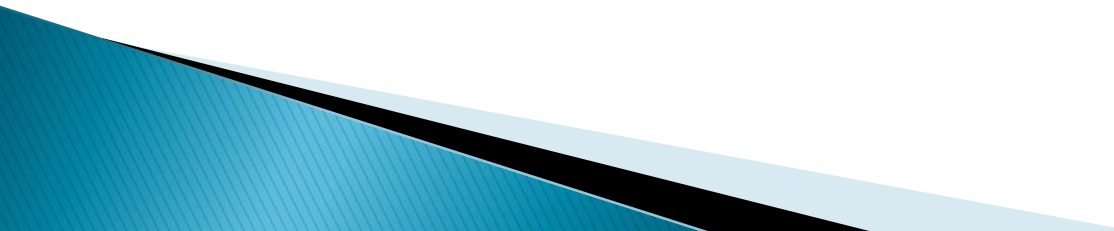


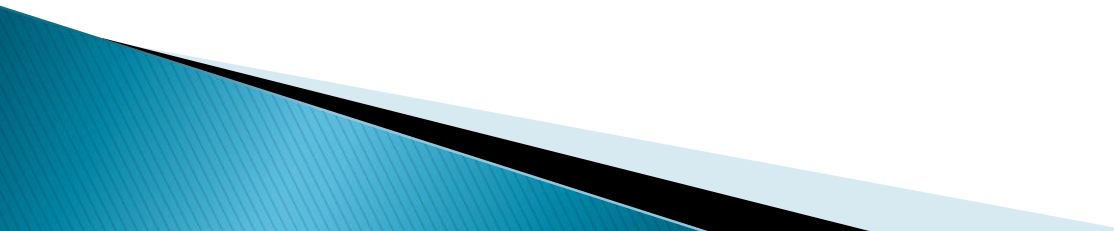
# Interviewing Children with Special Needs

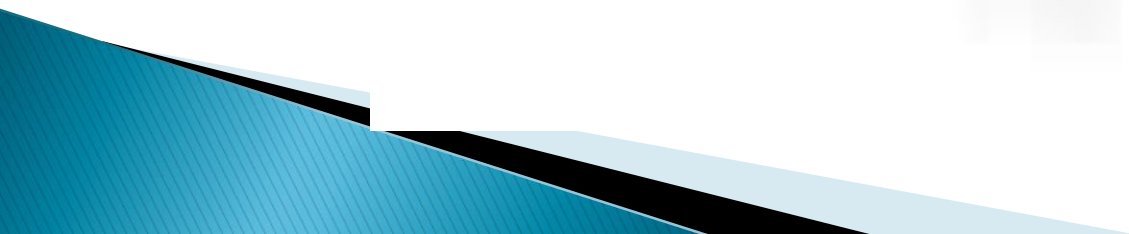
Kim P Roberts, PhD  
Wilfrid Laurier University  
BOOST CYAC Webinar Series  
April 26<sup>th</sup> 2017

# Overview

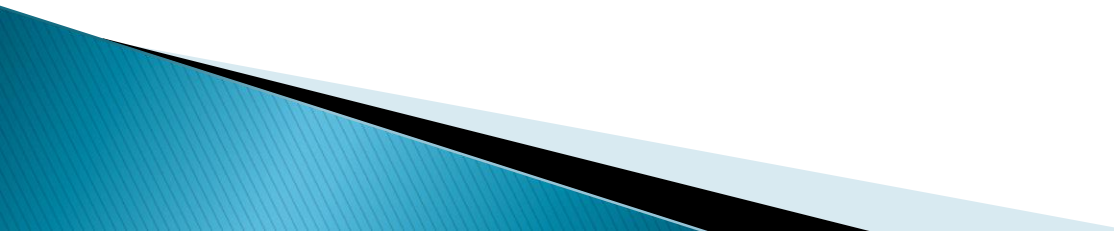
- ▶ Outline the types of needs children may have
  - ▶ Discuss the challenges these children and their families face in the justice and welfare systems
  - ▶ Review recommended ways of interacting with these children
  - ▶ Review recommended interviewing techniques
- 

# How skilled do you feel?

- ▶ “absolutely no training whatsoever in dealing with people with an intellectual disability”
  - ▶ How much training do you have?
  - ▶ On a scale of 0 = not at all, to 5 = extremely skilled, how skilled do you feel?
  - ▶ Hopefully this will increase over the next 1.5 hours!
- 



# Sources

- ▶ My own experience (mistakes) interviewing
  - ▶ Involvement in cases
  - ▶ Guidelines from different organizations across the globe
  - ▶ Normative and exceptional development
- 

# SPECIAL NEEDS



# What's special about special needs?

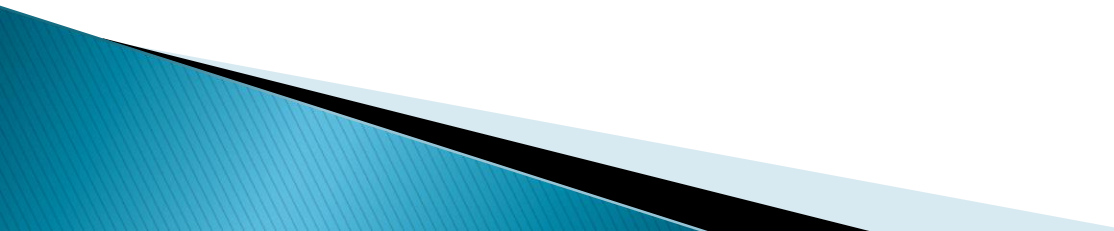
- ▶ 'Impairment'
- ▶ 'Disability'
- ▶ 'Disorder'
- ▶ 'Handicap'
- ▶ 'Risk' e.g., At-Risk
- ▶ Children or Adults

# Special Needs

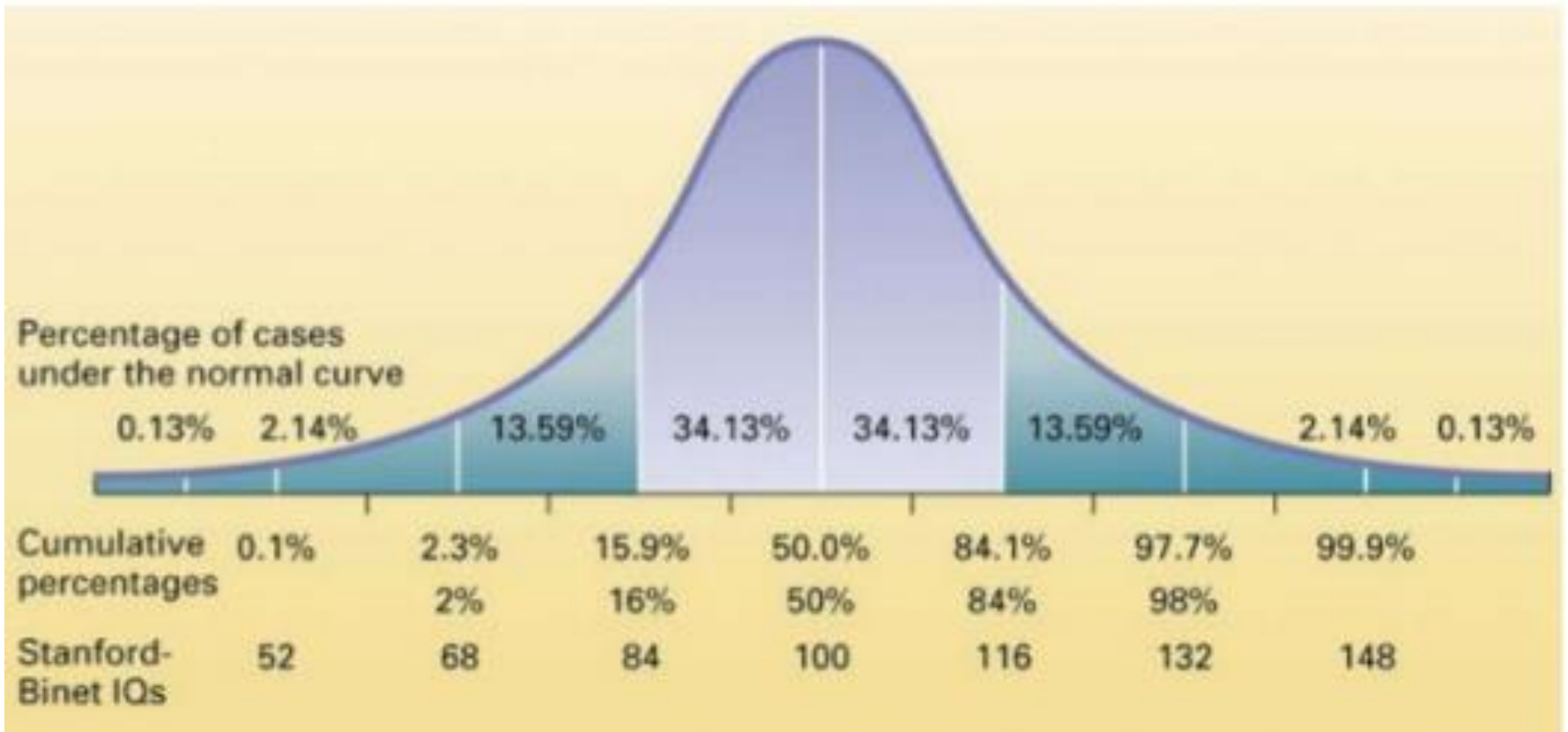
- ▶ Intellectual disabilities
  - ▶ Learning disabilities
  - ▶ Emotional Disorders
  - ▶ Autism Spectrum
  - ▶ Speech/Language impairments
  - ▶ Traumatic Brain Injury
  - ▶ Giftedness
  - ▶ Physical/Health impairments
- 



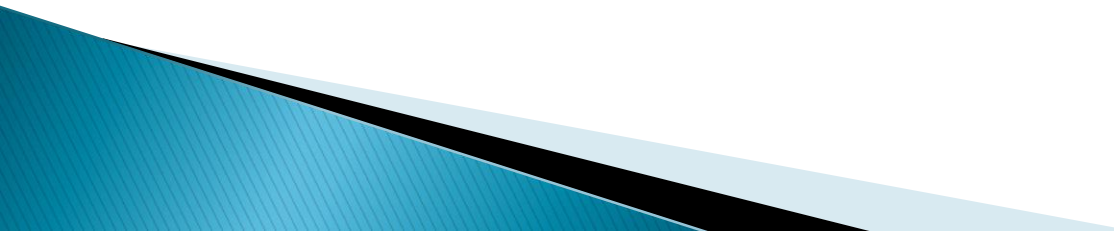
# Intellectual

- ▶ *“significant limitations in both intellectual functioning and in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills”*
  - ▶ Before 18
  - ▶ IQ tests
- 

# Theoretical distribution of IQ scores on the normal curve



# Learning

- ▶ *“...significant disabilities in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities”*
  - ▶ Across the life-span
  - ▶ Neurological in basis
  - ▶ Reading is most common
- 

# Emotional & Behavioural

- ▶ *“...emotional or behavioural responses...different from appropriate age, cultural, or ethnic norms”*
- ▶ NOT temporary response to trauma
  1. Chronic
  2. Severe
  3. Affects everyday life (school)
- ▶ Schizophrenia, depression etc. considered to be emotional problems

## Behaviour

- ▶ 'Acting out'
- ▶ Disruptive
- ▶ Antisocial
- ▶ Aggressive
- ▶ Destructive
- ▶ Withdrawal
- ▶ Lack social skills
- ▶ Daydream
- ▶ Depression

## Emotional Disorders

- ▶ Anxiety
- ▶ Phobias
- ▶ Obsessive/Compulsive
- ▶ Eating disorders
- ▶ PTSD
- ▶ Selective mutism
- ▶ Bipolar
- ▶ Schizophrenia

# Autism Spectrum

1. Persistent deficits in social communication and social interaction
  2. Restricted, repetitive patterns of behaviour, interests, or activities
- ▶ Identified around 12-18 months

## Autism Spectrum Disorder

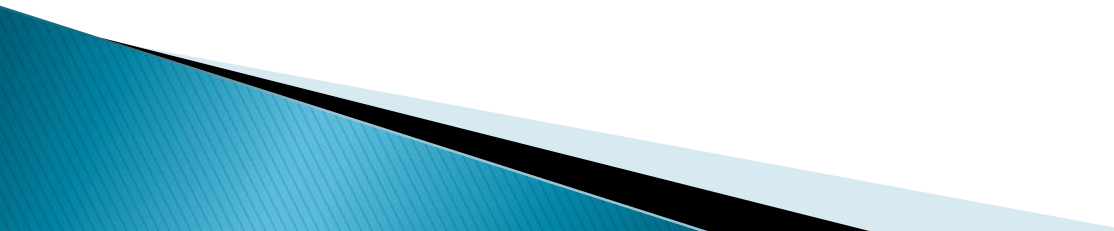


Severe  
Autism

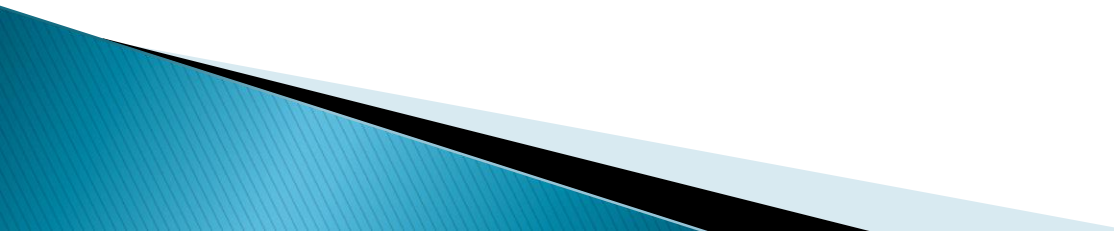
Autism

High-Functioning Autism  
Aspergers Syndrome

# Communication

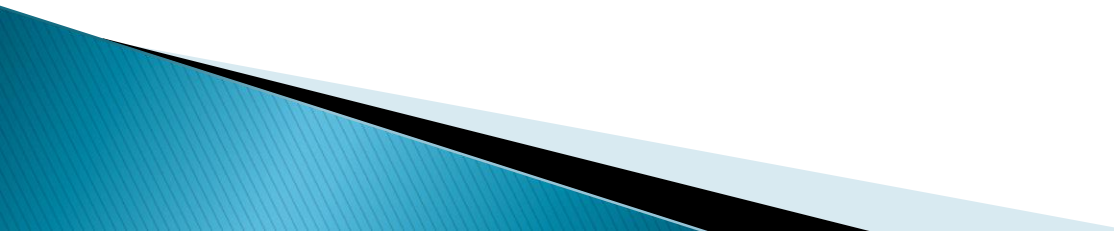
- ▶ *“...a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment..”*
  - ▶ NOT temporary response to trauma
    1. Chronic
    2. Severe
    3. Affects everyday life (school)
- 

# Physical and Health

- ▶ Vision
  - ▶ Hearing
  - ▶ Orthopedic
  - ▶ Neuromotor eg cerebral palsy
  - ▶ Diabetes
  - ▶ Asthma
  - ▶ Cystic Fibrosis
  - ▶ HIV AIDS
  - ▶ **Attention & Hyperactivity**
- 



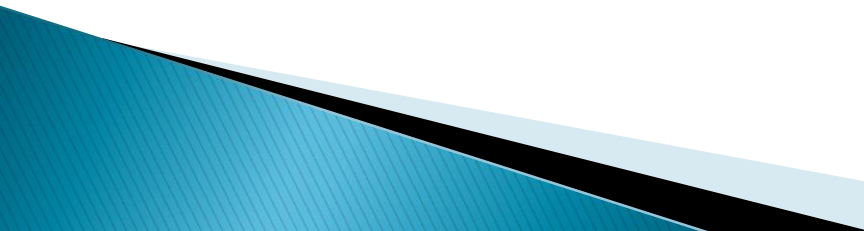
# Attention–Deficit/Hyperactivity

- ▶ Inattention
  - ▶ Hyperactivity (seemingly pointless movement)
  - ▶ Bouts of **Persistent** inattention
  - ▶ *“Hyperactivity/Impulsivity more frequent and severe than ... individuals at a comparable level of development”*
- 

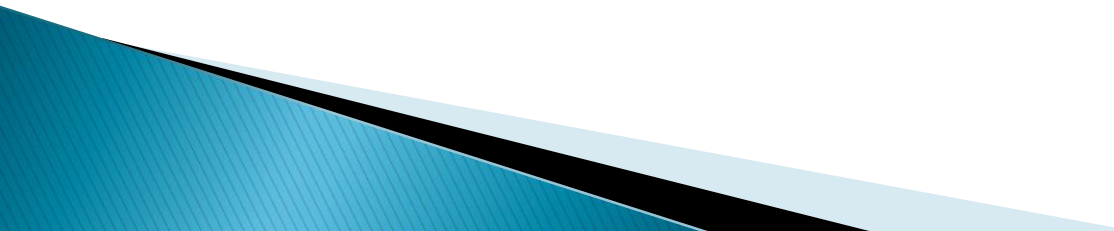
# HOW VULNERABLE ARE THESE CHILDREN?



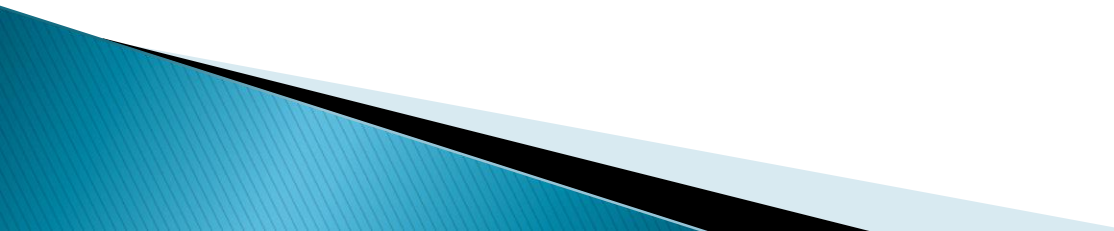
# National Surveys (2012)

- ▶ Individuals with disabilities experience higher rates of violence than people without a disability (USDOJ, 2009)
  - ▶ 3.44 times more likely to be victims of abuse than children without disabilities
  - ▶ More than 70% reported they had been victims of abuse
    - 90% of whom reported repeated abuse
- 

# Access to justice

- Approximately 63% did not report the abuse
    - one-third stated that they did not know how to report abuse.
    - Even when the abuse was reported, more than one-half stated that nothing had happened.
  - ▶ Less than 10% of the alleged perpetrators were ever arrested
  - ▶ Only 39% of the victims ever received therapy
- 

# Situation in Canada

- ▶ The *Seeking Justice* Project
  - ▶ Dr Catherine Stewart (Brantford) & myself (Waterloo)
  - ▶ Perceptions of parents and crown attorneys
  - ▶ Social Science and Research Humanities Council  
(national research organization)
- 

# ARE YOU A PARENT OF A CHILD WITH A DEVELOPMENTAL DISABILITY WHO HAS BEEN ABUSED?



- ❖ We want to hear your story
- ❖ What happened after you found out your child had been abused?
- ❖ What was your experience with the criminal justice system and other services and how did you feel about it?
- ❖ Our goal is to learn from your experience to help improve the legal system for other child victims of abuse who also have a developmental disability
- ❖ You will be compensated \$40 for your time in sharing your story

[cstewart@wlu.ca](mailto:cstewart@wlu.ca)

[kroberts@wlu.ca](mailto:kroberts@wlu.ca) 519 884 0710 ext 3225

Research #: 4276

# COMMON CONCERNS OF INTERVIEWERS



# Most common concerns

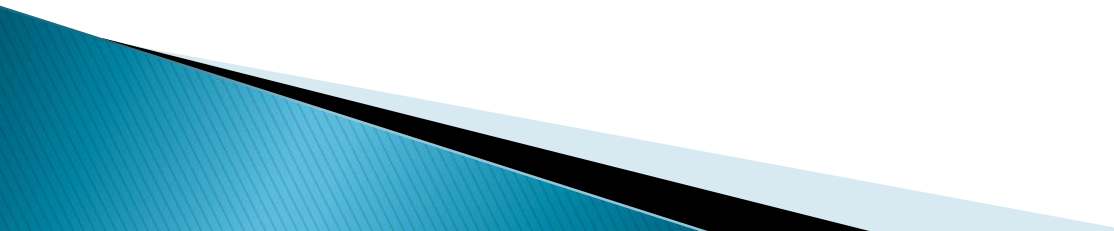
- ▶ *“My victim is developmentally delayed. What am I supposed to do with this case?”*
- 1. The interviewer is not sure she/he has the skill set to properly interview children with special needs.
- 2. Does the complainant’s disability affect memory?
- 3. The complainant lacks credibility as a witness because of the nature or severity of the disability.

William Marshall, Special Victims Unit, Spokane Police Department





# Perceptions

- ▶ Children with disabilities are often perceived as unreliable witnesses (Milne & Bull, 2001)
  - ▶ Rarely testify (Kebbell & Hatton, 1999)
  - ▶ Perceived as having deficient memory
  - ▶ Perceived as suggestible
  - ▶ May be confused (care-giving vs abuse)
- 

# INTERVIEW STRUCTURE



# FORENSIC INTERVIEWING OF CHILDREN

- BASIC PRINCIPLES

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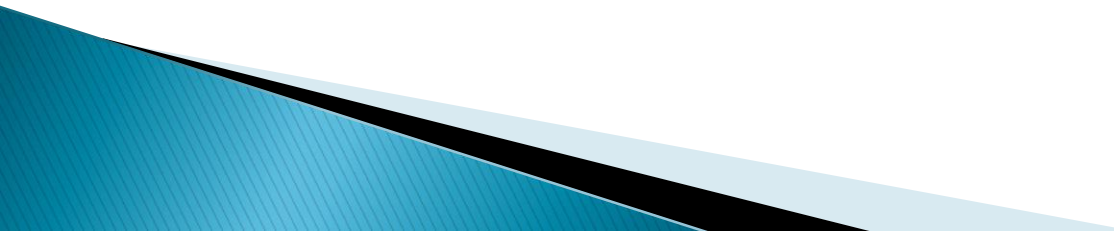
Jan 2017

Dr. Sonja Brubacher, MA PhD



# Interview Structure

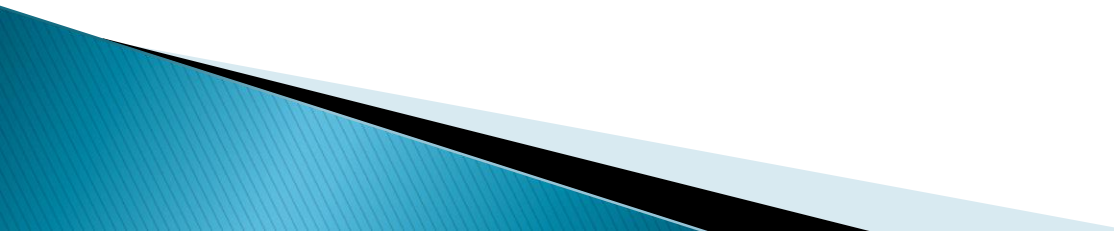
## **PRE-SUBSTANTIVE PHASE**

1. Gather relevant information about child
  2. Prepare environment
  3. Introductions
  4. Ground Rules (promise to tell truth)
  5. Rapport Building & Practice Narrative
- 

# GATHERING INFORMATION



# Gather relevant information

- ▶ How did they come to your attention?
  - ▶ What is the nature of the concerns?
    - 'disability'
    - Alleged events
    - Physical/health
    - Cognitive
    - Emotional
- 

# What is the child's care situation?

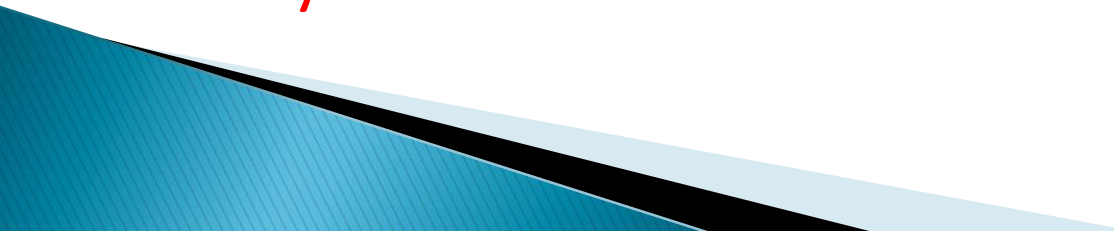
- ▶ Helps you to understand the context (e.g., just left a place where is often stressed = not good time to interview)
- ▶ Allegations sometimes explained in terms of basic care giving necessary because of a child's disability
  - E.g., the fondling of a 15-year-old girl with mild IDs. The suspect, her primary caregiver, explained he was merely instructing her how to conduct a self breast exam since breast cancer ran in her family.

# Environment

- ▶ What things or places calm child?
  - E.g., spectrum children -> flapping or rocking
- ▶ Make decisions about aids
  - Comfort drawing
    - If only for comfort not to elicit details
    - And interviewer does not use drawing to slip leading questions in (e.g., So your mum was in the house, was she?)



# Context

- ▶ Medication
  - ▶ What has happened that day?
  - ▶ What is the next stop?
  - ▶ When did s/he last eat?
  - ▶ Are there any scheduled naps?
  - ▶ Any changes that could have caused change in behaviour?
  - ▶ Anything increased chance of victimization?
  - ▶ **May need to reschedule**
- 

# Language and Communication

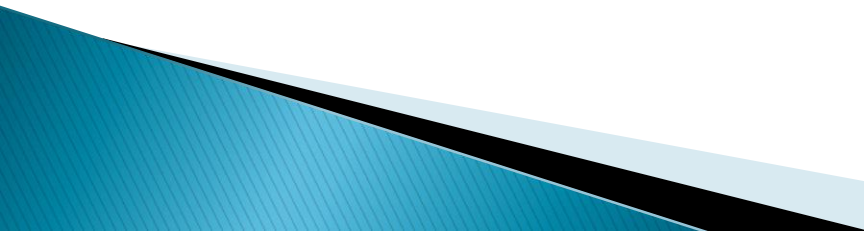
*Can you tell me the time?*

- ▶ Literalism
  - The fire alarm went *ON*
- ▶ Echolalia
  - Was it your mum?
  - It was my mum
- ▶ Non-verbal consideration

# Nonverbal communication

- ▶ Important information
- ▶ Assistive devices
- ▶ Gestural signs
- ▶ Evidence-based recommendations
  - Note that the 'evidence' is usually from studies with children who are:
    - High-functioning
    - Verbal
    - Co-operative (mildly antisocial)

E.g., Jack & swimming



*ASK MULTIPLE  
PEOPLE FOR THIS  
INFORMATION*

# Multiple Informants

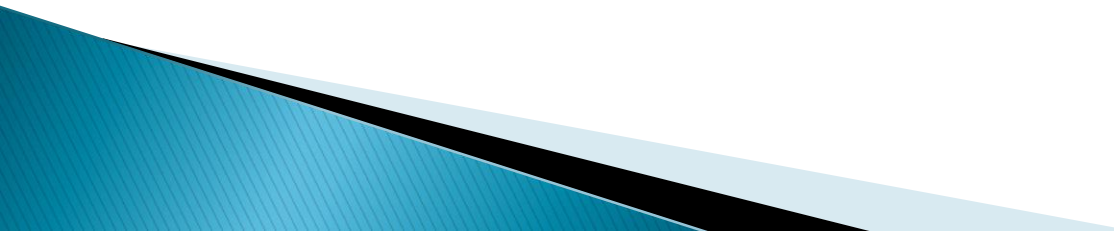
- ▶ Don't rely on labels
  - Diagnosed (by professional)
  - What mean by this term?
  - Terms change over time
- ▶ Info from multiple sources
  - Parent and teachers see very different things
  - Professionals have different levels of training
  - Different biases
    - Minimize or overplay – sometimes gender based and varied on socio-economic class
  - Caregivers may be offenders, one of several offenders
- ▶ Respect privacy

# RAPPORT BUILDING & NARRATIVES



# Interview Structure

## PRE-SUBSTANTIVE PHASE

1. Gather relevant information about child
  2. Prepare environment
  3. Introductions
  4. Ground Rules (promise to tell truth)
  5. **Rapport Building & Practice Narrative**
- 

# Rapport Building

- ▶ Likes and dislikes (multiple people)
  - Sports (playing, watching)
  - Toys
  - School
  - Interests



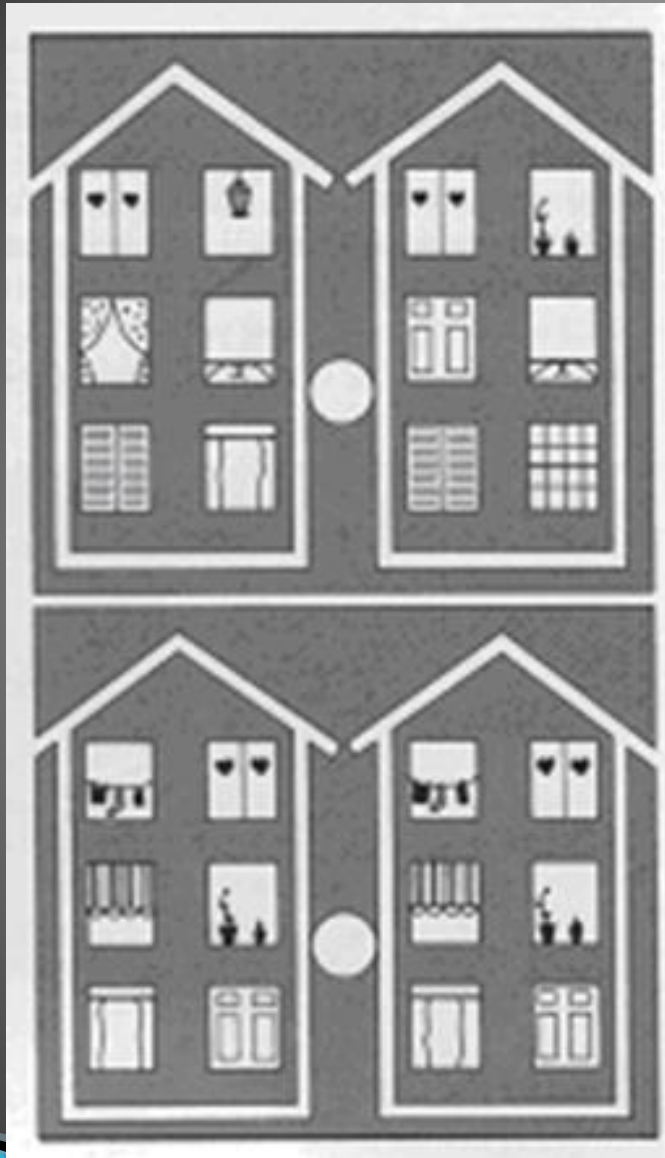
# Memory

- ▶ May have short-term memory or *working memory* problems
- ▶ But long-term memory can be equal to non-ID peers
- ▶ Can be taught strategies
  - Grocery List:
    - Imagine store in my head
    - Elaborate links e.g., garbage bags for elephant poop

# Learning

- ▶ Takes longer than age-matched peers
- ▶ Harder to automatically recall information
- ▶ Open-ended questions (see Brubacher CYAC slides)
  - “Tell me everything that happened”
  - May need constraining
    - “Tell me about your bruise”
    - “You said \_\_\_\_\_. What happened after that?”

# Attention



- ▶ Strategic
  - ▶ Efficient
  - ▶ Generalize
- 
- ▶ Container with blue lid

# Motivation

- ▶ Unclear if part of ID/LD or consequence
- ▶ Lack of interest
- ▶ Learned helplessness
- ▶ Lack of faith in self (other-directedness)

# Suggestions

→ Topic reminders

*You were telling me about your dog*

→ Topic shifts & signals

*Now I know all about your dog, Patch. Let's talk about your walk with Patch. What happened on your walk with Patch?*

→ Encouragements (consider disability)

*I can see you are working really hard to remember*

# SPECIFIC ISSUES



# Are there specific learning difficulties?

- ▶ Subtypes of LDs

- Reading
- Writing
- Math

→ May need help in the structure of their account

NO – leading, suggesting parts

YES – next, before, right after, people, places, ask child to demonstrate

# Externalizing Behaviour

- ▶ Leaving her/his seat
- ▶ Arguing
- ▶ Noncompliance
- Is there a reward system?
- Why are they leaving their seat?
  - Too close?
  - Too much eye contact?



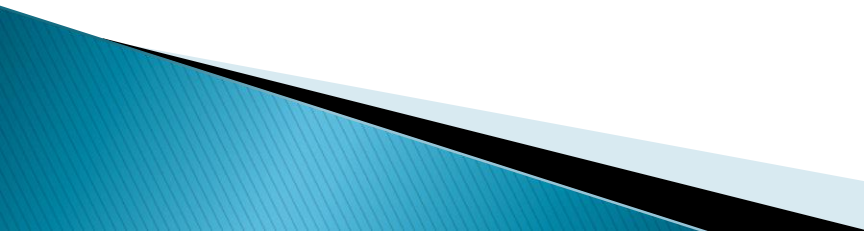
# Externalizing Behaviour

→ Be direct about what you want child to do (not what you want them to say)

NO – I want you to tell me what Jed did to you  
(when child not mentioned that Jed 'did' something 'to' him)

YES – Please put your hands on these hand shapes  
(with praise specific to the action)

# Internalizing Behaviour

- ▶ Social withdrawal
  - ▶ Phobias
  - ▶ Self injury
- 
- Do they have to like you?
  - Reference environment in positive terms (e.g., safe, comfortable, just you and me)
  - Describe your own positive emotions (I'm glad you're here with me)
  - Be vigilant for ways to praise child
- 

# Emotions in Interviews

0 = absent, 1 = weak, 2 = present, 3 = strongly present (Roberts & Lamb, 2005)

Confirmed accounts averaged 1.00 or less

- ▶ Autism spectrum – often little affect
- ▶ Communication has little affect
  - E.g., pull someone by hand to get milk
  
- Appropriate expectations about affect
- Use child's name
- May be able to follow fingers for eye contact and attention

# Sensory Issues

- ▶ Textures
- ▶ Smells
- ▶ Tiny aspect of an object
- ▶ 'encountering for the first time'

# SOCIAL & EMOTIONAL SKILLS



# Social Skills

- ▶ Some children with LDs may not be socially skilled (up to 75%)
    - Few friends
    - Difficulty forming relationships
    - Few positive interactions with teachers (cf. People in authority, e.g., detectives)
- Appropriate expectations

# Communication

- ▶ Pronunciation difficulties can be systematic & learned in rapport building (Poole & Lamb, 1995)

*It was my poon*

→ Spoon

*Yeah, lellow*

→ Yellow

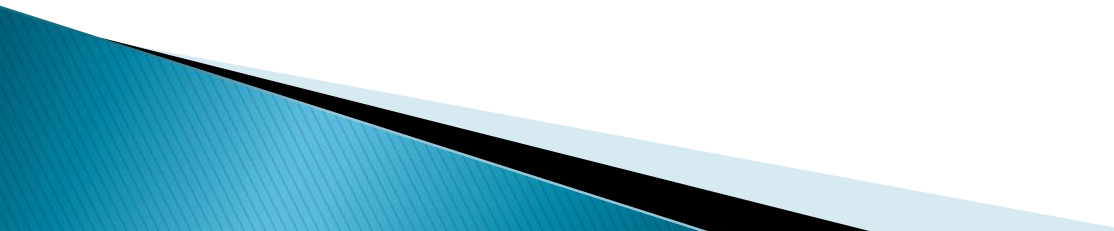
*My goggy*

→ Doggy

*Let me ee*

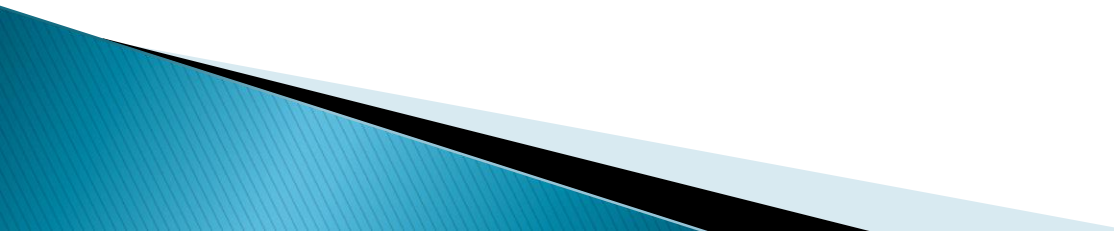
→ Eat

# Other suggestions

- ▶ Use concrete words/terms as much as possible
  - ▶ Keep sentences as short as possible
  - ▶ Follow up all responses
  - ▶ Allow time to answer (at least 2 seconds)
- 



# Narration

- ▶ Consider what you did last night from time got home to time went to bed
  - ▶ Did your memory contain:
    - Events in their proper sequence?
    - People who were there?
    - Places you went to?
    - The actions you carried out?
- 

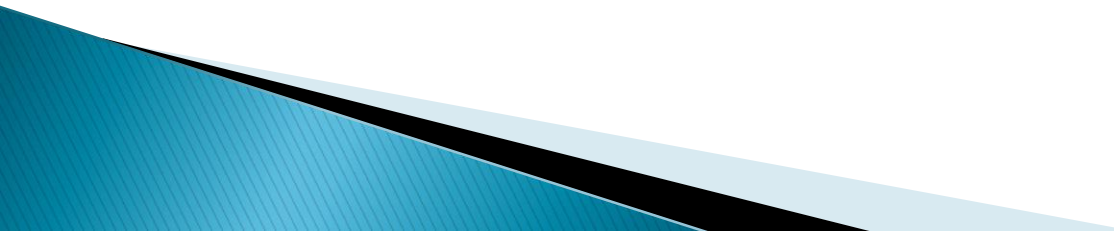
# Helping children to narrate

- ▶ Goal is to help child expand on detail
- ▶ Typical open-ended question might be
  - Tell me how you got there*
  - Very broad
  - Pronouns ('me' 'you' 'him', 'they')
  - Vague ('there')
- need to be more specific without being leading or suggestive
  - You said it was your birthday. How did you get to Uncle Brian's house the day of your birthday?*

# Important

- ▶ The less information children give, the more important it is to have them expand
- ▶ *Look at his testicles*
- ▶ *He put his pee-pee in my pee-pee*

# What's special about special needs?

- ▶ Special skill set?
  - ▶ How different are these techniques to those recommended for typically-developing children?
- 

# Last Thoughts

- ▶ Studies show little difference in accuracy when recommended techniques are used
- ▶ Set up the interview for the best chance of success
  - This will take extra effort in preparation
  - Extra vigilant of own behaviour and utterances

# Keep Learning

- ▶ San Diego maltreatment conference
- ▶ CYACs
- ▶ Keep contact with researchers

## And remember.....

- The primary goal of an interview is not to elicit a disclosure
- It is to find out what did or did not happen