Forensic Interviews of Children Who Have Developmental Disabilities

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

Developmental disabilities3 can hinder an individual’s ability to understand and communicate effectively. As a result, conducting investigative interviews with children who have developmental disabilities poses challenges even to the most experienced professional. Of great concern is often the perception that the child will appear confused and inconsistent in his/her disclosure, thus presenting as a poor witness. We suggest, however, that the interview’s outcome may be more directly attributed to the extent to which the interviewer accounts for the child’s developmental and cognitive needs.4 Many children who have disabilities are competent to communicate about their experiences, if interviewed appropriately. The following article and its companion suggest recommendations for professionals to consider before, during, and after such a forensic interview.

Before the Interview

Determining the unique needs of the child to be interviewed is critical to adequate preparation and may provide the information necessary to maximize the child’s abilities throughout the interview. The interviewer’s preparation will limit the number of adjustments the child must make, thereby minimizing interview stress. For example, if the child has limited experiences, if interviewed appropriately, they will appear confused and inconsistent in his/her disclosure, thus presenting as a poor witness. We suggest, however, that the interview’s outcome may be more directly attributed to the extent to which the interviewer accounts for the child’s developmental and cognitive needs.4 Many children who have disabilities are competent to communicate about their experiences, if interviewed appropriately.4

First and foremost, the multidisciplinary team process is integral to meeting the needs of every child interviewed as part of a child abuse investigation. In addition to sharing basic referral information regarding the child’s disclosure, the multidisciplinary team can work together to obtain additional information regarding the child you are preparing to interview. Each team should decide which member will make contacts with collaterals to learn about a child’s abilities and disabilities. Careful questioning of parents and caregivers is recommended as either may be in a vulnerable state and some may not perceive their child as “disabled.” If the child has a social worker in the developmental disabilities unit of your local county or state agency, s/he can be an excellent resource for information about the child’s functioning. It is important to inquire if the child has ever received a learning evaluation. If so, request a copy of the most recent evaluation or Individual Education Plan (IEP). This information is extremely valuable in understanding the child’s abilities and any accommodations (s)he may need. The interviewer or team member should also ask if the child receives special services in school, has classes in a resource room, is on medication or receives medical care from a specialist.

Parents and/or caregivers are often able to provide helpful information, however, the greatest resource may likely be the child’s school. Parents may minimize their child’s difficulties or be biased based on limited experience with other children. The circumstances of a case may necessitate an investigative interview with the child prior to making contact with the family. In addition, school personnel may possess a greater understanding of the child’s comprehension and communicative abilities. A classroom teacher, specialized education teacher, resource specialist or speech instructor can be a valuable source of information.5 It is possible that a school professional may not be available, and if the allegation involves a school employee, contact with school personnel may not be appropriate. Consider respite workers, therapists, transportation aides or other professionals involved in the child’s care. It may also be helpful to contact a professional who has expertise in the child’s particular disability. Although information specific to the child you are interviewing is necessary, general knowledge can also be valuable. Explore the following areas:

1. Disability: What is the child’s primary disability and when was it first noticed? What are the effects for this child? Does this child have any secondary or tertiary diagnoses or medical needs? It will be helpful to educate yourself about the disability in general, however, continued assessment is necessary to determine how it may affect this individual child in the interview process.

2. Physical needs: Does the child have any secondary or tertiary diagnoses or medical needs? It will be helpful to educate yourself about the disability in general, however, continued assessment is necessary to determine how it may affect this individual child in the interview process.

3. Cognitive abilities: What is this child’s cognitive or developmental age equivalent? At what grade level is (s)he performing? Does (s)he work independently or with an aide?

4. Expressive/receptive language abilities: How does
this child best communicate, understand and comprehend language? Does (s)he:
• Use communication boards, pictures or other augmentative communi-
cation tools?1
• Use sign language,6 read lips or wear a hearing aid? If so, be aware that
the use of language in children who are hearing impaired or deaf is
highly variable.1 An extensive inquiry regarding the child’s communi-
cation needs is necessary with this population. Explore additional
questions: Does this child communicate through gestures, American
Sign Language or signed English? It is crucial to meet with inter-
preters for the deaf prior to the interview to discuss the child’s needs
as well as educating interpreters to the unique and specific demands of
the forensic setting.11 The interpreter should be educated regarding
this child’s communication style, as well as idiosyncratic signs and
name signs for family members, friends, and the alleged perpetrator.
• Read Braille? Utilize a guide dog?
• Have impaired or idiosyncratic speech?
• Engage in echolalic speech?12
• Indicate (s)he does not understand questions asked?
• Have a processing delay? If so, the interviewer may need to slow the
pacing, allowing additional time for the child to process each question
and respond.
5. Attention: Does this child struggle with staying on task? How does
(s)he show that his/her attention is waning? What strategies may help
with staying on task or redirection?5 The family or school may use a
cue or phrase that can be very successful in re-engaging an active child.
Some children will need to remain active throughout the interview. The
interviewer should not feel the need to have the child seated at all
times. If the child continues to respond to questions while engaged in
other activities such as moving around the room or drawing a picture,
there is no need to re-engage him or her. However, if the other activity
is overly distracting, the interviewer should redirect the child.
6. Other questions to ask: Learning more about additional needs of this
child can be crucial to a successful interview. What else is important to
know about this child? Are there any (other) classroom accommoda-
tions made for this child? What is this child’s daily routine? Will this
child need assistance toileting? Does the child have any special dietary
needs? Does this child receive medication or treatments during the day?
Does the child experience seizures?
Families and children can be at the interview facility for several hours, and
preparations may need to be made in advance of the child’s arrival. If the
child uses adaptive equipment for mobility, prepare your facility. Facility
staff should ask themselves: Will large equipment fit through the door?
Are there hazards to navigate like small hallways, stairs, or furniture?
Remember, the child’s needs should always be the first priority.12
Interviewers will need to spend additional time preparing for an inter-
view with a child who has a developmental disability. If the child is safe,
the team may decide to wait a day or so for the interview in order to ade-
quately prepare. As in any case, the team can work together effectively to
determine the best needs of the child and proceed accordingly. The addi-
tional time spent in preparation for an interview with a child who has a
disability will inevitably benefit the child, which in turn will benefit the
investigation, resulting in positive outcomes for all involved. Please refer to
part two of this article for continued discussion of recommendations to
consider during and after a forensic interview.

1 Jennifer Anderson is the Training Director of CornerHouse Child Abuse
Evaluation and Training Center, a Children’s Advocacy Center in
Minneapolis, Minnesota.
2 Rachel T. Heath is Executive Director of Ginnie’s House, Sussex County
Children’s Advocacy Center in Newton, New Jersey.
3 According to the Centers for Disease Control and Prevention, developmental
disabilities are a diverse group of severe, chronic conditions that are due to
mental and/or physical impairments. People with developmental disabilities
have problems with major life activities such as use of receptive and expres-
sive language, mobility, learning, self-help, and independent living.
Developmental disabilities begin anytime during life up to 22 years of age
and usually last throughout a person’s lifetime. (Source: http://www.cdc.gov/ncbddd/dd/default.htm).
4 Erickson, K., Perlman, N., & Isaacs, B. (1994). Witness competency,
communication issues and people with developmental disabilities.
5 Bourg, W., Broderick, R., Flagon, R., Kelly, D. M., Ervin, D. L., & Butler, J.
6 Follow state data and privacy practices when obtaining information from
educational systems. For more information, refer to APRI Update Volume
16, Number 4 that can be found at http://www.ndaa-apri.org/publications/newsletters/update_volume_16_number_4_2003.html.
7 Augmentative Communication is an alternative means of expression for
people who cannot speak, or whose speech is highly limited. It can include
techniques or communication aids that are standardized or specially tailored
to an individual. Augmentative communication can include the use of sign
language, language boards with drawings, pictures or symbols and electronic
devices that speak in response to input such as keyboards, touch screens,
or the push of a button. For more information, see http://www.asha.org/
8 For more information, see Registry of Interpreters for the Deaf,
9 For more information on prosecuting cases involving deaf children, see
for Child Abuse Cases with Deaf Victims and Witnesses, Update, 15(12).
10 For more information on the use of interpreters in forensic interviews, see
Update, 15(12).
11 Echolalia is the repetition or echoing of verbal utterances made by another
person. This repetition can be immediate or delayed and may be pervasive.
For more information, refer to Heffler, Gary J. (2000). Echolalia and Autism.
12 CornerHouse Child First Doctrine: