

# Effective Interviewing and Communication with Children with Disabilities Part II



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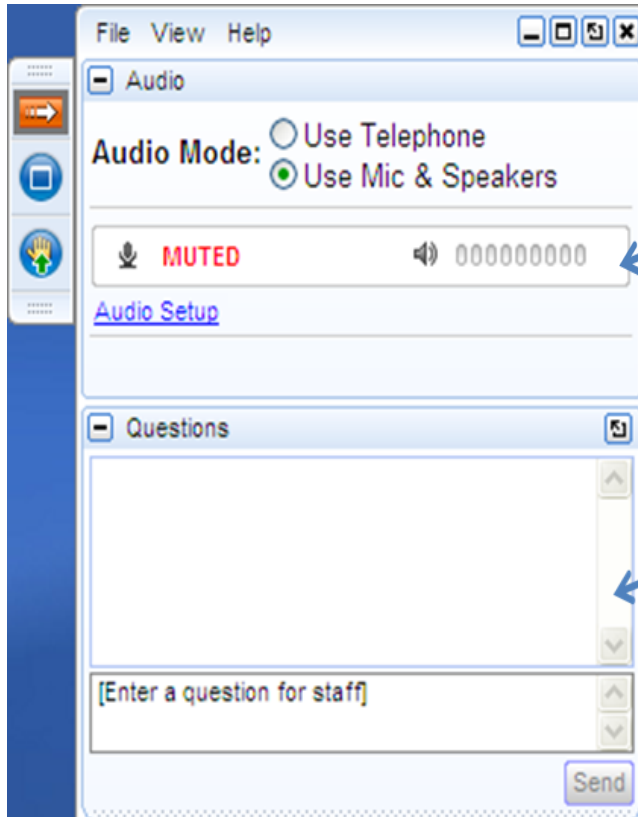
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# OJJDP's MECP

- MECP offers assistance to local, state and tribal law enforcement, nonprofit organizations, and other juvenile justice practitioners to:
  - strengthen their responses
  - increase the use of evidence-based practices
  - identify and address operational and programmatic needs
- Coordinated by Fox Valley Technical College
- For more information or to submit a training and technical assistance request:
  - [www.mecptraining.org](http://www.mecptraining.org)
  - [mecptraining@fvtc.edu](mailto:mecptraining@fvtc.edu)
  - 1-888-347-5610

# Webinar Housekeeping



## Audio Support:

- Use Telephone or Mic & Speakers
- Check 'Audio Setup' for problems
- All callers will be on mute throughout the webinar

## To ask a Question:

- Type a question in the box; click Send
- Questions will be addressed during the Q & A portion of the webinar

# Goals

- Review commonly utilized forensic interviewing models
- Address the importance of a pre-interview protocol that MDT members agree to follow
- Review interview stages and address strategies and modifications for a child victim or witness with a disability
- Understand suggestions may need to be modified based on jurisdictional and MDT needs

# October: National Disability Employment Awareness Month

- In the U.S., the unemployment rate for people with disabilities is over 70%
- 27% of working-age Americans with disabilities live in poverty, compared to 11.9% of those without disabilities
- Nearly 10% of working-age people in the U.S. have a disability

# Developmental Disability

- Describes life-long disabilities attributable to mental and/or physical or combination of mental and physical impairments
- Manifested prior to age 22
- Other terms include:
  - Learning disability
  - Intellectual disability : I/DD
  - Cognitive disability

# Developmental Disability

- Refers to affecting daily functioning in 3 or more of the following areas and used for eligibility purposes:
  - Capacity for independent living
  - Economic self-sufficiency
  - Learning
  - Mobility
  - Receptive and expressive language
  - Self-care
  - Self-direction

# Intellectual Disability

- Affects ability to learn
- Significant variation within and across IQ categories in DSM IV-TR where use of Mental Retardation is used as a diagnostic term:
  - Borderline 70-85
  - Mild 55-69
  - Moderate 40-54
  - Severe 21-39
  - Profound 5-20
- IQ should be seen as one measure of overall function
- Many children with an intellectual disability can effectively communicate and reliably recall events and information



# 7 Types of Disabilities

- Intellectual
- Autism Spectrum Disorder
- Physical
- Communication
- Sensory
- Learning
- Mental Illness: Psychiatric and Psychological Conditions

# Thousands of Developmental Disabilities

What am I most likely to encounter?

What is the severity of the disability?

- Autism
- Cerebral Palsy
- Hearing Impairments
- Vision Impairments
- Cognitive or intellectual disabilities

Children with any kind of a disability are more than twice as likely as non-disabled children to be physically abused and almost twice as likely to be sexually abused.

*(Ibid., citing Petersilia, J. Report to the California Senate Public Safety Committee Hearings on Persons with Developmental Disabilities in the Criminal Justice System.*

# Abuser Facts

- 88 to 98% of sexual abusers are known by the victims with disabilities  
~Sobsey and Mansell, 1994
- Children with disabilities that are accustomed to caregivers touching their bodies for purposes of transporting, bathing, and toileting may not understand when abuse is occurring.
- Children with disabilities are more dependent and more passive, which increases their vulnerability to abuse
- Good news: Children with disabilities have more structured care giving and support that is often documented in daily logs, either at school, or at home. Paper trails can fill in or corroborate child's reports

# MDT Commitment to Cultural Competence

The capacity to function in more than one culture, requiring the ability to appreciate, understand and interact with members of diverse populations within the local community

# Cultural Missteps

WE WANT TO BE JUDGED ON THE INTENT OF OUR  
ACTIONS;

WE WANT TO JUDGE OTHERS ON THE IMPACT OF  
THEIR ACTIONS

# Cultural Considerations

- Private parts in native language
- Abuse occurring in language other than English
- Cultural norms around talking about privates with family and outsiders
- Acknowledging historical trauma/system intervention trauma
- Know your community resources/cultural brokers

# Culturally Appropriate Setting

- ADA Compliant
- Wheelchair ramps and wide doors
- Bathrooms
- Lighting (Fluorescent or Flickering )
- Curbs and Parking
- Waiting room/play room materials and toys
  - Tactile items
  - Items for kids with limited fine and gross motor skills



# Autism Spectrum Disorders

- Includes:
  - Autism
  - Asperger's (May not be included in DSM V)
  - PDD-NOS (Pervasive Developmental Disorder)
  - Rett Syndrome (May not be included in DSM V)
  - Cause unknown, usually diagnosed by age 3
  - Deficits in reciprocal social interaction skills
  - Significant variation in ability, intellectual functioning and skill level
  - "On the Spectrum"

# Autism

## Common Behaviors:

- Rocking, hand wringing, vocalizing grunts, noises, humming, tics
- Stereotypes: Rain Man
- Hyperactive, fidgety
- Flat affect (feelings not connected with what was just said)
- Echolalic speech (repeating what you say)
- Delayed echolalia (repeating what they heard previously)
- May have Sensory Integration Disorder (unusual responses to sensory input –visual, auditory, touch)

# The Importance of a Pre-Interview MDT Protocol

- **Screening to determine needs of the child**
  - Is the child in special education? If so, can the school personnel provide information about the child's abilities and special needs?
  - Does the child take medication?
  - Are there accessibility needs?
  - Are there communication needs? (Interpreter, SLP, Use of communication device)
  - Is MR Mild, Moderate, Severe, Profound?

# The Importance of a Pre-Interview MDT Protocol

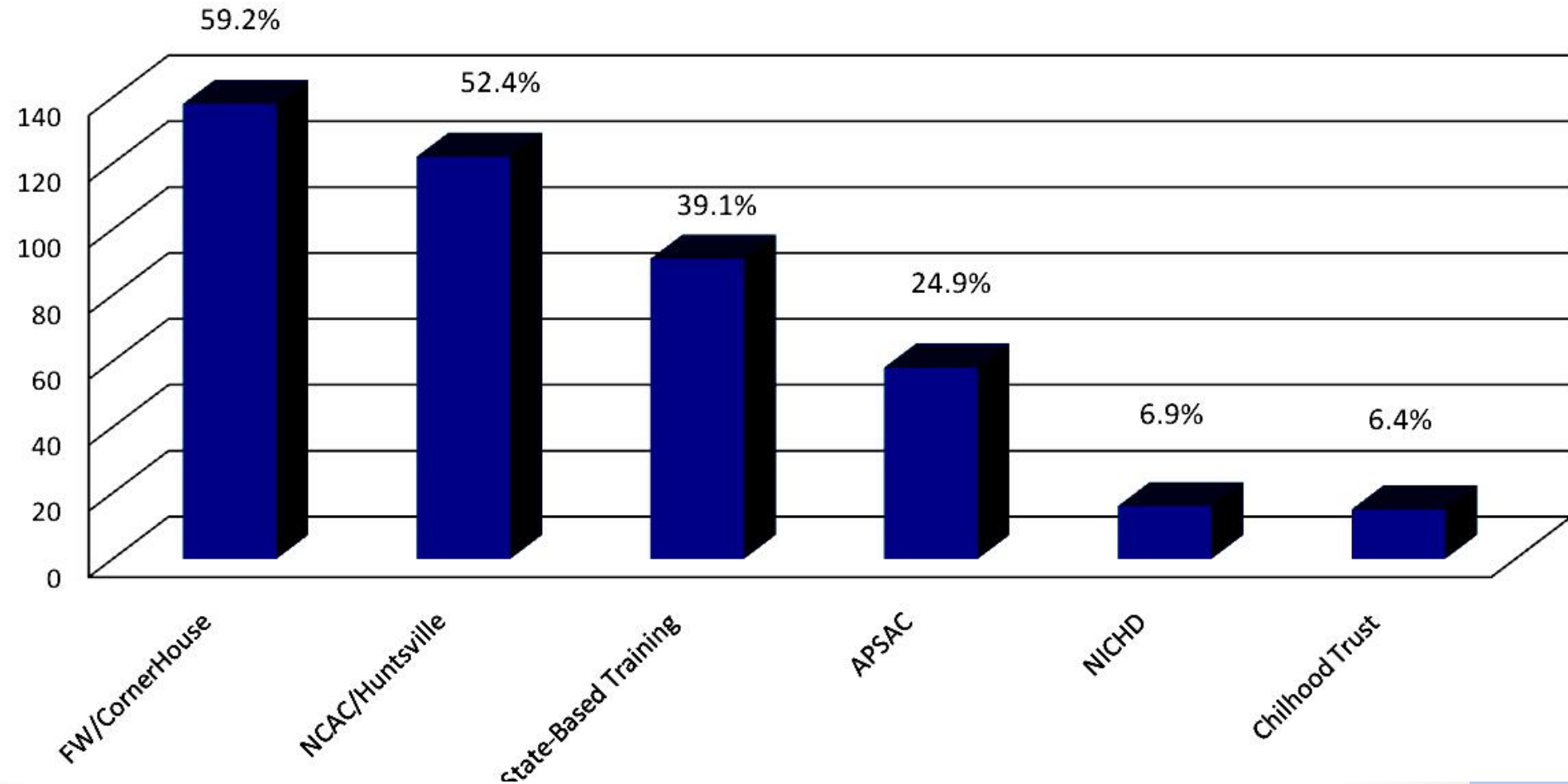
- What is the child's best time of day to be interviewed?
- Based on the child's needs, is it best to have the child visit the interviewing site prior to the interview?
- Is it in the child's best interest to have multiple, shorter interviews, rather than one longer interview?
- Does the child require a support person in the interview? What are your state laws?

# Identifying Someone They Trust

- Caregiver
- Staff
- Family Member
- Guardian
- Case Manager
- Behavior Therapist/Behavior Management Specialist

# Most Common Forensic Interviewer Training

What type of training have Forensic Interviewers obtained?



FORENSIC INTERVIEW SURVEY - AUGUST 2009, CONDUCTED BY CORNERHOUSE

# Models of Forensic Interviewing

## Evidence-based models:

- NICHD - National Institute of Child Health and Human Development protocol
- Corner House's RATAC protocol: Rapport, Anatomy Identification, Touch Inquiry, Abuse Scenario, and Closure
- National Child Advocacy Center protocol

# Issues When Comparing Models

- Specific instructions and structure required?
- How it deals with “telling the truth.”
- Use of tools and demonstration aides?
- Anatomical dolls used or allowed?
- Flexibility in use of protocol and questioning?
- Number of interviews permitted?
- Audio or videotaping required?

**~Abused Kids with Disabilities Program**



# NCAC Forensic Interviewing Model

## Stage 1

- Introductions
- Rapport
- Guidelines
- Narrative Practice
- Family

# NCAC Forensic Interviewing Model

## Stage 2

- Transition
- Narrative Description
- Follow-up Questions
- Clarification
- Closure

# Incorporating Communication Devices into the Interview

- Low Tech: Picture boards
- High Tech: Computers
- American Sign Language: many children and adults with disabilities use ASL to augment their communication
- Facilitated Communication: A trained facilitator helps child use a communication device or keyboard

# Goals of Interpretation

- To enable communication between two/more people who do not speak the same language.
- To allow the individuals to communicate directly with one another as if no language barrier existed.
- To transfer the message in such a way that it reflects the various aspects of the communication and the relational dynamics between the two parties.

# Using an interpreter

- Identify who is responsible for securing and paying for an interpreter
- Best to identify an interpreter prior to needing one
- Need to prepare the interpreter for the content of the interview-no traumatized interpreters!
- Prior to the interview, review with the interpreter the best positioning of the interviewer, child and interpreter.

# Introductions

- Based on child's age, development level and attention capacity, decide how much time to spend
- Repetition is critical: the importance of meeting the child prior to the interview
- Stating on tape prior meetings
- Introducing support person on tape
- Importance of child knowing they are not in trouble

# Rapport Building Stage

- Part of pre-interview
- Can assess developmental abilities, just as with children without disabilities
- May need a list of topics from a caregiver or support person: they may not be able to talk about without some prompting
- May need to build most of the rapport outside of the interview and save child's time and attention to get to details of the abuse
- Can begin to assess ability to narrate an event

# Guidelines

- Find out if the child understands concepts such as:
  - Telling the truth/What happens when you don't
  - Time concepts: days, months, years, first time, last time, how many times
  - Relationships
  - Places
  - Correcting the adult
  - Asking for a break



# Narrative Practice/Abuse Details

- Individuals with ID are very concrete: may need to re-phrase questions and minimize number of words in a question
- Minimize use of prepositions: Names vs. he or she
- “Then what happened?” may not elicit a sequential response, but may give the child an opening to give more details
- The child or adolescent may be more able to show how the abuse occurred, either on their body or with an anatomical doll
- Yes/No questions: Understand from support staff and family how the individual normally responds
- If child can respond to yes/no questioning, demonstrate on non-abuse questions prior to asking about abuse

# Narrative Practice/Abuse Details

- Let them say it how they say it
- Disclosure is shorter
- Limit follow-up questions
- Do not expect clarification
- Interviewer must monitor child's engagement with the topic

# How Physical Disabilities Affect the Interview

- Limitations of drawing
- Assessment of skills important
- Alternative activities needed
- Activities may draw attention away from questioning
- Cerebral Palsy most common

# Report Writing

- Use People First language
  - Person with a disability
  - “Person who uses a wheelchair” - not “wheelchair-bound”
  - “Experiences” - not “suffers from”
  - Remember the disability is a condition not disease
- Do not use terms or labels like handicapped, crippled, or mentally retarded with or about a child with a disability

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# Report Writing (Continued)

- As with all crime/evaluation reports, describe behaviors and conduct, and conclusions only go in that section
- If a person has an “Intellectual disability”, describe their traits, behaviors, and language as they are observed rather than making an assessment (not: “acts like a 2 year old”)
- If someone provides an opinion, include that information along with the source and context in which the remark was made

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# Points to Remember

- Procedural vs. Declarative Knowledge:  
Showing vs. Telling
- Saliency:  
The relevance, the emotional pull or strength of an experience
- Documentation:  
May be able to pinpoint dates and times based on child's reports and schedules that include sign in sheets/list of staff with the child

# The 3 MOST Important Suggestions:

1. Slow down
2. ***SLOW DOWN***
3. **SLOW DOWN SOME MORE**

# Remember...

“Disclosure is a process...  
not an event”

~Sorenson & Snow



Cooperation is the  
thorough conviction that  
nobody can get there  
unless everybody gets  
there.

~Virginia Burden

# SAVE Project

- Violence Against Women Grant
- The ARC of NM implemented the project
- Trained over 500 first responders in NM over 18 months, primarily police officers
- Included prosecutors, 911 dispatchers, social workers, forensic interviewers, victim advocates.
- Utilized paid consultants with disabilities to educate the participants
- Used a child interviewing practicum model to have participants interact with the consultants and use interviewing techniques to talk about non-abuse topics

# SAVE Project Outcomes

- Participants educated on various disabilities and the current language used
- By interacting and interviewing consultants, participants became more comfortable with their skills
- Police officers indicated they would be more likely to file a police report due to understanding that individuals with disabilities can be accurate reporters.
- Consultants became the experts and educators
- Many officers understood how prior negative experiences impacted individual's negative view of law enforcement

# Abused Kids with Disabilities: A National Training and Support Program.

- Grant that was funded by the American Recovery and Reinvestment Act and the Office for Victims of Crime.
- The Institute on Violence, Abuse & Trauma (IVAT) at Alliant International University
- A Multidisciplinary Team: Disability Specialist, Prosecutor, Law Enforcement, Child Protective Services, Project Director (Psychologist)
- [www.ivatcenters.org](http://www.ivatcenters.org)



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