



Interviewing Children with Disabilities

A Practical Guide for Forensic Interviewers

Nearly 700,000 children experience abuse, maltreatment, or neglect each year,¹ and the most commonly reported forms are physical neglect, physical abuse, and sexual abuse. Because child abuse is vastly underreported,² however, these figures do not entirely reflect the scope of the issue. The federal Child Abuse Prevention and Treatment Act (CAPTA) defines child maltreatment as “any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse, or exploitation” or “an act or failure to act which presents an imminent risk of serious harm.”³

Of the children who experience child abuse and maltreatment, children with disabilities are affected at staggering rates, despite often being underrepresented in our child protection and judicial systems. Children with disabilities are at least three times more likely to be abused or neglected than their peers without disabilities,⁴ and they are more likely to be seriously injured or harmed by maltreatment.⁵

About the Authors

Zero Abuse Project envisions a world where every child is free from abuse. We protect children from abuse, maltreatment, and sexual assault by engaging people and resources through a trauma-informed approach of education, research, advocacy, and advanced technology.

Special thanks to the following Zero Abuse Project staff and externs for drafting this document:

- Rachel Johnson, Lead Forensic Interview Specialist
- Rita Farrell, Director, ChildFirst
- Victor Vieth, Chief Program Officer
- Robert Peters, Senior Attorney
- Kathleen Nolan, Senior Attorney
- Caralea Grant, Legal Extern
- Lauren Munday, Legal Extern
- Caitie Dahl, Forensic Interview Specialist

¹ National annual child abuse statistics cited from U.S. Administration for Children & Families, *Child Maltreatment 2019*. This data, released annually, is the most current federal data available. <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>

² Eads, K. (2013). Breaking Silence: Underreported Child Abuse in the Healthcare Setting. *Online Journal of Health Ethics*, 9(1). <http://dx.doi.org/10.18785/ojhe.0901.01>; Webster, S. W., et al. (2005). Overreporting and underreporting of child abuse: teachers' use of professional discretion. *Child Abuse Negl.* 29(11):1281-96. doi: 10.1016/j.chiabu.2004.02.007. Epub 2005 Nov 2. PMID: 16263167; Children's Hospital of Philadelphia. (2016, December 13). Study raises concern of significant under-reporting of child abuse within U.S. Army. *ScienceDaily*. Retrieved October 20, 2021 from www.sciencedaily.com/releases/2016/12/161213161113.htm; Scurich, N. (2020). Introduction to this special issue: Underreporting of sexual abuse. *Behav Sci Law*, 38: 537-542. <https://doi.org/10.1002/bsl.2491>.

³ Child Welfare Information Gateway, Children's Bureau. (2019). About CAPTA: A legislative history. <https://www.childwelfare.gov/pubPDFs/about.pdf>.

⁴ Jones, L., et al. (2012). Prevalence and risk of violence against children with disabilities: A systematic review and meta-analysis of observational studies. *Lancet*, 380, 899-907. doi: 10.1016/S0140-6736(12)60692-8

⁵ Sedlak, A. J., et al. (2010). Fourth national incidence study of child abuse and neglect (NIS-4): Report to congress. Retrieved from <https://www.acf.hhs.gov/opre/report/report/fourth-national-incidence-study-child-abuse-and-neglect-nis-4-report-congress>

The U.S. Centers for Disease Control and Prevention (CDC) identifies “children with special needs that may increase caregiver burden (e.g., disabilities, mental health issues, and chronic physical illnesses)” and “caregivers who don’t understand children’s needs or development” as significant risk factors for abuse and maltreatment.⁶

When an experience of child maltreatment or abuse is witnessed, when evidentiary material is made known to authorities, or when a child makes an outcry, an interaction called a forensic interview will ensue. A forensic interview is a neutral, information-gathering interaction conducted by a specially trained interviewer using a multidisciplinary approach in response to allegations of maltreatment. Some of these forensic interviews take place at a child advocacy center (CAC). According to the National Children’s Alliance, 338,475 children in the United States received services from a CAC in 2020.⁷ This guide offers guidance for conducting forensic interviews with children with disabilities and considerations for multidisciplinary teams (MDTs).

Types of Disabilities

The CDC’s Disability and Health sector defines a disability as any condition of the body or mind that makes it more difficult for the person with the condition to perform certain activities and interact with the world around them.⁸ According to the World Health Organization,⁹ disability has three dimensions:

1. **Impairment** in a person’s body structure, body function, or mental functioning. Examples of impairments include loss of limb, vision, or memory.
2. **Activity limitation**, such as difficulty seeing, hearing, walking, or problem solving.
3. **Participation restrictions** in daily activities, such as working, engaging in social and recreational activities, and obtaining health care and preventive services.

Disabilities can affect the following aspects of a person’s life, often intersectionally:

- Vision, such as blindness or partial vision
- Movement, such as requiring an assistive or adaptive device for mobility like a wheelchair
- Thinking, such as intellectual disabilities
- Remembering, such as dementia
- Learning, such as having a learning disability like dyslexia
- Communicating, such as being on the autism spectrum
- Hearing, such as being deaf or hard of hearing
- Mental health, such as a diagnosis of major depression or bipolar disorder
- Social relationships, such as how autism is experienced by some people

⁶ Centers for Disease Control and Prevention. (15 Mar. 2021). Risk and protective factors: child abuse and neglect. <https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html>

⁷ National Children’s Alliance. (11 Feb. 2021). NCA national statistics. <https://www.nationalchildrensalliance.org/wp-content/uploads/2021/02/NCA-National-Stats-Year-2020.pdf>

⁸ Centers for Disease Control and Prevention. (16 Sept. 2020). Disability and health overview. <https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html>

⁹ World Health Organization. (2001). International classification of functioning, disability and health (ICF). Geneva.

When thinking about serving people with disabilities, forensic interviewers should acknowledge that the population is very diverse, with unique experiences and varied needs from service providers and processes. None of these experiences or identities exist in silos, and the experience of having one or more disabilities in conjunction with experiences of abuse and maltreatment (as well as other experiences and identities) will create unique conditions, needs, and required support for each child and family. The presence of practitioners with disabilities and other diverse lived experiences on MDTs is a valuable asset toward understanding these requirements. To that end, MDTs should actively incorporate the expertise and leadership of people with disabilities when constructing and conducting the systems' response to abuse and maltreatment.

Risk Factors for Abuse

As previously stated, children with disabilities are at increased risk and vulnerability for abuse and maltreatment. Factors related to disability that contribute to or increase the risk of abuse include:

- Devaluing attitudes toward children with disabilities and attacks on the credibility of their reports and statements.¹⁰ In particular, concerns about suggestibility and the credibility of their outcries and statements may cause undue or unsubstantiated skepticism.
- Increased intrafamilial stress.¹¹ Many times, a lack of support, training, and resources for parents and caregivers can increase family stress and create intrafamilial vulnerabilities.
- Social isolation.
- Physical limitations.
- Increased dependence on caregivers.¹²
- Injury from abuse masked by disabilities.
- Lack of understanding that abuse has occurred and presence of resulting encoding errors.¹³
- Lack of language facilitation needed to report or disclose.¹⁴
- Lack of safety education for children, parents, and caregivers.
- Lack of options for specialized care and out-of-home placements. In addition, children with disabilities in out-of-home care are more at risk of sexual abuse.¹⁵

¹⁰ Bowles, P. V., & Sharman, S. J. (2014). A review of the impact of different types of leading interview questions on child and adult witnesses with intellectual disabilities. *Psychiatry, Psychology and Law*, 21(2), 205-217.

¹¹ Aff, T. O., et al. (2015). Substantiated reports of child maltreatment from the Canadian incidence study of reported child abuse and neglect 2008: Examining child and household characteristics and child functional impairment. *Canadian Journal of Psychiatry*, 60(7), 315-323.

¹² Martinello, E. (2014). Reviewing strategies for risk reduction of sexual abuse of children with intellectual disabilities: A focus on early intervention. *Sexuality and Disability*, 32(2), 167-174.

¹³ *Id.*

¹⁴ Wilczynski, S. M., et al. (2015). Assessment, prevention, and intervention for abuse among individuals with disabilities. *Psychology in the Schools*, 52(1), 9-21.

¹⁵ Euser, S., et al. (2016). The prevalence of child sexual abuse in out-of-home care: Increased risk for children with a mild intellectual disability. *Journal of Applied Research in Intellectual Disabilities*, 29(1), 83-92.

Children with Disabilities in the United States

According to the CDC's National Center on Birth Defects and Developmental Disabilities, 61 million adults in the U.S.—more than one-quarter of the adult population—live with some type of disability.¹⁶ Of the roughly 73 million children estimated in the U.S. population,¹⁷ the CDC estimates that about one in six (17%) of children aged 3 through 17 years have one or more developmental disabilities. Likely owing at least in part to improved awareness, screening, diagnosis, and service accessibility, the rates of disability increased by 1.6% in the years between 2009-2017, particularly for attention-deficit/hyperactivity disorder (ADHD) (8.5% to 9.5%), autism spectrum disorder (ASD) (1.1% to 2.5%), and intellectual disabilities (ID) (0.9% to 1.2%). The CDC reported that developmental disability was more likely to be diagnosed: in boys than in girls; in both Black and white non-Hispanic children than in Hispanic or non-Hispanic children of other races; in children who live in more rural than urban areas; and in children with public health insurance than uninsured children and those with private insurance.¹⁸ It should be noted that the U.S. Department of Education's Office of Special Education Programs has identified the disproportionate representation of children of color in special education as a nation-wide issue.¹⁹

Forensic Interviews of Children with Disabilities

Forensic interviews involve numerous considerations specifically for children with disabilities, including the language and terminology used by interviewers and MDT members, preparatory measures, modifications, and ultimately, the court process. Recognizing that some MDTs and CACs also conduct forensic interviews with adults with disabilities, this guide briefly discusses some considerations for this population.

Language and Terminology

Language matters. Currently, the forensic interview best practice is to use people-first language (PFL) when communicating with or about disability. PFL is defined as language that “puts the person before the disability, and describes what a person has, not who a person is.”²⁰ For example, instead of using outdated terms such as “handicapped person,” saying “person with a disability” centers the individual's personhood instead of their disability. More information on the use and origin of PFL can be found in the previously mentioned footnote.

It is important to acknowledge that language and terminology around identity are often shifting and advancing as communities find language that is affirming and more accurately fits their experiences. For example, some people with disabilities prefer the use of identity-first language (e.g., disabled

¹⁶ Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities. (16 Sept. 2020). Disability impacts all of us. <https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html>

¹⁷ ChildStats.gov. Child population: Number of children (in millions) ages 0-17 in the United States by age, 1950-2020 and projected 2021-2050. <https://www.childstats.gov/AMERICASCHILDREN/tables/pop1.asp>

¹⁸ Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities. (September 13, 2021). Increase in developmental disabilities among children in the United States. <https://www.cdc.gov/ncbddd/developmentaldisabilities/features/increase-in-developmental-disabilities.html>

¹⁹ New Mexico Public Education Department. (12 Feb. 2021). District data. <https://webnew.ped.state.nm.us/wp-content/uploads/2018/01/Disproportionality-Memo.pdf>

²⁰ District of Columbia, Office of Disability Rights. (July 2006). People first language. <https://odr.dc.gov/page/people-first-language>

person) because they feel their disability is a part of their identity.²¹ Connecting with disability justice centers or disability rights organizations in interviewers' communities (or regional or national organizations) can assist in updating the language and terminology used.

Meanwhile, in navigating a forensic interview either as an interviewer or an MDT member, information is often gathered on how to make the process more accessible for the children and families served. Effective information-gathering remains mindful of how questions are phrased about cognitive and developmental levels. For example, a question directed to a parent, like "What is your child's functioning level," can have a negative connotation, implying the child's lack of capacity. Instead, asking the parent "Tell me how your child communicates" affirms that any way the child communicates is okay; it is just helpful for interviewers to know what that method looks and sounds like.

In practice, if an interviewer uses language or terminology that offends or is corrected, it is important that they acknowledge the correction by apologizing, thank the person for the correction, and shift practice for the future. Perhaps most importantly, interviewers should follow the language children and families use to talk about their identities and experiences. What may be affirming or reflective for one child or family may not be affirming or reflective for others.

Preparation

Preparing for a forensic interview of a child with a disability is an important element of the process, as it can affect the interview's overall effectiveness. Relying on non-offending caregivers or other important adults in the child's life, care, or education plans, and the full range of MDT members' experience can be crucial to this stage.

Non-offending Caregiver/Support Person

Individualizing the interview to meet the needs of the child includes preparing both the process and the physical space for the interview. Although this is true for every child and family, children with disabilities may require additional preparation.

A non-offending caregiver is usually the best source of information needed to prepare. If the child lacks a non-offending caregiver, an MDT should consider other significant adults in the child's life who could potentially offer insights about the child. This adult may even be considered to accompany the child to an interview. For example, if the child is in a residential program, a case manager or support staff may aid in preparation before and support during the interview. *The MDT should identify who is responsible for gathering this information to the best of their abilities, based on what resources and information is available, and how that information will be communicated to the team.* The following is a list of questions that may be relevant to ask as part of preparation for the interview.

²¹ Autistic Self-Advocacy Network. Identity first language. <https://autisticadvocacy.org/about-asan/identity-first-language/>

- Physical accessibility
 - What would make the space physically accessible for you or the child?
 - Does the child need a certain type of seating to be comfortable?
 - Does the child use any assistive devices for mobility?
- Abilities
 - Is the child on an IEP at school? Tell me about their IEP.
 - How does the child express themselves?
- Routine
 - Will this interview time disrupt any life events for the child?
 - What times are least disruptive for interviewing the child?
 - Will this interrupt the child's medication, sleep, or meal schedule?
- Language and communication
 - What helps the child communicate?
 - What should the interviewer know about how the child communicates?
 - What languages does the child speak?
 - What is the child's preferred language?
 - What languages are used in their home?
 - Does the child use assistive devices to communicate? Please describe them.
 - Can the devices be available for the interview?
 - Can the interviewer get consultation on how to use the devices?
 - What are other ways the child expresses themselves?
- Sensory considerations
 - Does the child have any sensitivities to sound?
 - Does the child have sensitivities toward lighting?
 - Does the child have other sensory or stimuli sensitivities, e.g., are they nervous about large groups of people?
 - Does the child have any other "triggers"?
- Mental health
 - Does the child have any mental health diagnoses or conditions?
 - Does the child use any items or devices to assist with mental health needs, e.g., a weighted blanket, fidget, or medication?
- Cultural considerations
 - Are there other needs the interviewer can assist with in the space (e.g., prayer space, smudging area, etc.)?
 - Does the child use a name other than their legal name? What are the child's pronouns?

Individualized Education Plan (IEP)

The MDT may also consider requesting and reviewing available IEPs to help interviewers better understand the child's diagnosis. However, there can be limitations to the information. Sometimes IEPs are out of date or do not reflect changing diagnoses or accommodations. IEPs should be considered when they can be obtained, but they should not replace asking a non-offending caregiver or support person about the child's abilities.

Navigating the Forensic Interview Process as a Multidisciplinary Team

Pre-meeting

The MDT should begin planning for the interview and the child's needs at the case's onset. If a member of the MDT is going to be transporting the child, it is important that they consider what assistive devices the child may bring. MDT members should communicate with each other and gather prior to the interview to discuss these considerations.

Consultation

Some consultations may be helpful to understand more about what the child needs for the interview process to be accessible. Possible consultation options may include teachers, personal care assistants, or representatives from disability justice or disability rights centers. Consultations can be conducted without relaying identifying information about the child or case.

Example:

- An interviewer may call a disability justice center and ask about information regarding a certain disability or communication considerations. If the center is not a part of the MDT, the interviewer can ask for advice or information using hypotheticals or without divulging case-specific information.

Post-meeting

The MDT should discuss what information should and should not be communicated to the non-offending caregiver or family after the interview and who is responsible for delivering that information. The team should also consider who will be responsible for aftercare and post-interview support for the family.

The Forensic Interview

As stated earlier, a forensic interview is a neutral, fact-gathering interaction conducted by a specially trained interviewer using a multidisciplinary approach in response to allegations of maltreatment. There are many distinct but similar nationally accredited forensic interview protocols, as each is based on the same body of research.

Each protocol is divided into phases or stages, but generally, the forensic interview protocol is a flexible process, enabling the interviewer to modify their approach based on the child being interviewed. The flexibility or modifications are not "deviations" from the protocol, but rather they are tools used to increase accessibility.

Forensic Interview Considerations

Building Rapport

Every nationally recognized protocol includes a rapport phase, in which occurs narrative event practice or episodic memory training. This technique is especially critical in interviews of children with disabilities. Through episodic memory training, the interviewer can determine which question formations and what interview aids may be most effective for the child.

This early interaction will also prepare the child for the types and depth of questions that are asked in the forensic interview. The interviewer may need to spend additional time in the rapport phase to ensure the child is comfortable and willing to participate in the process, and to gather the information needed to better understand the child's communication needs.

During the rapport phase, a child may be reluctant to offer even minimal information. When this occurs, it is important for the interviewer to maintain best practice and not become aggressive or interrogative in their questioning.

Examples:

- Through narrative event practice in the rapport phase, an interviewer may determine that generalized open-ended prompts like "Tell me all about that" are too broad for the child. The use of cued recall questions, like "You told me you played with blocks with your sister; tell me all about playing with blocks," is more effective.
- In the rapport phase, through narrative event practice, an interviewer may recognize that the child needs a lot of facilitators (like "mhm" or "And then what happened next?") to give episodic detail.
- An interviewer may recognize that the chronological 14-year-old is at a developmental level similar to a 6-year-old. Thus, the interviewer will modify their use of interview aids, like anatomical drawings, to be appropriate for a child at that developmental level.

Polyvictimization and Life Experiences

According to research,²² 66% of children experience more than one form of maltreatment, which makes screening for multiple forms of maltreatment critical in forensic interviews. It is still more important, even imperative, to screen for other forms of maltreatment when considering the increased risk of abuse experienced by children with disabilities. Interviewers should be prepared to discuss multiple concerns during the interview.

When asked, a child may identify a different concern or form of alleged maltreatment as their reason for being interviewed. The interviewer should follow the child's lead in the discussion: there may be other safety concerns or chargeable acts; it will help maintain rapport; and it will cue to the child that *all* of their experiences of abuse and maltreatment are important. Children may also bring up other life experiences that shape the dimensions of their experience of abuse, even though they may not

²² Turner, Heather A., Finkelhor, David, & Ormrod, Richard. (2010). Polyvictimization in a national sample of children and youth. *Am J Prev Med.* 38(3): 323–330. <https://www.unh.edu/ccrc/resource/poly-victimization-national-sample-children-youth>

be chargeable acts. Each concern will help the interviewer explore how the child may or may not relate to their experience of maltreatment.

Examples:

- A child describes how her dad would intentionally send her to school without batteries in her hearing aids, so she would get in trouble. She also states that he would often not allow her to use her hearing aids in certain settings to instill fear and assert his power over her. Not all of the elements may be present to charge this as emotional or psychological maltreatment, but it is a grooming tactic and shapes how the child views the abuse or the alleged offender.
- When asked "Tell me about being here today," a child discloses being bullied at school. The interviewer may want to explore some aspects of the bullying, even if it is not a chargeable act, so as not to damage rapport with the child by ignoring something they are reporting as a significant life experience or experience of harm.
- An interviewer may take time to screen for sexual abuse when a child comes in for neglect or drug endangerment.

Expanded or Multi-session Interviews

An expanded or multi-session forensic interview is a process that can be utilized when a single, traditional forensic interview will not meet a child's needs. Expanded forensic interviews are non-duplicative and can be utilized when the child is part of one or more qualifying populations, including children with disabilities, young children, children with polyvictimization, and highly reluctant or highly traumatized children.

Children with disabilities can greatly benefit from expanded or multi-session interviews. While expanded interviews can be either planned or "on the fly" (meaning after the interview has been initiated, a traditional interview is converted to an expanded process when one or more of these dynamics is identified), the MDT should take care to ensure the overall process is purposeful and conducted by a forensic interviewer trained in an expanded or multi-session process. Expanded interviews should be discussed by the MDT prior to an interview, and a plan should be in place if a child is identified as a candidate for an expanded interview after a traditional interview has begun.

Interview Aids

Many forensic interview protocols allow for the use of interview aids during the process. The use of aids such as anatomical dolls or diagrams should be purposeful within the context of the protocol; however, children with disabilities may benefit from the use of these aids when it is contextually appropriate.

Anatomical Diagrams

Research states the use of anatomical diagrams can assist children in clarifying their disclosure, help with demonstration in the absence of language facilitation, and increase the disclosure of previously

unreported touches due to the memory cue.²³ For these reasons, the planned and purposeful use of anatomical diagrams can be very beneficial to children and adults with disabilities.

For example, in the pre-disclosure Transition to Topic of Concern phase of the ChildFirst® forensic interview protocol, anatomical diagrams are used to name body parts to establish common language. Post-disclosure diagrams are used for clarification purposes. Other nationally recognized forensic interview protocols may stipulate additional purposeful uses for anatomical diagrams.²⁴

Diagrams, such as those provided by Zero Abuse Project, should be unclothed, proportionally appropriate pencil sketches that depict body parts. They should match the age and ethnicity of the child or person being interviewed and should never be perpetrator-focused.

Examples:

- A child lacks the language for describing a body part involved in their abuse disclosure, but they can indicate the body part on the diagram.
- A child uses the diagram to indicate all of the places they have been struck. The child uses the word “vagina” in the interview, but indicates anal penetration on the diagram.

Anatomical Dolls

Anatomical dolls should only be used as a demonstration aid post-disclosure and only with a purposeful introduction by a trained forensic interviewer in a forensic interview. The dolls can assist in clarification, consistency, distancing, and communication. They should come from a reliable source and are appropriate for any developmental age, as long as the child can make a representational shift. A forensic interviewer should only assist the child with the dolls if the child explicitly asks.

Examples:

- A child who lacks language to talk about the body positions of the abuse incident can use anatomical dolls, post-disclosure, to show what happened.
- A child exhibits confusion when asked questions about clothing positions during an abuse incident, so dolls are used to demonstrate the clothing positions.
- A child lacks the physical motor skills to remove the dress from an anatomical doll and asks the interviewer to take the dress off.

Easel Paper

Drawing can be a very useful tool in the forensic interview. Assuming the child's motor skills are developed enough, drawings can assist in communication by giving a child an alternative way to communicate. The easel paper and markers can be used to focus the child, such as using the face drawing technique at the beginning of the interview, if it is developmentally appropriate. The child may also draw objects or event locations that they verbally describe. Sometimes the easel paper can be used for the child to have a visual cue in constructing a timeline. The child's age and abilities

²³ Vieth, Victor. (2022). Anatomical Diagrams and Dolls: Guidelines for their usage in forensic interviews and courts of law. *Mitchell Hamline Law Review*. 41(8). <https://open.mitchellhamline.edu/cgi/viewcontent.cgi?article=1274&context=mhrlr.org/wp-content/uploads/2019/02/NCPTC-Anatomical-Dolls-and-Diagrams-position-paper.pdf>

²⁴ Newlin, Chris, et al. (2015). Child forensic interviewing: Best practices. U.S. Department of Justice Office of Juvenile Justice and Delinquency Prevention. <https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/248749.pdf>

should be considered when determining if the child should use the easel paper or if it will become a distraction or block.

Examples:

- A child draws a syringe in absence of having a word for syringe.
- A child draws the event location and shows the interviewer where they were at different points during the incident.
- A child really does not want to say a swear word, but they will write it down for the interviewer, allowing the interviewer to ask more questions about it.
- A child drawing mom's "mad face" after describing physical abuse.

Stylus or Other Indication Aids

Some children may have limited mobility and may use a stylus or other object to point or demonstrate. Interviewers should use these items in a planned manner consistent with how the child uses these objects outside of the interview.

Fidgets, Weighted Blankets, and Other Items

Some children will benefit from the use of assistive devices like fidgets or weighted blankets to help with anxiety. Sometimes non-offending caregivers will identify these tools and may bring some to the interview. Alternatively, a child may bring these items into the interview with them. The items can also be pre-placed in the interview room, and the interviewer can let the child know they can use the items, with the caveat that they are not toys for playing.

Sample language for introducing a fidget or weighted blanket:

- "In this room, I have this fidget/weighted blanket. Sometimes kids I listen to use the fidget/weighted blanket when we are in this room. I'll leave them here if you want to use them."

When possible, dolls should be avoided as a comfort item or fidget in case anatomical dolls are used as a demonstration aid later in the interview.

Movement in the Interview Room

Some children may need to stand, sit in alternative positions, or make other movement during the interview. The interviewer should not overly control or discourage the child's movements, especially if the child is still tracking and answering questions. Actions that could cause harm to the child or interviewer, however, should be re-directed.

Sample language for re-direction:

- In a situation where a child is doing something like kicking an interviewer or jumping off furniture, an interviewer could re-direct by saying, "In this room, we keep our feet on the floor when we're standing, so no one gets hurt."

Alternatively, children with sensory integration issues can benefit from more movement, specifically proprioceptive²⁵ and vestibular input. Weighted blankets are one form of this kind of input, but more active input can come from beanbag chairs, hammock chairs or slings, balance seating, or standing.²⁶

Lighting and Sensory Considerations

Some children may need modifications to the lighting in the interview room or need extraneous noise to be reduced.

Examples:

- Track lighting can be helpful for dimming the light, or lamps can be used to replace natural or overhead lighting, if less direct lighting is required.
- White noise machines or televisions may need to be turned off for the child's comfort or ability to focus.

Use of Interpreters

Some children, whether disabled or not, will require the use of an interpreter to participate in the forensic interview. Interpreters are used when a child speaks a language other than English or when a child uses more than one language to articulate their experience. English-speaking children with disabilities may require an interpreter to facilitate an interview in American Sign Language (ASL) or Cued Speech, while non-English-speaking or bi- or multilingual children with disabilities may require an interpreter in sign language or Cued Speech in their native or preferred language.

Sometimes children encode their experience of abuse or maltreatment in the language that was spoken at the time of the abuse or maltreatment,²⁷ so even if a child is bi- or multilingual, a bilingual interviewer or interpreter can enable the child to use their preferred language for talking about their experiences. Hard of hearing children may utilize American Sign Language (ASL) or Cued Speech, even if they have partial hearing, and an interpreter can be beneficial, even if the child only relies on one some of the time. The following are some considerations for utilizing interpreters.

If a multilingual interviewer conducts the interview, provide an interpreter for the MDT members who do not speak the same language, so they can understand what the child is saying and can formulate appropriate questions. Likewise, even if the child may not need an interpreter, the non-offending caregiver or support person may need one. It is important to provide them with an interpreter for meaningful engagement and a clear understanding of the process.

If a multilingual interviewer is not available, use court-certified interpreters, when possible. The interpreter should be a neutral party, not a general community member or someone that works with the child at school or in other capacities.

It can be helpful to build relationships with interpreting services and interpreters prior to cases beginning. Familiarizing interpreters with the interview room, the tools interviewers use, the types of

²⁵ The OT Butterfly. Proprioceptive input: The magic pill for sensory regulation [blog post]. <https://theotbutterfly.com/heavywork/sensory-processing/>

²⁶ Robson, Dyan. Sensory hacks for kids for vestibular & proprioceptive input" [blog post]. <https://www.andnextcomesl.com/2015/02/25-sensory-hacks-for-kids-autism.html>

²⁷ Fontes, Lisa. (2016). Language competence in forensic interviews for suspected child sexual abuse. *Child Abuse and Neglect*. 58:51-62. 10.1016/j.chiabu.2016.06.014.

questions asked, and the nature of the content questioned can help avoid future issues, such as interpreters getting upset during an interview or realizing they do not feel comfortable doing this type of interpretation work. Interpreters should also sign confidentiality agreements in accordance with MDT guidance or protocols.

When setting up the interview space to include an interpreter, the interviewer and child should still face each other, with the interpreter positioned behind and slightly to the interviewer's side. The interviewer should continue to speak and make eye contact with the child.

Interpreters should translate any and all questions or comments from the child, even if a question is answerable by the interpreter.

Example:

- The child may ask if they can have a tissue. The interviewer may want to follow up on this comment later.

The interviewer should orient the child to the interpreter's presence and purpose in the interview room. In addition to the interviewer explaining themselves and the setting, they could say the following.

Sample language:

- "Part of my job is to make sure I get your words right. It's okay to use Spanish or English while I listen to you today, and *interpreter* will help me understand if you use Spanish."
- "Another thing I want you to know about this room is that the interpreter is here to help me do my job. She will ask you my questions in German and will make sure I understand your answers. If you are confused, it is okay to let me know. If the interpreter or I get something wrong, it is okay to let me know that, too."

The interpreter's name and purpose should also be clearly stated for the audio/video recording, such as by using the sample language above.

During the interview, the interviewer and MDT members should continue to look for verbal or behavioral indicators of misunderstandings and follow up on them appropriately. As interviews with interpreters can sometimes take additional time, interviewers should consider if an expanded interview would be a good fit for the child, if staff is trained to conduct them.

Interviewers should also debrief with interpreters after the forensic interview, ask if they have questions, and provide constructive feedback.

Physical Accessibility

Title III of the Americans with Disabilities Act (ADA)²⁸ defines many priority areas for physical accessibility.²⁹ Considerations for wheelchairs and mobility devices include accessible bathrooms,

²⁸ U.S. Department of Justice. A guide to disability rights laws. Feb. 2020, www.ada.gov/cguide.htm#anchor62335

²⁹ U.S. Department of Justice. 2010 ADA standards for accessible design. 6 Mar. 2011, www.ada.gov/regs2010/2010n.d.AStandards/2010ADAstandards.htm

parking spaces, ramps, elevators, corridors, doors, and other factors in the physical distance necessitated in facilities. Specific stipulations can be found in the previously referenced footnote.

In addition to physical accessibility in the facility, physical accessibility in the interview process can also be more broadly defined in the context of forensic interviews. For instance, interviewers may consider if a family has access to transportation or specialized services to be able to attend the interview and whether modifications can be made, if needed.

Example:

- A parent or caregiver meeting in a ChildFirst® Expanded interview can be conducted over the phone instead of in person for more accessibility, although this could be challenging for those in need of an interpreter.

Spatial Modifications

In addition to considering facility accessibility, some spatial modifications may be considered in the interview room or waiting spaces. Interviewers may consider the following:

- How accessible is the furniture in the forensic interview?
 - Does furniture need to be removed to support the use of assistive devices?
 - Is the furniture too hard, soft, upright, etc., for the child?
 - Does the person need space for an assistive device, like an oxygen tank?
- Have the interviewers asked the questions necessary to have the site as prepared as possible for the arrival of the child or family to prevent disorganization, ill-preparedness, and the risk of having to reschedule?

Facility Dogs

Facility dogs are commonly used in both the CAC and judicial processes. Some states have specifically legislated allowing the use of facility dogs in court,³⁰ and research shows great benefits for the child when facility dogs are used.³¹ Because some children may be more reluctant or have limited ability to discuss what they have experienced, facility dogs can help reduce stress and anxiety for the child by providing comfort and emotional support through the process.

The forensic interview is neutral, purposeful, and legally defensible, so the use of a facility dog should be the same. The process for the facility dog should always be in the child's best interest. Most importantly, a facility dog should have training that is accredited by Assistance Dogs International (ADI), and the center should have written policies and procedures for how the dog will be used and its implementation in the center. Recommendations and considerations the MDT should discuss include, but are not limited to:

³⁰ Animal Law Resource Center. Model laws: emotional support dogs for witnesses in court. <http://www.animallaw.com/Model-Law-Emotional-Support-Dogs.cfm>, accessed 20 October 2021.

³¹ Crenshaw, David A., et al. (2019). Developmentally and trauma-sensitive courtrooms. *Journal of Humanistic Psychology* 59(6): 779–795. Available at <https://courthousedogs.org/wp-content/uploads/2019/09/Crenshaw-et-al-Developmentally-and-Trauma-Sensitive-Courts.pdf>

- How will the trained facility dog be used within the process for this specific child?
- How will the child be introduced to the dog?
- What interactions will the child have with the dog prior to entering the forensic interview?
- How will it be handled when a child does not want to have a dog in the forensic interview?
- Will the same dog be available for the child through the entire process (e.g., sexual assault nurse examination [SANE], therapy, and court)?
- What is communicated about next steps and the facility dog and to whom?
- Do all MDT members understand the process involving the facility dog?
- Where are the dog and child positioned in relation to each other and the interviewer during the forensic interview?
- How will any challenges with the dog be resolved?
- How will the use of the dog be documented during the forensic interview?

Resources

When administering resources and services to children and families, interviewers should consider multiple needs.

- Are pamphlets and resources available in high-contrast format, Braille, or large font?
- Are websites and forms accessible?
- Are audio/visual materials closed captioned, or do they contain written descriptions?
- Are the organizations to which the family is referred able to meet its needs?
 - Does the team need to vet referral locations to make sure they can meet children and families' needs?

Testifying

When cases move forward in a judicial process, a forensic interviewer may have to defend their work on the stand. While defending a forensic interview with a child with disabilities is similar to defending all interviews, an interviewer should include a few additional considerations in their court preparations.

Flexibility and Modifications Versus Deviations

Interviewers should understand the difference between deviations from protocol and flexibility and modifications in the forensic interview. For instance, spending additional time in rapport or using interview aids are not deviations but rather forms of flexibility in the protocol. Interviewers should be able to articulate and explain flexibilities or modifications that were made and the purpose behind them.

Example:

- Interviewers should be prepared to be asked why an item like a fidget toy or weighted blanket was used in the interview, and why it enhances rather than detracts from a statement's reliability.

Considerations for Adults with Developmental Disabilities

A 2014 study from the *Journal of Applied Cognitive Psychology*³² examined the effect of different types of leading questions on adult eyewitnesses with mild intellectual disabilities (IDs). It found that “adults with intellectual disabilities are more vulnerable to misleading suggestions than adults without an intellectual disability,” and “individuals with IDs are vulnerable to suggestion, as they typically rely on external cues from the interviewer. A reliance on support figures can also lead to a desire to please an interviewer by cooperating and complying with requests for information.”

Because of the importance of serving victims in a developmentally appropriate way and due to concern about suggestibility, some jurisdictions may use a forensic interview protocol to conduct interviews with adults with disabilities. The following are some considerations when conducting forensic interviews with adults.

Language

When conducting a forensic interview with an adult with disabilities, interviewers should recognize that they are interviewing an adult, even if they may have a developmental level of a chronologically younger person. Interviewers should address adults with disabilities as adults and not use a tone or language better suited for a younger person.

Example:

- When an interviewer is introducing themselves and the setting, they should refer to the interview room as the place where they listen to “people” instead of “kids.”

Modifications to the Physical Space

When possible, interviewers should make the physical space more appropriate for an adult than a child. An interviewer should evaluate the waiting area and interview room for ways to make these spaces more comfortable for an adult, especially in CACs or other settings that predominantly serve children.

Examples:

- The interviewer should use adult-appropriate furniture in the interview room.
- The interviewer should use Sharpies instead of Crayola markers.
- The interviewer can store waiting-room toys out of sight.

³² Bowles, Peter V. & Sharman, Stefanie J. (2014). The effect of different types of leading questions on adult eyewitnesses with mild intellectual disabilities. *Applied Cognitive Psychology*, 28: 129-134 (2014)

Gathering Information from the Person's Perspective

While it is important in every interview to ask what the person thought and felt at the time of the abuse and what they currently think and feel about what happened, it can be especially important in interviews with adults with developmental disabilities.

Sample language:

- "What are you thinking about right now?"
- "How do you feel about talking about this right now?"
- "What do you think about talking about this?"

Interview Instructions

Interviewers should use instructions with adults with developmental disabilities, in accordance with the person's developmental level and the protocol guidance.

Example:

- The adult being interviewed is chronologically a 21-year-old, but they have a developmental level of a 4-year-old. The interviewer should use intentional interview instructions at the beginning of the interview in addition to conversational interview instructions throughout.

Conclusion

Forensic interviews are designed to be individualized in order to create an environment where children, adolescents, and adults feel comfortable discussing their experiences. Given the substantial barriers to communication imposed by many disabilities and the pressing need to provide a structure to discuss abuse and maltreatment by both children and adults with disabilities, forensic interviewing protocols offer flexibility without suggestibility—maximizing reliability and minimizing the risk of a statement being excluded from court proceedings.



a program of