APRI UDUG

American

Prosecutors Research Institute

BEYOND FINDING WORDS: EMERGING ISSUES IN FORENSIC INTERVIEWING AUGUST 28-31, 2006

Indianapolis, Indiana
This three-and-a-half day course
focuses on emerging issues in forensic
interviewing. Although the course is
open to all child abuse professionals,
it is ideally suited for graduates
of the five day Finding Words or
Corner-House forensic interviewing
programs. For more information, visit
our Web site at www.ndaa-apri.org
or call 507-547-2890.

WHEN CHILD ABUSE HITS HOME SEPTEMBER 11–14, 2006

Missoula, Montana

This three-and-a-half day course is designed for child protection professionals striving to excel or to maintain excellence in their response to an allegation of child abuse. For more information, visit our Web site at www.ndaa-apri.org.



UPDATE is published by the American Prosecutors Research Institute's National Center for Prosecution of Child Abuse. Items may be reprinted if attributed to APRI's National Center for Prosecution of Child Abuse. Please provide copies to UPDATE. Contact us if you have inquiries or article suggestions at 703.549.4253.

Forensic Interviews of Children Who Have Developmental Disabilities

Part 2 of 2

By Jennifer Anderson, MSW, LISW¹ and Rachel T. Heath, MSW, LCSW²

his is the second article in a two-part series addressing the particular demands and recommendations for forensic interviews with children who have developmental disabilities. As discussed in the first article of the series, it is important to gather specific information about a child's abilities and needs prior to a forensic interview. Part Two will discuss issues to consider during and after the interview, including developmental screening, issues of suggestibility, corroboration and preparing for court.

During the Interview

Developmental Screening — As with all children, an interview with a child who has a developmental disability should include developmental screening. In short, the interviewer needs to know and should ask him/herself: Can I understand this child? And can the child understand me? If the interviewer is unsure of the child's comprehension, a simple invitation to reflect or demonstrate understanding can be effective. For example, the interviewer might say, "Does that make sense?" or "Tell me what that means to you."

The interviewer should assess the child's speech and match vocabulary and sentence length accordingly, remembering that children's capacity for understanding typically surpasses expressive skills. The child's ability to provide a narrative should be observed during rapport building as well as the ability to answer indirect, complex, and abstract questions. Although the interviewer can rely on information gathered about the child's developmental abilities prior to the interview as a starting point, the child's abilities should drive the interaction and the interviewer should adjust accordingly as the interview progresses.

Just as children are not miniature adults, children who have developmental disabilities are not just like "younger" kids. There are two significant ways in which developmentally disabled children differ from non-disabled children who have similar cognitive abilities. First, persons who have developmental disabilities may possess a "...great unevenness in impairment across...development." This phenomenon, often referred to as "scatter skills," indicates that a child's developmental abilities vary significantly across domains. Secondly, the acquisition and application of life experiences may vary. A child functioning at a

"five-year-old level" may have ten years of life experience, increasing the likelihood of some well-developed rote skills that surpass commensurate cognitive abilities. Interviewers are cautioned against generalizing skills across areas, but are encouraged to meet the child where (s)he is, every step along the way.

Suggestibility — Consideration of suggestibility issues is key for any competent interview process.⁴ Interviewing a child who has a disability begs the question: Are children who have developmental disabilities more suggestible than typical children? The simple answer to that question appears to be: not necessarily.

- 1. **Source monitoring ability:** When compared to children of similar cognitive abilities, children diagnosed with mental retardation performed similarly when asked to distinguish real from imagined events after a six-week delay.⁵ These findings remind forensic interviewers to assess children who have developmental disabilities in terms of their cognitive abilities rather than their chronological age.
- 2. **Question types:** When asked open-ended questions, children who have developmental disabilities are able to perform similarly to other children with commensurate cognitive abilities.^{6,7} As in any forensic interview, open-ended questions are recommended whenever possible as they have been found to produce accurate information. When asked specific questions, children who have disabilities again performed similarly to non-disabled children of their developmental age equivalent.⁸

Yes/no questions, while less preferred for all children, may present particular challenges for this population. In research conducted with developmentally disabled teens and adults, the tendency to acquiesce, or disproportionately respond "yes," was found to be a trend especially in persons who have lower IQs.⁹ Providing an interview instruction indicating that it is appropriate to answer, "I don't know" when unsure may be helpful in this regard. Researchers note that concrete and immediate topics pose less risk, as do questions that are understood. In Interview instructions such as, "If I ask you a question and you don't understand, it's okay

to say, 'I don't understand" may have particular importance in staving off acquiescence bias due to misunderstanding.

The use of multiple-choice questions as an alternative to a yes/no format is also recommended.¹¹ As mentioned previously, the echolalic speech characteristic of some disorders (particularly autism spectrum disorders) may preclude the use of multiple-choice questions because the interviewer would be unable to discern a question-motivated response from an echolalic response when the child repeated the last choice presented by the interviewer. However, for other children who do not demonstrate a recency/echolalic or a primacy bias,12 multiplechoice questions that provide the child the opportunity to choose his/her own response and don't impose undue suggestion, (i.e., "You said this happened at your house. Was it in the bedroom, bathroom, or some other room?"), can be very beneficial when used appropriately.

3. Repeated questions: Repeated questions can be problematic for any child, 13 but may present particular issues for children who have disabilities because of the likelihood of limited assertiveness skills and previous reinforcement for compliance and obedience. When asked repeated questions, children who have disabilities may change their responses more than other children of their developmental age equivalent.¹⁴ Efforts should be made to limit the number of interviews, and interview instructions such as, "If I ask you the same question more than once, it doesn't mean you gave the wrong answer" should be provided liberally. Further, interviewers can alleviate the need for repeated questions through improved interview pacing. Children who have developmental disabilities may need additional time to process and respond; it is recommended that interviewers wait several seconds after asking a question.

Dynamics of abuse — Children who have developmental disabilities may experience related feelings of isolation, inadequacy, and shame. In addition, sexual abuse may instill increased feelings of shame, guilt, fear, anxiety, depression, anger or age-inappropriate sexual behavior. 15, 16 These dynamics may contribute to internal barriers prohibiting the child from discussing his/her experiences openly. Interviewers can reassure children as needed to create a supportive environment and facilitate the child's ability to report experiences.

After the Interview

Consultation and referral: As with all interviews, follow-up consultation with multi-disciplinary team members and referrals for necessary medical, therapeutic, or other services are critical. A child's unique needs and abilities should be considered in the completion of assessments, provision of services and the development of safety plans and personal safety education. Clearly, the team should consider making referrals for assessment and treatment to a professional who has experience with both sexual abuse and developmental disabilities.17

Corroboration: A child's statement should never stand alone, regardless of the individual's abilities or challenges. However, in cases where the child witness is also a child who has disabilities, corroboration of the child's statement is of utmost importance, as the credibility of these witnesses may be challenged aggressively due to their perceived intellectual deficits.¹⁸ Multi-disciplinary team members are strongly encouraged to continue with a rigorous investigation, seeking physical evidence, witnesses, any additional victims, and others the child may have told.19

While we can educate ourselves about particular disabilities and consider the capabilities of those who have developmental disabilities as a group, each interview will be conducted with a single alleged victim irrespective of (dis)abilities. To that end, interviewers are encouraged to engage each

child in the interview process uniquely as (s)/he presents that day, in that setting, and refrain from influencing the outcome of a forensic interview with preconceived ideas of any kind. In the words of expert linguist Anne Graffam Walker, "We do not question children...[w]e question one child at a time."20

- Jennifer Anderson is the Training Director of CornerHouse Child Abuse Evaluation and Training Center, a Children's Advocacy Center in Minneapolis, Minnesota.
- $^{\rm 2}\,$ Rachel T. Heath is Executive Director of Ginnie's House, Sussex County Children's Advocacy Center in Newton, New Jersey.
- ³ Bourg, W., Broderick, R., Flagor, R., Kelly, D. M., Ervin, D. L., & Butler, J. (1999). A child interviewer's guidebook. Thousand Oaks, CA: SAGE Publications.
- ⁴ Reed, D. L. (1996). Findings from research on children's suggestibility and implications for conducting child interviews. Child Maltreatment, 1(2), 105-119.
- $^{5}~$ Gordon, B.N., Jens, K.G., Hollings, R., & Watson, T.E. (1994). Remembering activities performed versus those imagined: Implications for testimony of children with mental retardation. Journal of Clinical Child Psychology, 23(3), 239-248.
- 6 Ibid.
- ⁷ Henry, L.A. & Gudjonsson, G.H. (1999). Eyewitness memory and suggestibility in children with mental retardation, American Journal on Mental Retardation, 104(6), 491-508.
- $^{\rm 8}~$ Henry, L.A. & Gudjonsson, G.H. (2003). Eyewitness memory, suggestibility and repeated recall sessions in children with mild and moderate intellectual disabilities. Law and Human Behavior, 27(5).
- $^9\,\,$ Sigelman, C.K., Budd, E.C., Spanhel, C.L., Shoenrock, C.J. (1981). When in doubt, say yes: Acquiescence in interviews with mentally retarded persons. Mental Retardation. 19(2), 53-58.
- 10 Ibid.
- 11 Heal, L.W., Sigelman, C.K. (1995). Response biases in interviews of individuals with limited mental ability. Journal of Intellectual Disabilities, 39, 331-340.
- $^{12}\,\mathrm{A}$ primacy bias is a tendency to select the first "choice" when presented with multiple options.
- $^{\rm 13}$ Reed, D. L. (1996). Findings from research on children's suggestibility and implications for conducting child interviews. Child Maltreatment, 1(2), 105-119.
- 14 Henry, L.A. & Gudjonsson, G.H. (2003). Eyewitness memory, suggestibility and repeated recall sessions in children with mild and moderate intellectual disabilities. Law and Human Behavior, 27(5).
- 15 Finkelhor, D. & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. American Journal of Orthopsychiatry, 55(4).
- ¹⁶ Horton, C.B. & Kochurka, K.A. (1995). The assessment of children with disabilities who report sexual abuse: A special look at those most vulnerable. In T. Ney (Ed.), True and false allegations of child sexual abuse: Assessment and case management (pp. 275-289). Philadelphia, PA: Brunner/Mazel, Inc.
- ¹⁷ Mansell, S., Sobsey, D., Calder P. (1992). Sexual abuse treatment for persons with developmental disabilities, Professional Psychology: Research and Practice, (23)5.
- 18 Gordon, B.N., Jens, K.G., Hollings, R., & Watson, T.E. (1994). Remembering activities performed versus those imagined: Implications for testimony of children with mental retardation. Journal of Clinical Child Psychology, 23(3), 239-248.
- 19 Vieth, V. (1999). When a child stands alone: The search for corroborating evidence, APRI Update, 12(6).
- 20 Walker, A.G. (1999). Handbook on questioning children. Washington, D.C.: ABA Center on Children and the Law, page 9.

The Vational Center for Prosecution of Child Abuse is a program of the American Prosecutors Research Institute, the non-profit research, actining and technical assistance affiliate of the Vational District Attorneys Association. This publication was prepared under Grant Mo. 2003–CL-FX.

K008 from the Office of Juvenile Justice and Delanquency Prevention, US
Department of Justice. This information is offered for educational purposes only and is not legal advice. Points of view in this publication are those of the authors and do not necessarily represent the official position of the US
Department of Justice, MDAA or APRL.





Permit No. 768 AV,bləifirnəM

QIA9 U.Š. Postage Organization Non Profit