CHAPTER 4

INTERVIEWING CHILDREN WITH DISABILITIES

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Introducing Children with Disabilities

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A front page newspaper article described a 13-year-old boy with a disability as “full of nerve — rubbing his hands, kicking his rubbery legs into one another, shooting his eyes all around the place without landing anywhere long enough to be caught” (Review Journal, 2002, p.1D). The child was not playing in a sports playoff game or preparing to take an exam, he was about to testify against his former baseball coach, a man accused of sexually abusing him along with six other young boys. Annually, almost one million children are victims of maltreatment. Moreover, children with disabilities are estimated to be as much as ten times more likely to be abused than their non-disabled peers (Sobsey, 1996; Sorensen, 2001).

In deciding whether to file charges in such cases, of great importance is the strength of the evidence and the likelihood of successful prosecution (Myers, 1992). In cases of alleged abuse, the legal outcome often depends on the child’s ability to accurately recall and communicate information, since s/he is often the only source of critical information. In cases involving children with disabilities, this task is more difficult and complex.

Children with disabilities, such as those with lower IQ and learning disabilities, are at a heightened risk for coming into contact with the legal system. They may be victims of abuse, perpetrators in delinquency cases or witnesses in placement decisions. Although there is an increased likelihood of children with disabilities participating in the investigative and judicial process, children with disabilities are often unlikely to be questioned about their experiences (Page & Precey, 2002). There are a number of explanations for this.

First, allegations of abuse are often explained in terms of basic care giving necessary because of a child’s disability as opposed to abuse. For example, in a recent case of suspected abuse involving the fondling of a fifteen-year-old girl with mild mental retardation, the perpetrator, her primary caregiver, explained that he was merely instructing her how to conduct a self breast exam since breast cancer ran in her family.

A second possible reason for not questioning children with disabilities about allegations of abuse is that interviewing children with disabilities often involves more time, resources and modifications than interviewing child witnesses without disabilities. Additionally, many professionals involved in child welfare have limited knowledge and/or experience in interviewing witnesses with disabilities. In an anecdotal observation, Milne and Bull (1999) cite a quote from a police officer who states that he has “absolutely no training whatsoever in dealing with people with an intellectual disability.” Although anecdotal, this quote is powerful and we believe it to be generalizable across many professionals eliciting information from individuals with disabilities.

Lastly, children with disabilities are often perceived as unreliable witnesses (Milne & Bull, 2001; Nathanson & Platt, 2004; Sharp, 2001). In fact, individuals with disabilities do not typically testify in court (Kebbell & Hatton, 1999; Sanders, Creaton, Bird, & Weber, 1997). They are often perceived as having deficient memory abilities, and thus susceptible to suggestion and unable to provide accurate accounts (Perlman, Ericson, Esses, & Isaacs, 1994).

The concern about the veracity of children’s testimony usher in several important questions. How does the memory ability of children with disabilities differ from that of their peers without disabilities? How is it similar? Do disabilities, such as learning disabilities and mental retardation, affect children’s ability to accurately retrieve and report information from memory? Are these children more suggestible than children without disabilities? In examining the capabilities and limitations of child witnesses with disabilities, one must consider the relationship between the strengths and limitations of the child as well as characteristics of the interview and of the environment in which questioning occurs, all of which contribute to more or less reliable reports from children (Quas, Goodman, Ghetti, & Reddisch, 2000; Saywitz, 1995).
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For the purpose of this article, children with disabilities are defined as children with learning disabilities and mild mental retardation because (1) this population constitutes the majority of children identified with a disability and (2) much of the existing literature addressing individuals with disabilities in the legal system utilizes the term learning disability to include individuals with both learning disabilities and mild mental retardation. Although this is a heterogeneous group, and therefore the abilities of child witnesses with mild learning and cognitive disabilities may vary, a number of generalizations can be made regarding the capabilities and limitations of this population as witnesses with regards to memory, language, and communication.

Developmental Factors

Memory. Some understanding of memory development may be useful for explaining how children remember events. Moreover, these theories have practical implications for how recall may be enhanced in the forensic setting. Two commonly accepted and current views are briefly offered here. First, developmental theory holds that memory develops parallel with other maturation processes, thus suggesting that memory matures as a child gets older. The work of Piaget falls within this general framework (Paget & Inhelder, 1969). However, as described by Stone and Conca (1993), Vygotsky proposes that all learning processes including memory are pliable and heavily affected by social factors such as instruction and education. While not denying biological constraints on human development, Vygotsky suggests that a certain "zone of proximal development" allows for the enhancement of psychological processes such as memory. This view suggests that children’s abilities may be greater than what appears and indeed can be improved with appropriate instruction and strategies.

Another currently accepted explanation of child cognitive development is cognitive theory. As it relates to memory development, this theory proposes that memory is processed through storage and retrieval mechanisms. The theory suggests that individuals who seemingly lack certain skills such as memory or narrative expression actually do not lack these at all and that what is lacking are strategies for maximizing these abilities. Such theories suggest that children can learn strategies to improve many thinking processes including memory and communication. Complete educational curricula have been developed and validated with children with learning disabilities around this cognitive strategies approach. These theories readily lend themselves to understanding how memory deficits in children (disabled or non-disabled) are created and how they can be enhanced. Although most of the work related to these theories is school or academic based, our work (Nathanson & Crank, 2002) and that of Saywitz and Snyder (1996), shows us that similar strategies have a useful place for answering questions and recalling details for forensic interviews.

Intellect. One might think that children with intellectual limitations would be less accurate in their recall of events than typical children, and the research literature does show that in some ways the memory of children with mental retardation is deficient (Perlman et al., 1994). These findings are rendered in experimental settings where children’s ability to memorize and repeat a series of numbers is measured.

Contrary to the above cited research, Henry and Gudjonsson (1999) published a review of the relevant literature and a study showing that children with mental retardation have proficient memories for witnessed events that involve incidental memory, as contrasted to intentional memory, which is the focus of much laboratory experiments on memory. Incidental memory is the type of memory necessary for recalling the details of events that children witness or in which they participate. The subjects in their study were able to produce as much detail of a staged event as typical children. However, their research indicated that children with mental retardation may be more susceptible to misleading questions.

The issue of source monitoring might be more problematic for individuals with cognitive disabilities than normal-ability individuals because of their susceptibility to misleading questioning (see Nathanson & Crank, 2002). Source monitoring refers to "the process of identifying the origin of one’s knowledge or event memories" (Poole & Lamb, 1998, p. 42). For example, a child might report that she actually saw an activity or was present during an event but actually learned of the event from another person, e.g., parent or sibling.
Henry and Gudjonsson (1999) present other pressing issues which need to be researched such as potential difficulties with source monitoring, the effects of repeated recall sessions, the effects of more stressful incidents and interviews and the effects of longer delays upon recall reliability. Thus far, very little research as been reported regarding these issues as they relate to witnesses with disabilities.

**Metacognitive deficits and cognitive strategies.** In Meltzer’s text (1993) it was noted that Torgeson (1975) identified what he called “maladaptive learning patterns” of children with learning disabilities. He was one of the first to propose that the metacognitive processes of these children were different from normal children who have proficient memory and learning strategies. Metacognitive theory argues that children who seemingly lack cognitive processes such as memory, attention to detail and verbal comprehension do not actually lack these skills but instead have deficient strategies for utilizing them. Of most importance here is that children can be taught strategies for improving these processes. What this means practically is that children are not necessarily limited by their intellectual level. In the forensic context this means that IQ or disability is not a sole determinant of the accuracy of children’s memory and recall.

**Interview Factors Affecting Recall**

There is a limited amount of reported research that has examined the abilities of child witnesses with disabilities. The literature that is available suggests that individuals with disabilities provide accurate testimony (Perlman et al., 1994) and are not more likely to fabricate or distort information as long as they are interviewed appropriately (Gudjonsson & Clare, 1995; Milne & Bull, 2001).

When interviewing children with disabilities, it is suggested to first ask children to provide a narrative account of the event in question, since this aspect of the interview tends to contain the most reliable information (Milne & Bull, 1999). Similar to child witnesses without disabilities, several studies have found that the free recall of children with learning disabilities is more accurate than their responses to specific questions (Dent, 1986; Poole & Lamb, 1998). Although the free recall is quite accurate, it is often incomplete (Bull, 1995; Milne & Bull, 1999; Nathanson, Crank, & Saywitz, 2002). Recall of specific details also tends to be difficult for individuals with disabilities (Milne, Clare, & Bull, 1999; Sanders et al., 1997). These difficulties experienced by many children with learning or cognitive deficits may be due to difficulties with retrieving information from memory (Milne & Bull, 2001). It has been suggested that interviewers utilize interview aids such as non-biasing retrieval strategies when interviewing witnesses to enhance recall (Milne & Bull; Poole & Lamb).

**Narrative elaboration training (NET).** Saywitz and Snyder (1996) developed such a strategy, narrative elaboration training (NET), to aid in the organization and retrieval of information about a past event. NET is a strategy for retrieving details of an event by organizing the elements of the event into categories. The categories (participants, setting, actions, and conversation/affective states) are derived from script theories of children’s event knowledge (Stein & Glen, 1978) and are thought to be psychologically salient constructs that guide event recall (Mandler & Johnson, 1977). A number of studies have shown that NET significantly increases the completeness and accuracy of recall about a past event in children without disabilities in the forensic context (Comparo, Wagner, & Saywitz, 2001; Dorado & Saywitz, 2001; Saywitz & Snyder, 1996; Saywitz, Snyder, & Lamphar, 1996). Each of these studies evaluated the recall of the details of events in which children had participated or witnessed. Analyses of children's accounts revealed significant differences between accounts of the training and control groups, with children in the training groups recalling significantly more correct information than children in the control groups.

Nathanson and Crank (2002) evaluated the effectiveness of NET in children with learning disabilities. A post-test only control group design was utilized to evaluate treatment effects on children with LD’s completeness and accuracy of recall about a past staged event. It was hypothesized that children who received NET would provide more complete and accurate oral narratives about a past event than children who received motivating instructions (control).

Thirty-nine 7 to 12-year-old children with learning disabilities participated in the study. Children were randomly assigned to one of two treatment conditions: (1) NET or (2) motivating instructions (control). They then participated in two 30-minute individual treatment or control sessions, two days
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apart. Immediately following the second session, children were interviewed with a free and cued recall task about a classroom event they participated in two weeks prior.

One-way fixed effects model analyses of variance (ANOVA) were conducted to analyze the effects of treatment condition on the number of correct and incorrect items recalled during free and cued recall. Results revealed that children who received NET recalled and verbally reported significantly more correct information when interviewed about a past event than children who did not receive the training. In fact, children in the experimental group recalled 49% more items of information about the past event (i.e. descriptions of the participants and the activities in which they engaged) than children in the control group. Moreover, this increase in the amount of information was obtained without generating an increase in the number of errors reported. Therefore, completeness of recall was enhanced without adversely affecting the accuracy of recall. This is important to note since the primary difference that emerges consistently in the literature when comparing the narrative accounts of children with and without learning disabilities is in the amount of information recalled; children with learning disabilities tend to recall significantly less information than their non-disabled peers. The results obtained in this study were similar to results obtained from previous studies utilizing NET with non-disabled children in the forensic context (Comparo et al., 2001; Dorado & Saywitz, 2001; Saywitz & Snyder, 1996; Saywitz et al., 1996).

Specific questioning. To date, very little research exists examining the reliability and validity of responses to specific questions given by children with disabilities (Milne & Bull, 1999). However, the way in which a question is posed can influence the accuracy of the reports of child witnesses with disabilities (Bull, 1995; Bull & Cullen, 1992; Clare & Gudjonsson, 1993; Dent, 1986; Gordon, Jens, Hollings, & Watson, 1994; Gudjonsson & Gunn, 1982; Milne & Bull, 1999; Milne et al., 1999; Perlman et al., 1994). As suggested with children without disabilities, children’s responses tend to be most accurate when asked open-ended questions. The findings of a study conducted by Milne et al. concur with other research suggesting that specific, closed-ended questions, such as yes/no questions, resulted in the least reliable information. Similar results were obtained in a study conducted by Perlman et al. (1994) who found increased error rates in response to short answer questions (i.e. one or two word answers) in individuals with learning disabilities.

Children with disabilities have also been shown to be more susceptible to suggestibility and interviewer influence than the general population (Cardone & Dent, 1996; Milne et al., 1999). For example, individuals with learning and mild cognitive disabilities are more likely to acquiesce to yes/no questions with a yes response than their non-disabled peers (Heal & Sigelman, 1995; Kebbell, Hatton, Johnson & O’Kelly, 2001; Sigelman, Budd, Spaniel, & Schoenrock, 1981). Although the accuracy of children with disabilities does not differ from children without disabilities in response to correctly leading questions, children with disabilities are more suggestible in response to closed (yes/no) and misleading questions (Henry & Gudjonsson, 1999). Furthermore, acquiescence increases as severity of disability increases. Milne et al. suggest that acquiescence of children with disabilities to suggestibility could be due to increased susceptibility to compliance, problems understanding language and an inability to concentrate.

The use of complex questioning can also adversely affect the accuracy of the responses of children with disabilities. Kebbell et al. (2001) reported that children with disabilities produce more errors in response to complex questions. Complex sentences containing two or more concepts, details or facts can be confusing. Thus simple sentences containing only one subject and predicate should be used during questioning or interviewing. In a study addressing the issue of increased errors in response to complex questions, Nathanson and Crank (2002) found that the accuracy of responses of children with learning disabilities to linguistically complex questions could be increased through the use of a strategy aimed at increasing comprehension monitoring. Thus, although it is suggested that questions are posed in a simplistic manner, if complex questions are utilized when questioning children with disabilities, this comprehension monitoring strategy could aid children in answering such questions more accurately.

Repeated questioning can also adversely affect the reports of children with mild disabilities (Kebbell et al., 2001). When asked a question repeatedly, these children often feel that their initial
response was incorrect and then tend to change their responses. This may lead to the perception that these children are not credible witnesses.

In summary, the format in which questions are posed can adversely affect the accuracy of responses in children with mild disabilities. Therefore, the use of open-ended questions is recommended. If there is a need for specific questioning, questions should be asked in a simple (versus complex) and non-leading format. Moreover, if questions are posed to children in a linguistically complex fashion, strategies have been shown to be beneficial in aiding children to accurately answer such questions.

**Environmental Factors**

Milne and Bull (2001) suggest decreasing the stress level of witnesses with disabilities by conducting interviews in a friendly or “psychologically comfortable” location free of distractions. This suggestion lends well to the research of Nathanson and Saywitz (2003) who found that stress levels of child witnesses are impacted by the environment in which they are interviewed. In their study, the heart rate patterns of children interviewed about a past event in a courtroom were significantly more erratic, indicative of a stress response, than the heart rate patterns of children interviewed in a small private room. To decrease this system-related stress, Saywitz, Nathanson, Snyder and Lamphear (1993) developed a court education curriculum that was comprised of education regarding the investigative and judicial process as well as stress inoculation training. It was suggested that children’s knowledge of the legal process would decrease some of the system-induced stress they encounter as a result of participating in an unfamiliar process and environment. Positive self-talk and visual imagery were also utilized to aid in stress reduction.

**CONCLUSIONS**

Although the available literature on child witnesses with disabilities is quite limited, the results of research conducted in this area suggest that individuals with disabilities, such as learning disabilities and mild mental retardation, are capable of providing credible and accurate testimony as long as they are interviewed appropriately (Milne & Bull, 2001; Perlman et al., 1995). However, when not questioned appropriately, these children are more apt to omit pertinent information during recall, be more suggestive, acquiesce more to leading questions and produce more errors in response to complex questions (Kebbell et al., 2001).

To elicit the most accurate reports from child witnesses with disabilities, it is suggested that children are first asked to provide a narrative account of the event in question, since this form of recall has been shown to be the most accurate, albeit somewhat incomplete. Retrieval strategies, such as Narrative Elaboration Training (Saywitz & Snyder, 1996), however, have been shown to be beneficial in facilitating the completeness of the reports of children with disabilities (Nathanson & Crank, 2004). The format in which specific follow-up questions are posed has also been shown to affect the accuracy of responses of child witnesses with disabilities. For example, children with disabilities are more suggestible than the general population (Milne et al., 1999) and produce more errors in response to complex questions (Kebbell et al., 2001). Therefore, it is suggested that questions are posed in an open-ended, simple (versus complex) and non-leading manner. Additional time to process questions and develop answers can also enhance the accuracy of children’s reports. Overall, the results of studies evaluating the capabilities and limitations of child witnesses with disabilities is very encouraging, suggesting that these children can in fact be credible witnesses with the use of appropriate interviewing techniques and strategies to facilitate recall. This data must be interpreted cautiously, however.

Most of the literature addressing the issue of witnesses with disabilities refers to individuals with disabilities in a very heterogeneous manner (Clare, 2001; Cooke & Davies, 2001; Gren, 2001; Kebbell et al., 2001; Milne & Bull, 2001; Sharp, 2001). For example, the term “learning disability” is often either not defined or vaguely defined in regards to the specific characteristics of the sample (i.e. IQ, academic abilities, age). The issue of heterogeneity poses challenges; limited and vague participant descriptors used in learning disabilities research make meaningful interpretation and generalization of data difficult (Rosenberg et al., 1993). Although one must interpret the findings of the cited research with caution, this literature is encouraging in that it demonstrates that children with disabilities can be credible witnesses.

**RECOMMENDATIONS FOR INTERVIEWING CHILDREN WITH DISABILITIES**
The empirical research on the most appropriate manner in which to interview child witnesses with disabilities is very limited. However, several guidelines derived from the reviewed literature can be useful in interviewing children with learning and mild cognitive disabilities. First, prior to interviewing a child, it is important to obtain background information, including the child’s primary disability and the impact of this disability on functioning. It is also important to maintain on-task behavior by arranging the environment to minimize distractions; providing regular and frequent breaks, since many children with disabilities have limited attention spans; and reinforcing on-task behavior. When interviewing children with disabilities, the following guidelines are suggested:

1. Slow down the rate of speech.
2. Shorten the length of sentences.
3. Allow extra time for children to process what is said.
4. Provide time for children to prepare a response.
5. Avoid interrupting.
6. Ask children to provide a narrative account initially of the event in question.
7. When asking specific questions:
   a. Pose questions in an open-ended manner.
   b. Shorten the length of sentences.
   c. Ask questions that are simple, concrete and easily understood.
   d. Do not use abstract words or ideas.
   e. Do not use suggestive questions.
   f. Do not use questions that contain double negatives.
8. Ask the child to repeat back what was said to ensure understanding.
References


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