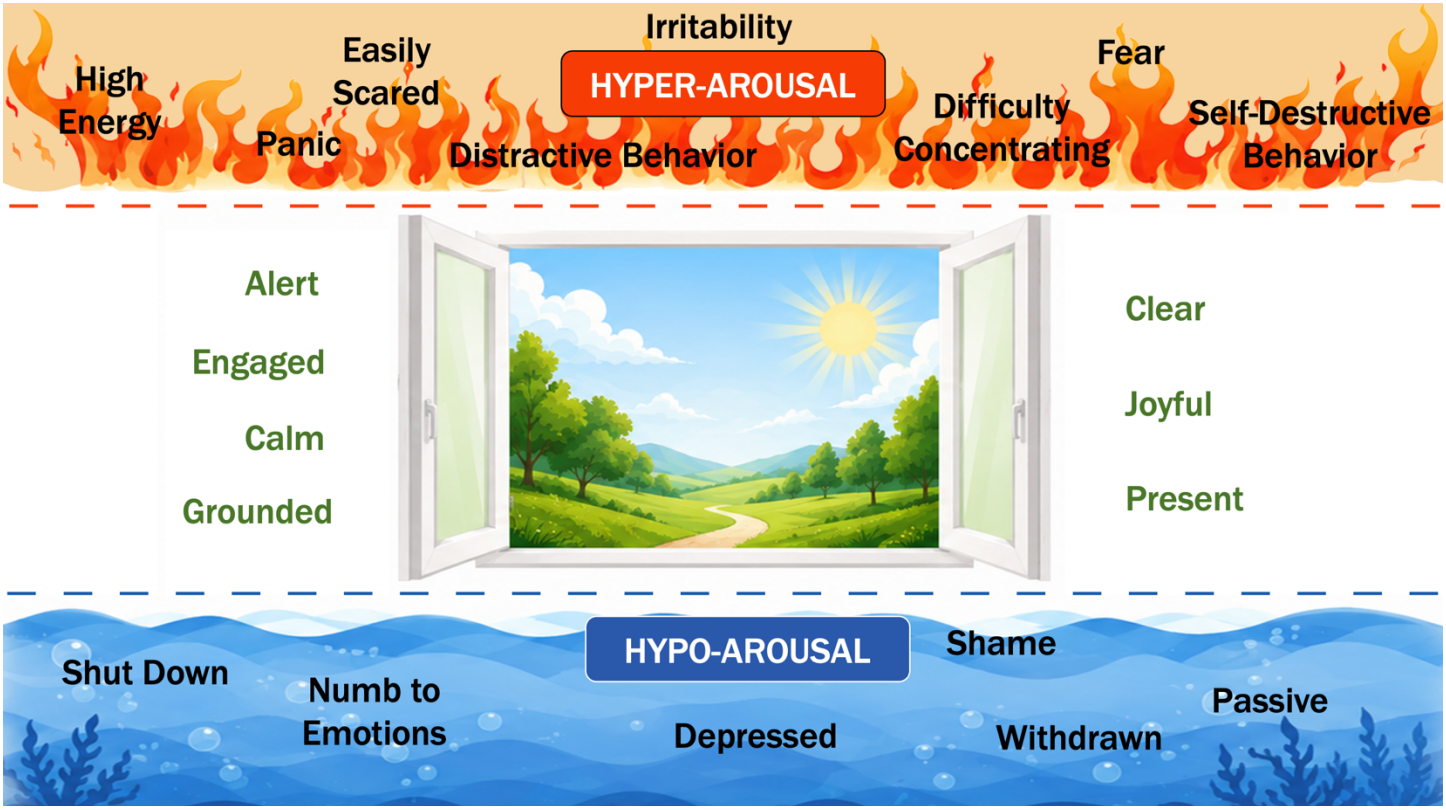
We don't witness trauma, we experience it.

Sometimes we trip over each other's echoes.

The brain is constantly mapping to threat and mapping to safety.

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Window of Tolerance = Range of arousal within which a person can function effectively and regulate emotions, attention, and physiology in response to stress or trauma.



The goal is to recognize where you/they are and use tools and support to stay in or return to your/their Window of Tolerance.

Awareness is the first step. Regulation is the practice. Connection is the outcome.

A mirror neuron is a neuron that fires-both-when an animal or human acts and when the animal or human observes the same action performed by another.

Co-regulation – your presence and energy supporting another person in regulation their emotions.

CO-REGULATING	CO-ESCALATING
HAVING A CALM TONE	YELLING
OFFERING CHOICES	MAKING DEMANDS
OFFERING EMPATHY	THREATENING CONSEQUENCES
HAVING PRIVATE CONVERSATIONS	MAKING PUBLIC REPRIMANDS
GIVING SPACE	GETTING INTO SPACE
HAVING SOFT EYES	HAVING AGGRESSIVE POSTURE

GOAL: CO-REGULATION

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This work changes us.
Self-regulation is for them and for us.
Self-care is an Ethical Obligation.

We are all as unique as snowflakes. The brain is built through every interaction, connection and experience from our first to last moments. Positive and negative experiences can strengthen or stress brain development over time.

Survival Mode
Trauma responses have been commonly thought of as fight – flight- freeze – fawn.
There is no "fight circuitry" or "flight circuitry" in the brain.
Fighting or fleeing can be reflexes or habits. (*Dr. Jim Hopper)*

Reflexes	Habits
Freezing	Passive – Polite
Detection	From dating
Shocked	From child abuse
No Good Choice	From domination
Extreme Survival Reflexes	Dissociative
Dissociation	Autopilot
Tonic Immobility	Submission
Collapsed Immobility	Sex Acts

Decision making is generally in the Prefrontal Cortex. If it's impaired, it reacts instead of making a decision. People often judge the behavior, but the reaction is out of habit or reflex.

A no-good choice freeze is in the primitive brain and is generally outside actual decision making and outside of awareness. It reverts to habits and reflexes.

The prefrontal cortex makes decisions as slower "speeds", but when the situation speeds up, it's not designed to give choice.

Humans sometimes struggle because it's painful to remember. But remembering can also help in healing to better understand the experience.

Self-protection habits and survival reflexes can be practices, but if one variable changes, it's no longer a habit.

Survival can look like:

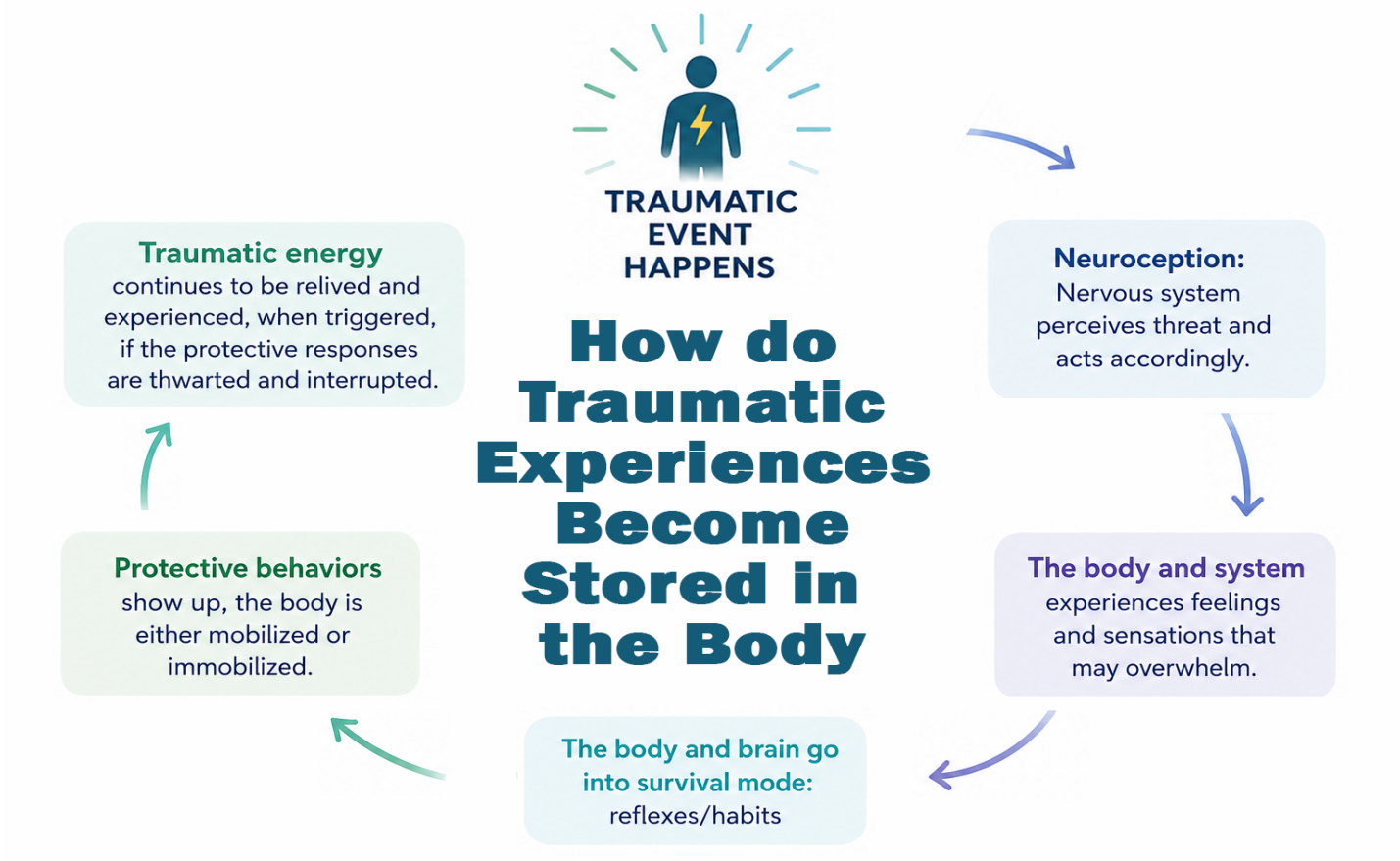
- Taking responsibility for all the energy
- Appease – appease – appease
- Tend and befriend
- Does not say "no"
- Tending the energy
- Lacking or loosing identity
- Desscalating
- Fawning
- Predict and avoid
- Always saying sorry

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- Putting self aside (feelings, beliefs, wants, desires) to keep the peace
- Feeling scared to share opinions
- Uplifting and complimenting
- Aiming to please
- Avoiding specific issues/topics
- Bending every time

What brings on the brain change from prefrontal cortex to amygdala?
Two elements are needed as the brain maps to threat/safety

- Threat (or perception of)
- Loss of control (or perception of)



Imprints of Trauma

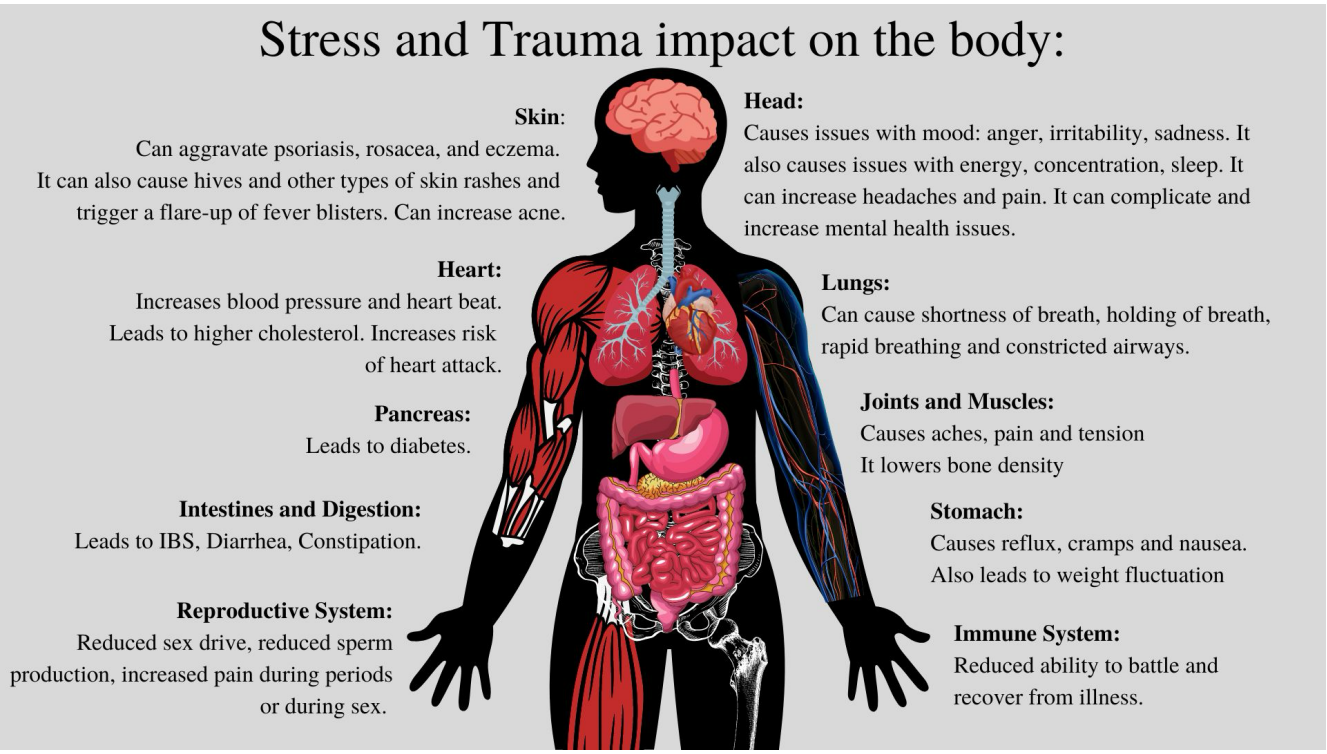
- Are not narratives about bad things that happened in the past,
- Are physical or emotional sensations that are experienced as immediate life threats – right now

Trauma is not something that happened. It is something that is happening.

The goal of treatment of PTSD is to help people live in the present, without feeling or behaving according to irrelevant demands belonging to the past. (*Bessel van der Kolk*)

For many survivors of trauma, the body is, at best, disconnected from the self, and at worst, is a volatile dangerous place. (*Emerson & Hopper)*

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This is EVIDENCE. The imprints of trauma can also be evidence.

Childhood trauma and the brain
When a child's prefrontal cortex isn't developed, their survival mode is dominated by the primitive brain (amygdala), leading to intense, automatic reactions, difficulty regulating emotions, and learning survival habits instead of rational thought making them *feel constantly unsafe and stuck* in past threats unlike *adults who can use their PFC to calm down*, even if they feel scared

A child's experience is more about immediate, overwhelming physical & emotional responses – FULL BRAIN TAKEOVER

An adult's survival response may be mixed with conscious awareness.

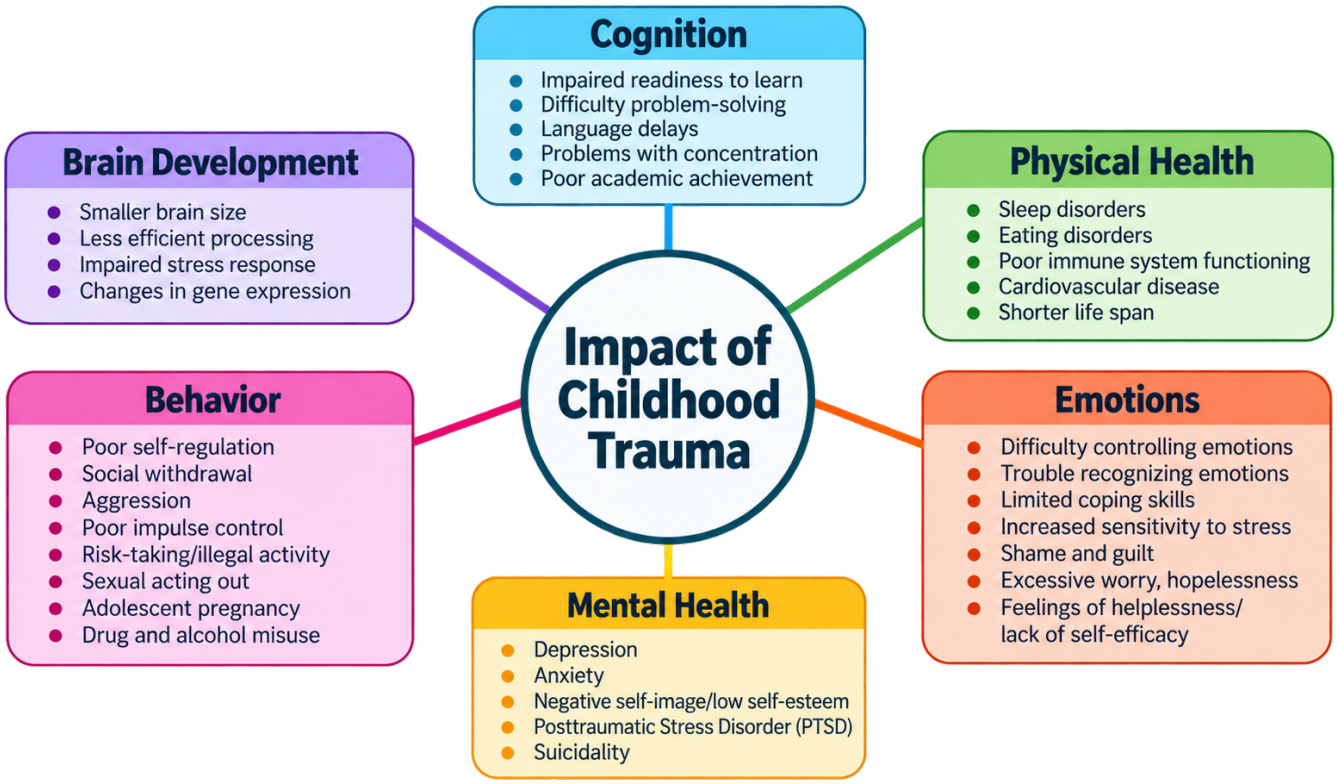
When decision making process is not developed, everything is a habit or reflex that's layered with what they've experienced and or not experienced.

Contributors to childhood trauma
Centers for Disease Control and Prevention – Robert Wood Johnson Foundation

<u>Abuse</u>	<u>Neglect</u>	<u>Household Dysfunction</u>
Physical	Physical	Mental Illness
Emotional	Emotional	Mother treated violently
Sexual		Incarcerated relative
		Substance abuse
		Divorce

Neglect is the most common.

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They still impact us as adults & for the rest of our lives. We may still react the same because our brain doesn't have a birthday. We're trying to understand all the components, but they are happening all at once.

The greater a child's terror and the earlier it is experienced, the harder it becomes to develop a strong and healthy sense of self. (*Nathanial Branden)*

People who have never been safely or securely held lack the visceral experience of a calmly abiding center. A deep sense of being absolutely alright and absolutely safe. (*Dr. Bessel van der Kolk)*

When children grow up unheard or not seen, and don't have their physiological states mirrored by the people they depend on for nurture and regulation, they become separated from the vital connection to their bodies.

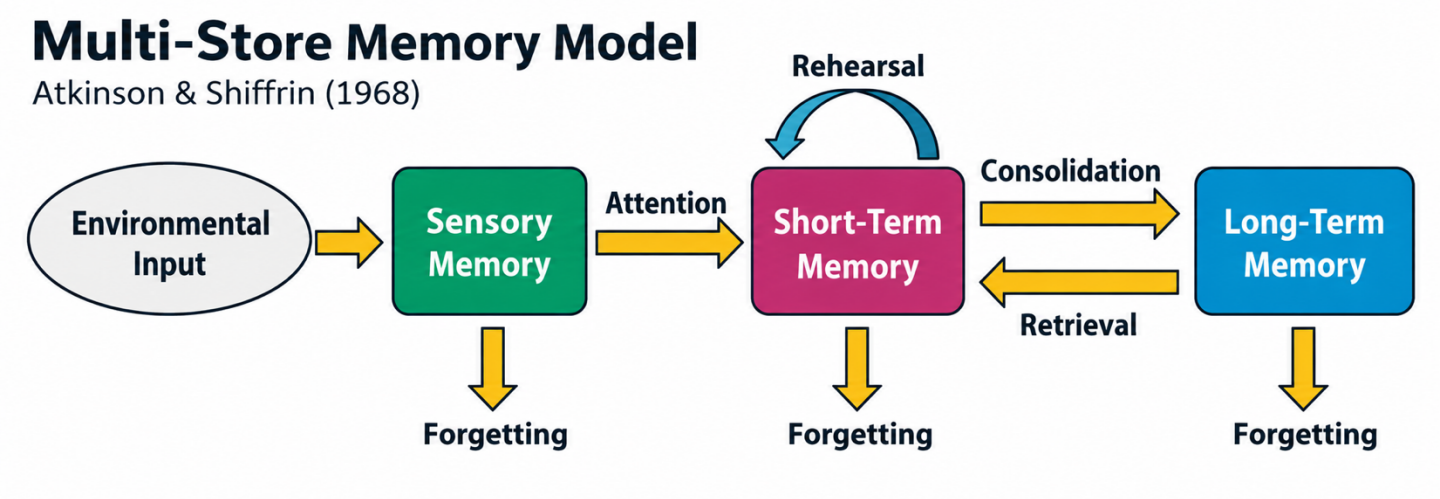
Our path of experiences accumulate – our brains evaluate cues according to those experiences leading each of us to varied paths. The ultimate goal is to move toward regulation with an increased capacity to stay grounded.

Communication is not exclusive to words. We set the tone from the moment we meet our interviewee and that tone can influence what happens thereafter. The interviewer affects the interviewee. The interviewee affects the interviewer.

Co-regulation is vital.

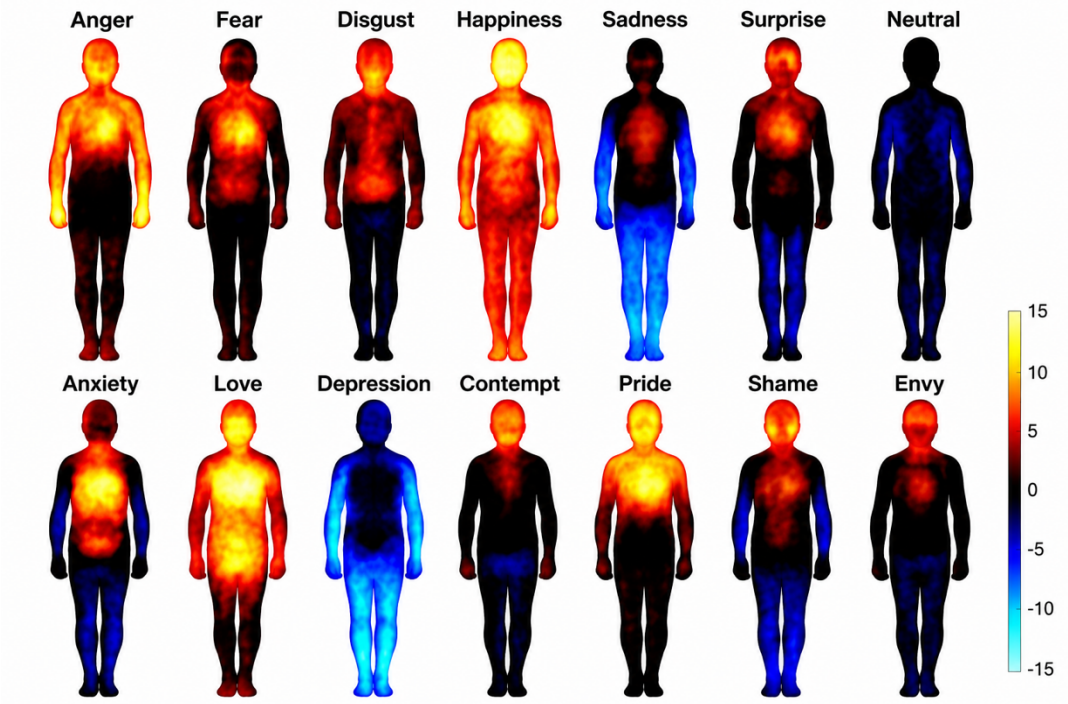
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How does trauma impact memory and the interview?



- Initially, sensory information detected by our senses enters sensory memory, briefly holding impressions.
- If attention is paid to this information, it moves into short-term memory.
- Rehearsal, especially elaborate rehearsal, gives the information meaning. It can then transfer to long-term memory for prolonged storage.
- Consolidation needs 2-3 sleep cycles.
- With trauma, these is also a track where the information doesn't make it to memory. It lives as if it's still going on.

Trauma physically maps in the body.



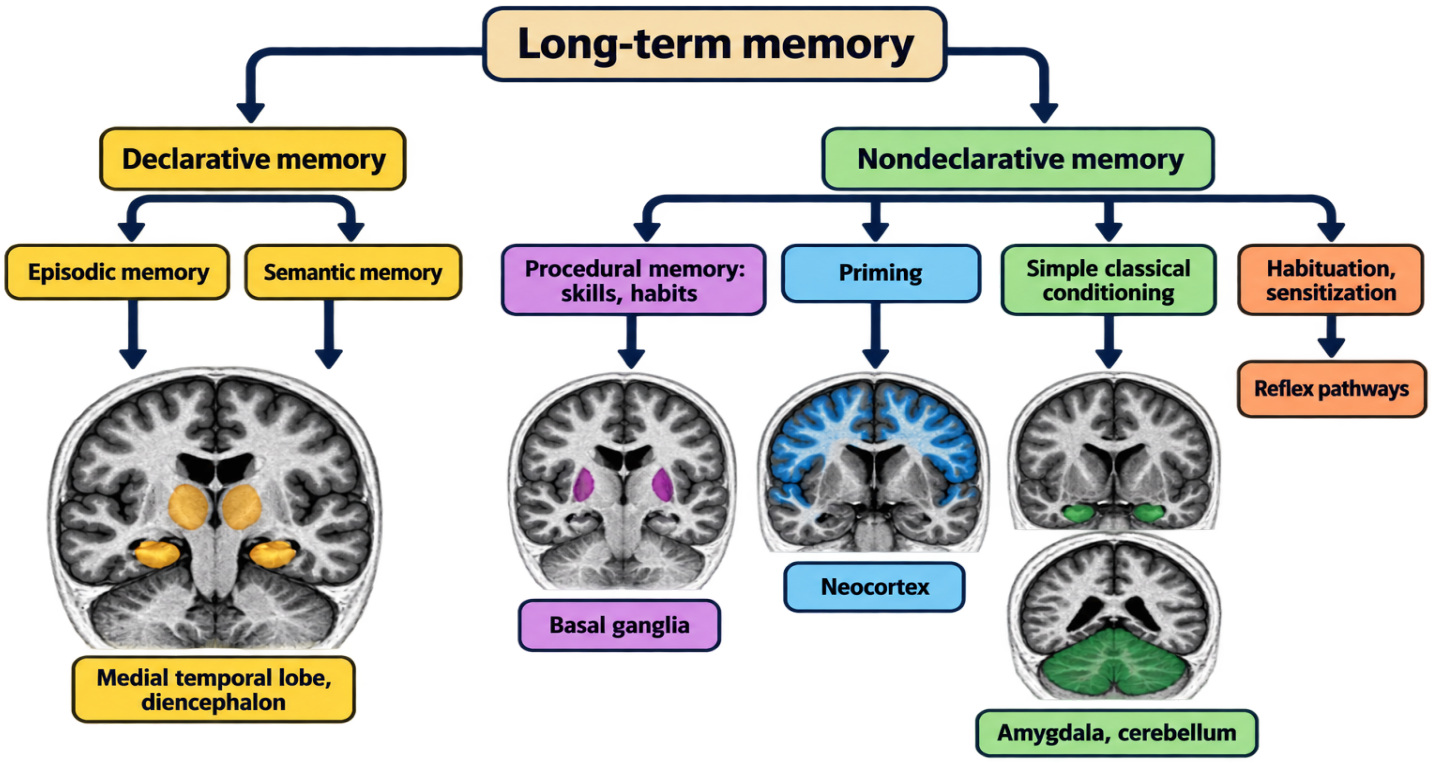
Lauri Nummenmaa, Enrico Glearen, Rita Hari, and Jari K.. Hietanen, "Bodily Maps of Emotions." Proceedings of National Academy of Sciences, 111, no. 2 January 2014: 646-651, http://pnas.org/cgi/doi/10.1073/pnas.1321664111

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Memory = an organism's ability to acquire, store, retain, and eventually retrieve information

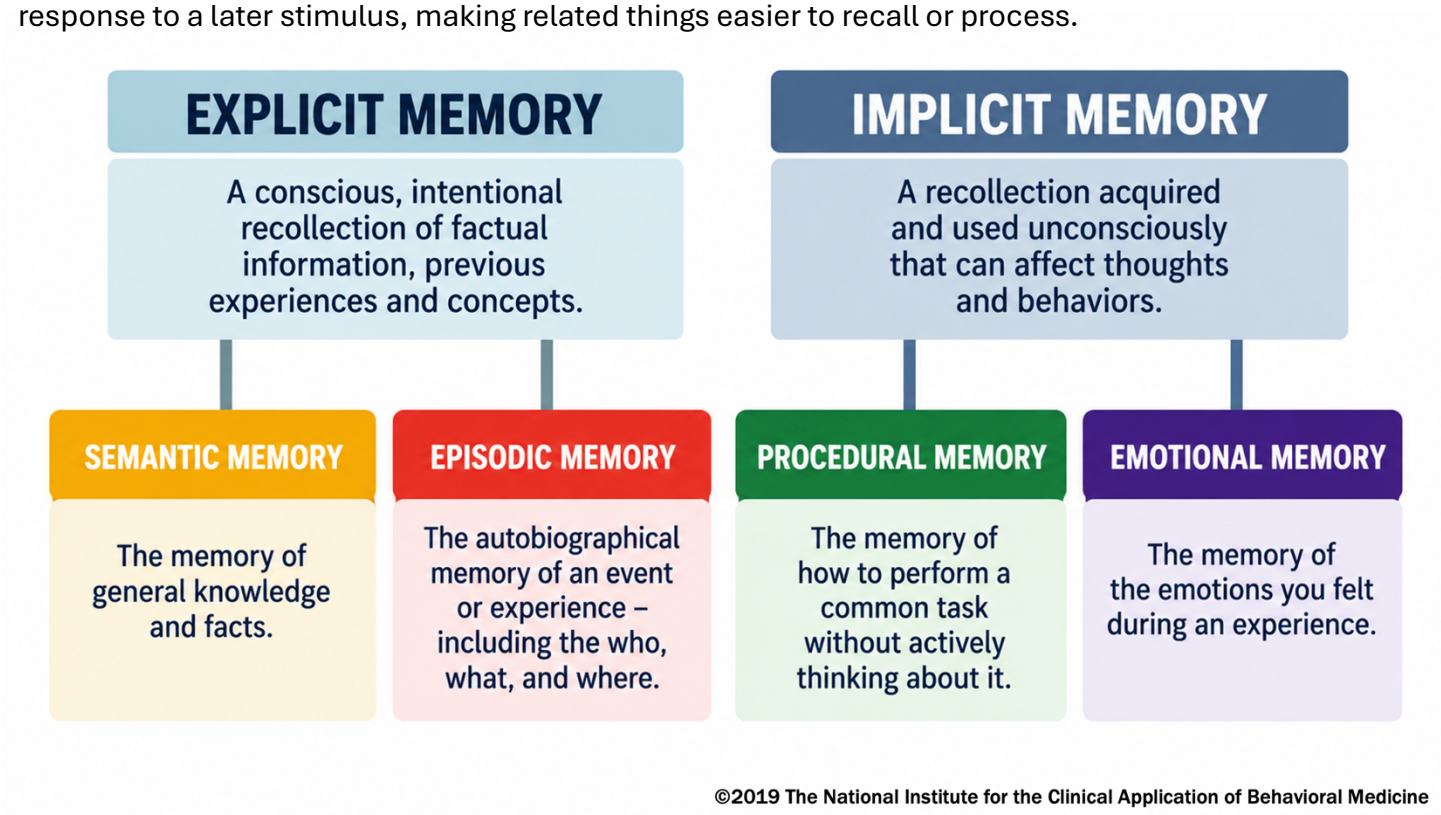
Episodic memory	• Recollection of specific events
Semantic memory	• General knowledge and facts
Procedural memory	• Recall of skills and tasks
Short-term memory	• Stores actively processed information temporarily
Sensory memory	• Briefly holds sensory information
Prospective memory	• Remembering to perform intended actions in the future
Implicit memory	• Unconscious recall that influences behavior
Explicit or Declarative memory	• Conscious recall of facts

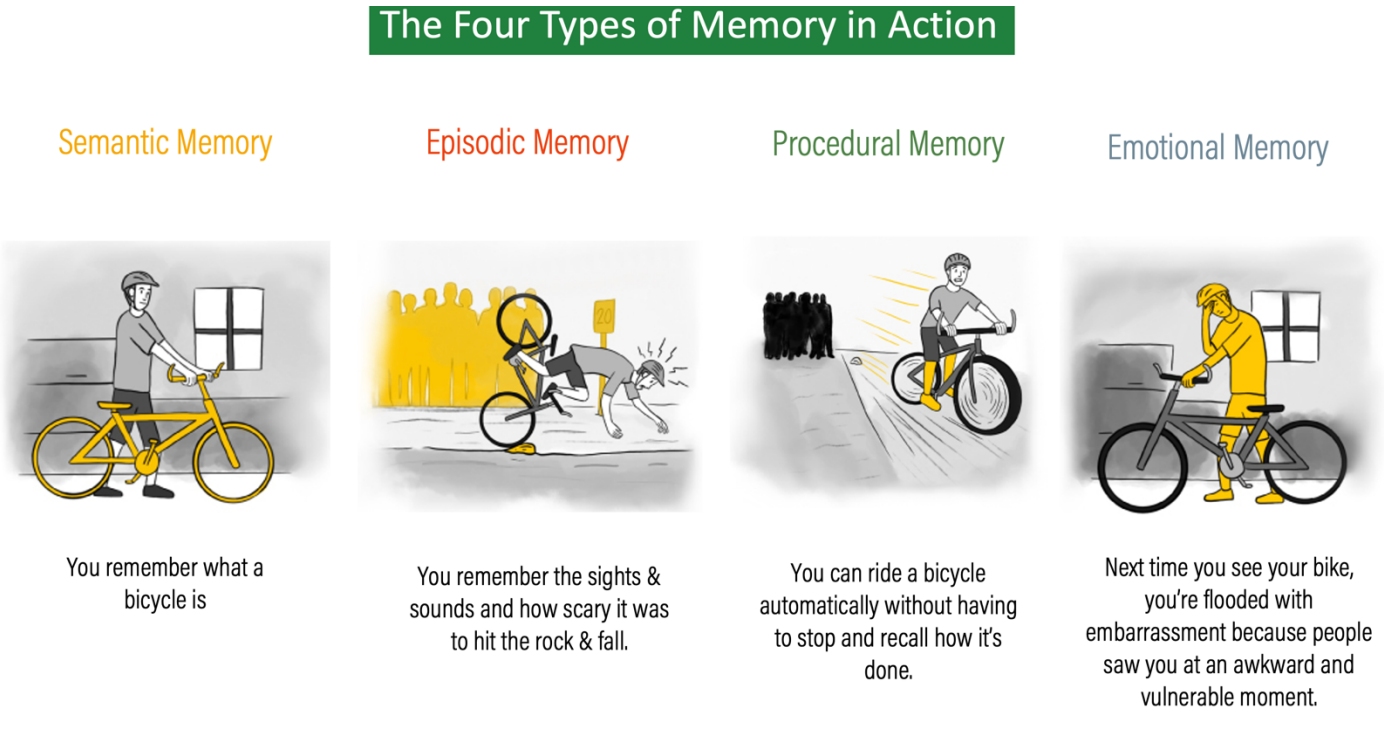
Disclaimer: We are primarily discussing the amygdala and prefrontal cortex, however, memory is stored in more than one part of the brain.



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Priming in memory is a nonconscious effect where exposure to one stimulus (a “prime”) influences your response to a later stimulus, making related things easier to recall or process.





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How Trauma Impacts the Four Different Types of Memory

EXPLICIT MEMORY		IMPLICIT MEMORY	
SEMANTIC MEMORY	**EPISODIC MEMORY**	**PROCEDURAL MEMORY**	**EMOTIONAL MEMORY**
How Trauma Can Affect It	**How Trauma Can Affect It**	**How Trauma Can Affect It**	**How Trauma Can Affect It**
Trauma can prevent information (like words, images, sounds, etc.) from different parts of the brain from combining to make a semantic memory.	Trauma can shut down episodic memory and fragment the sequence of events.	Trauma can change patterns of procedural memory. For example, a person might tense up and unconsciously alter their posture, which could lead to pain or even numbness.	After trauma, a person may get triggered and experience painful emotions, often without context.
Related Brain Area	**Related Brain Area**	**Related Brain Area**	**Related Brain Area**
Temporal lobe and inferior parietal lobe.	Hippocampus.	Striatum.	Amygdala.

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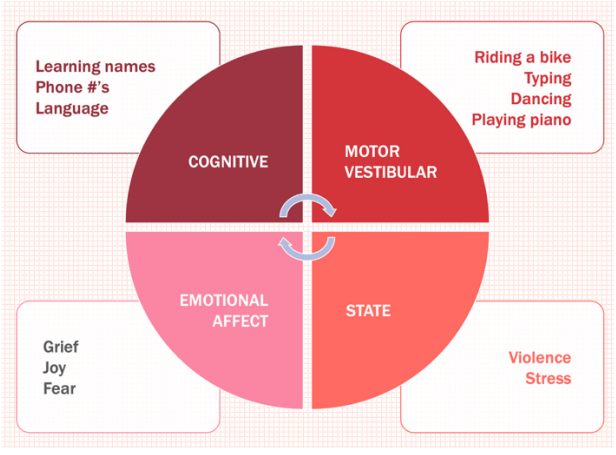
Fear Circuitry Control

- Loss of prefrontal regulation - Bottom-up attention
  Instead of being directed by the prefrontal cortex with deliberate, conscious, and rational thinking.
  The brain responds with “emotional reflexes” commonly associated with fight or flight
  Example: Heart pounding
- Survival reflexes
- Self-protection habits
- Altered memory encoding and consolidation

Explicit vs. Implicit Circuitries
Hippocampus is the brain’s library
With chronic events:
Hippocampus will grow
Amygdala will shrink

Amygdala = Implicit
Hippocampus = Explicit

Use-Dependent Memories
In most cases of high stress & trauma, you won’t have a lot of cognitive memory



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We access the memory of the experience, not the experience.

Trauma memories are implicit.
They are carried in the body & brain as a patchwork of sensations, emotions and behaviors.



Neuroscience says

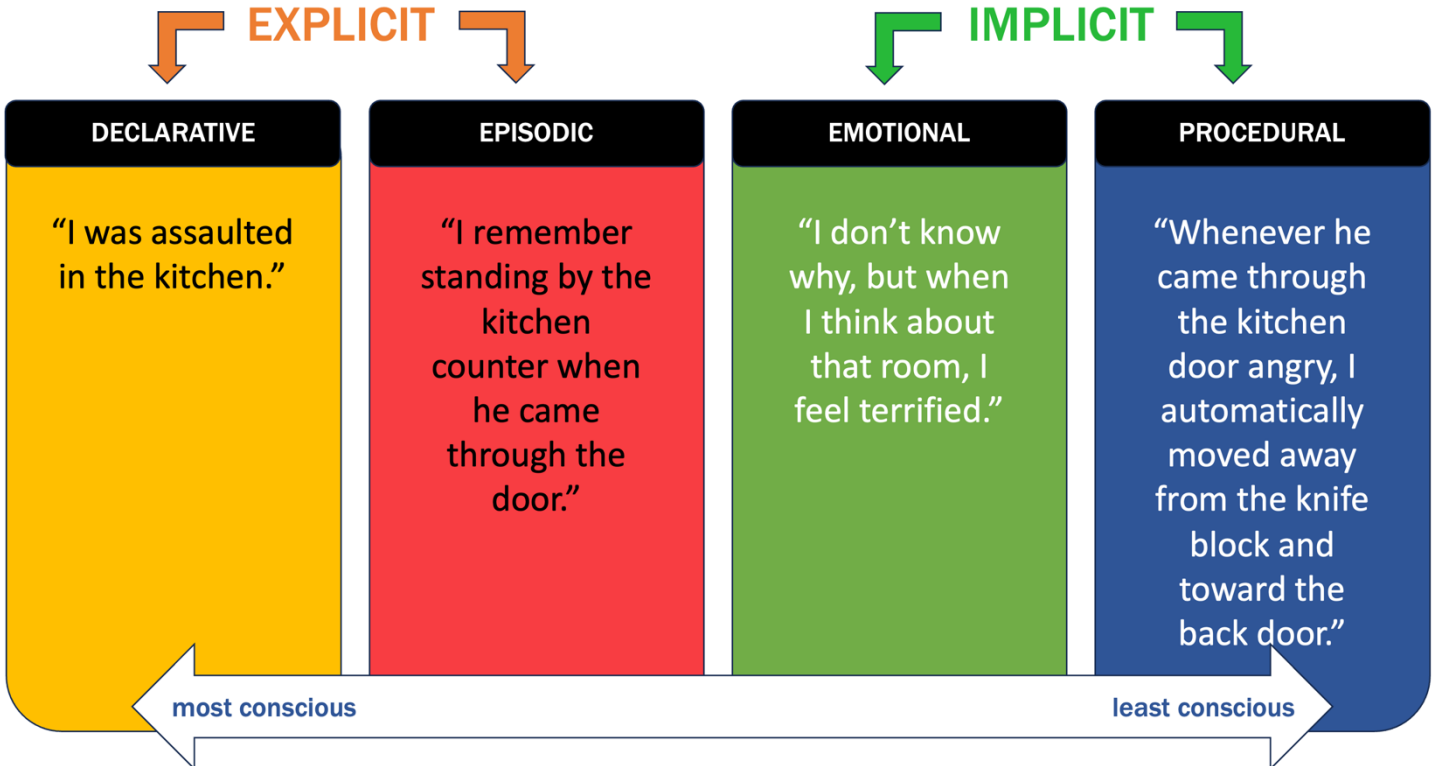
- Your brain remembers emotion more than facts.
- That's why a single painful moment can shape your beliefs for decades.
- This is because emotional memory is processed through the amygdala, not the rational prefrontal cortex.
- When something feels dangerous or threatening, your brain tags it as important for survival and locks it in.
- You might forget the details, but your nervous system remembers how it felt. The shame, the fear, the helplessness.
- That emotional charge sticks and can get retriggered years later.
- This is why people overreact to "small" things.
- They're not reacting to the present.
- They're reacting to unresolved emotion that got wired into their system a long time ago.
- You can't logic your way out of emotional memory.
- You have to feel it in a safe, regulated environment, so your brain can finally stop interpreting it as a threat.
- The healing work isn't about forgetting.
- It's about giving your nervous system new evidence: that what happened isn't happening anymore.
- That you are safe now.

Memory is not one single system.

- A continuum of memories we can deliberately access to memories that influence us without conscious recollection.
- "I can't remember" does not necessarily mean the experience left no memory.
- It may mean the information isn't readily available as an explicit verbal narrative.
- Explicit memories are the most conscious.
- Implicit memories are the least conscious.
- Explicit memories may change as we access the memory of a memory.
- Implicit memories are often expressed automatically. They emerge through actions – habits & reflexes.
- Explicit memories are cognitive. Implicit memories are sensations.

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Traditionally we move left to right & often stop at episodic.
When we start right to left, we illicit a more complete experience.



Our job isn't to fill gaps. Our job is to create conditions that support memory retrieval while protecting the integrity of the memory.

How does memory shape narrative in trauma cases?
It starts with recognizing there is no "perfect victim".

Suggestibility = Tendency to accept and incorporate ideas or misinformation from others impacting memory, beliefs, and behavior, especially under hypnosis or stress, leading to false memories or actions not consciously chosen

Varies by age, self-esteem, and context
Crucial in legal settings to avoid influencing testimony

Trauma significantly influences suggestibility

- Cognitive & Memory Effects
  Trauma can disrupt memory formation, leading to fragmented or less accurate recall, making it easier for external suggestions to fill in gaps or alter existing memories.

- Dissociation
  High levels of dissociation, a common trauma response, are linked to greater suggestibility, meaning individuals might become more open to external input and form pseudo-memories.

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- Emotional Distress
  Trauma symptoms reduce resilience, making it harder to resist leading questions, especially in children, and increasing the risk of reporting inaccurate details under pressure.

- Psychological Factors
  Factors like a strong need for approval, often seen in trauma survivors, can further heighten susceptibility to suggestion.

- Psycho-legal Settings
  Trauma-informed approaches are crucial in legal and forensic contexts to understand why trauma survivors might provide inconsistent or misleading information, even unintentionally

This is why we should avoid

- Leading questions
- Closed-ended questions
- Multiple choice questions
- Yes-no questions
- This-that questions
- Providing information

Use two full sleep cycles as a baseline after the incident to conduct the detailed follow-up interview.
CRISIS = Trauma + Memory + Ability

PRINCIPLES OF BEING HUMAN CENTRIC

- Empathy - Compassion
- Genuine Connection
- Mutual trust
- Collaboration
- Considering the needs of others
- Transparency
- Accountability

We must meet them in their trauma but we don't leave them there.

"The big issue for traumatized people is that they don't own themselves anymore. Any loud sound, anybody insulting them, hurting them, saying bad things, can hijack them away from themselves. And so, what we have learned is that what makes you resilient to trauma is to own yourself fully."
(*Dr. Bessel van der Kolk)*

Allow the focus to be the "totality" of the experience in the context of their life.

Compassion is the foundation of humanity.

One of the most empathetic and compassionate things you can do to support another human is to really listen to understand.

The first step to really listening is to shut your mouth, clear your mind, focus as if nothing is more important right now.

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Are you a light house that guides or a lifeboat that rescues?
Helping does not always mean rescuing....
Remain steady, listen, & allow them to retain agency

Ultimate goal is don't try to be perfect. Just try to be an excellent example of being human.

ESSENTIAL ELEMENTS OF THE HUMAN CENTRIC INTERVIEW
Orienting language

Creating self-efficacy through choice

Be aware of how you are perceived.
- Cadence
- Size
- Appearance
- Resting demeanor

Self-Regulation is the ability to manage your own energy states, emotions, behaviors and attention in ways that are socially acceptable and help achieve positive goals, such as maintaining good relationships, learning, and maintaining wellbeing." (*Stuart Shanker)*

Are you within your window of tolerance? Need to calm down? Need to energize?

Listen to seek understanding and context and the experience.

What is a Human Centric Interview?
- First and foremost, it is human centered – each human is unique with individual strengths and challenges
- Understands each human experiences and responds to trauma in distinct ways.
- Follows the principles of trauma informed interviews
- Endeavors to initiate and continue genuine human connection before, during, and after the interview
- Incorporates calming and stress mitigation techniques as needed
- Ensures interviewee has control and agency during the interview process
- Makes every attempt to understand the experiences of the interviewee
- Documents the interview in the most accurate way as humanly possible
- Ensures the interviewee is referred to appropriate support services following each interview

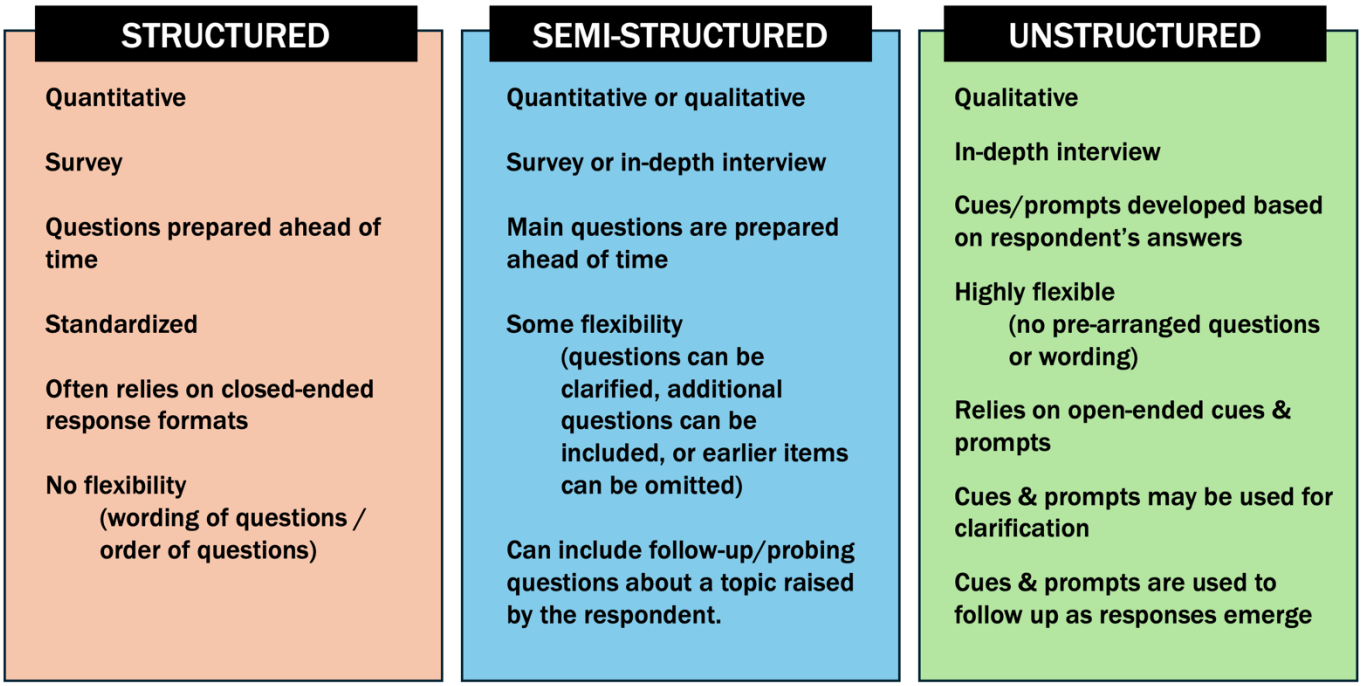
HCI Phases
- Preparation – preparing the room, providing information, time/date
- Orientation – room/facility, expectations, trauma mitigation
- Understanding the Experience – cues/prompts, active listening, genuine connection
- Clarification – using clarifying cues and prompts
- Aftercare – addressing concerns, next steps, connect to services

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HCI is not

- Scripted
- Traditional
- One & done
- perfect

INTERVIEW TYPES



HCI is between semi-structured and unstructured.

Purpose of the Human Centric Interview
Understand and document the human experience - from the interviewee's perspective

Setting and managing expectations
We access the memory of the experience, not the experience

- Each time we interact with the memory, there is risk of distortion
- We have to work to retrieve the memory using the best science we know at the time.

Meet people where they are, not where you would like them to be.

Prompt vs. Cue
Prompts & Cues are signals that help people perform tasks or behaviors.

A cue is a natural signal that prompts action.

A prompt is an extra signal that directions attention.

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Cues

- Simple & Open-Ended Cues
- What are you not able to forget?
- What are you <u>able</u> to share about your experience?
- Tell me about what you could see, hear, feel, smell, taste…
- How did your body feel?
- Tell me about the temperature.
- What was the most difficult part of your experience?
- How has this experience changed (or impacted) your life?
- Is there anything else you would like to share?



Prompts

- Tell me more…
- Say more about…
- How did you react to…
- What were your thoughts when…
- Notice that or when….
- Help me understand

Semantic Prompting

- You mentioned a red truck, tell me more about the red truck
- You said it was scary, tell me more about scary.
- You said they touched you, tell me more about touching you.
- You mentioned hearing music, tell me more about the music.
- You said you had to be quiet, tell me more about having to be quiet.

Power of the Pause



Humans don't witness trauma. They experience it.

Victims – Bystanders – Suspects

We are not painters. We are photographers. (*End Violence Against Women International*)

The investigation should seek to corroborate / discorroborate.

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Fragmented memories should be expected.

- A person may reflexively "check out" (dissociate) from the sensations their body feels by focusing on something else.
- Gaps & inconsistencies are normal, especially when a victim's central details seem peripheral to an investigator or vice versa.
- If asked for details of the perpetrator's actions after he began raping her, she may draw a blank, recall details incompletely, or recall some (peripheral) details inconsistently.
- These gaps should be expected, not "gotcha" questions.
- They merely weren't focused on this at the time.
- They were too busy surviving.
- Remembering always involves reconstruction and is never totally completely or perfectly accurate.
- Such gaps & inconsistencies are simply how memory works – especially for highly stressful or traumatic experience.
- Such gaps & inconsistencies are never, on their own, proof of anyone's credibility, innocence, or guilt.
- Alcohol can also prevent storage or peripheral details.
- Just like with stress, there is no scientific basis for assuming accuracy or inaccuracy of details that survive alcohol's effects.

Emotional memory may establish an element – fear, force, or coercion.

It's not our responsibility to make sense during the interview.

The interview is NOT the investigation.

When in doubt, clarify. Look for the context.

- Help me understand your thoughts when…
- When this happened, tell me more…
- Help me understand driving away…
- What, if anything, are you able to remember about… (their car, their clothes, their face, their body, etc…)

Impact evidence

- Who was impacted?
- What are the impacts?
    - Physical
    - Behavioral
    - Emotional
    - Contextual

Corroborate - To confirm or support information with additional evidence or independent sources

Discorroborate - To contradict, undermine, or show that information is not supported by other evidence.

Gather the history

- Acute – Chronic – Complex

Try to understand the entire experience beyond the single incident.

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Don’t interrupt
- Condition yourself
- Power of the Pause

Don’t explain their experience to them

Don’t hypothesize with them.

Keep questions open and simple.

Don’t use the word “why”.

No sequencing

No leading questions.

Don’t use compound questions

Avoid confrontational questions

Don’t minimize

No double negative questions

Don’t talk more than they talk

Aftercare
- Let them know it’s normal to remember things later
- Answer questions or concerns
- Discuss future interview possibilities
- Make appropriate recommendations & referrals
- Take your time – allow time & space to process
- Provide contact information

Documentation
What we write is permanent.
How you write is as (if not more) important than what you write.

Avoid words with negative connotations.

Jane claimed he strangled her.	VS	Jane stated he strangled her.
Jane alleged he raped her.	VS	Jane stated he raped her.
Jane admitted she was yelling at him.	VS	Jane stated she was yelling at him.
Uncooperative	VS	Not participating
Refused	VS	Declined

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Avoid confusing or non-clarifying language

Use words that accurately describe the action

John asked Jane to call his attorney	VS	John insisted Jane call his attorney
John asked Jane to complete a non-prosecution affidavit	VS	John told / instructed / demanded, etc
John asked Jane not to leave him	VS	John begged Jane…

Document in a way it's easy to consume.
Jane reported the following… (narrate in third person)

Don't use sanitizing language

Use the interviewee's exact wording.

Sensory details explain behavior and/or emotion. Include emotional memories.

Gather behavioral information about the suspect
The reported behavior
Listen for Grooming behaviors
Listen for Coercion
Listen for Threats
Listen for Force, etc.…
Listen for Possible points to corroborate

Non-Bias Writing
Physical Location (Include the sensory report for corroboration)

Example: You can corroborate the (for example):
- *Look for the crack in the ceiling that looked like a tree*
- *Ask what the sister and her husband were watching on television*
- *The chimes coming from a chime clock*

Include neutral observations of client condition:
- Victims physical condition (Visible injuries, reported-but invisible injuries…)

I observed the victim had the below injuries:
- Scratch above right eye
- Finger shaped bruise on left arm

The victim said she also the below injuries:
- Tenderness to the right back side of her head
- Sharp pain when she moved her arm above her head.

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Describe the tools, objects, or weapons that were used and how they were used.

- Sock in her mouth

Victims Emotional Condition

Describe what you see in a non-bias way.

- Jane was shaking and crying.
- Jane was staring at the wall and did not respond to her name.

When she did she speak, she said "I just do not know what to say…"

What not to write:
Document the experience, but:

- Do not draw connections where connections may not be there
- Do not minimize or trivialize
- Do not add personal opinions
- Do not add blame
- Do not exaggerate.
- Do not sanitize victim's language.

Do not assume motive or even guess. - Just write what they said in quotes.

Reports should not:

- Editorializing (the 12-year-old victim appeared much older than her chronological age)
- Victim-blaming statements (victim willingly drank alcohol, victim sent sexual text messages…)
- Consensual language, terms of affection, or words
  depicting mutual participation (had sex, made love,
  engaged in oral sex, hugged, cuddled, caressed)

Reports should not include:

- Subjective nondescriptive terms (acted strange, seemed upset, not normal, consenty)
- Sanitized or cleaned-up language if not used by the victim (writing penis vs. dick)
- Vague quantitative words (for example, a lot, lots, many, some, a bunch)
- Jargon

Detail the experience *as it is reported*.

Survivors owe us nothing. We owe them our best efforts.

Self-care is an ethical obligation. Caring for ourselves is caring for others.

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Human Centric Interviewing®

Resource Book

Link:
https://uniqo.de/5oN4cX

Website

Link:
www.humancentricinterviewing.org

THE BLUE OPAL COLLECTIVE

TRAINING & CONSULTING

Kimberly Korrin

Detective - Retired

kimberly@blueopalcollective.com

www.blueopalcollective.com

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