Forensic Interviews of Children Who Have Developmental Disabilities

Part 2 of 2

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This 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 the interview as a starting point, the child’s abilities and needs prior to a forensic interview are important.

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. 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. 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. 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. 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. Providing 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. 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 primary bias, multiple-choice 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, 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. 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. 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.

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 deficit. 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. 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... we question one child at a time.”

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2 Rachel T. Heath is Executive Director of Ginnie's House, SASES County Children’s Advocacy Center in Newton, New Jersey.
6 Ibid.
10 Ibid.
12 A primacy bias is a tendency to select the first “choice” when presented with multiple options.