Interviewing Children with Disabilities*

Types of disabilities:

- Intellectual
- Motor
- Sensory
- Neurological
- Medical
- Psychiatric
- Communication

- People with disabilities are 4 to 10 times more likely to become a victim of violence, abuse, or neglect than people without disabilities (Petersilia 2001).
- Children with disabilities are more than twice as likely to be physically or sexually abused as children without disabilities (Petersilia 2001; Sobsey and Mansell 1994).
- Similar proportions of women with and without disabilities report having experienced episodes of physical violence, sexual violence, or emotional abuse (Sobsey and Mansell 1994). Women with disabilities, however, report greater numbers of perpetrators and longer time periods of individual episodes than women without disabilities (Young et al. 1997).

Facts from: http://www.cdc.gov/ncipc/tbi/FactSheets/VictimizationTBI_FactSheet4Professionals.htm

Definition of developmental disability (per federal government)

Disability that is attributable to a mental or physical impairment or a combination of mental and physical impairments of a person age 5 or older and is

- Manifested before age 22,
- Likely to continue indefinitely,

AND results in substantial functional limitations in three or more of the following seven areas of major life activity:

- Self care
- Mobility
- Independent living capacity
- Language
• Learning
• Economic self-sufficiency
• Self direction

Between the ages of birth to 9, if a child has a specific congenital or acquired condition that has a high probability of developing later in life any of the seven areas above, s/he can meet the criteria in the definition for developmental delay.

**People with developmental delays are a high risk group for abuse.**

The rate of sexual assault of people with developmental disabilities may be as high as 90% due to factors such as the following:

- Communication difficulties
- Social isolation
- Reliance on caregivers who may be perpetrators
- Reliance sometimes on assistance in ways that involve close contact
- Learned compliance
- Desire to please
- Inability to get away
- Limited resources to ask for help

**Three Areas creating challenges for communication**

**Input:** receiving the information

**Processing:** making sense of the question

**Output:** answering back
# Primary areas of disrupted communication

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Input</th>
<th>Processing</th>
<th>Output</th>
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</thead>
<tbody>
<tr>
<td>Ability to receive information</td>
<td>Understand and make sense of it</td>
<td>Respond in a way that makes sense</td>
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<tr>
<td>Blind/visual impairment</td>
<td>Emotion disturbance</td>
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<tr>
<td>Deaf/hard of hearing</td>
<td>Cerebral palsy</td>
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<tr>
<td>Learning disability</td>
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<tr>
<td>Autism</td>
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<tr>
<td>Traumatic brain injury</td>
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<tr>
<td>Speech and language disorders</td>
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<td>Mental retardation</td>
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<td>Seizure disorder</td>
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<tr>
<td>Tactile sensory impairment</td>
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## Adaptations for communication difficulties

<table>
<thead>
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<tr>
<th>Adaptations</th>
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<tbody>
<tr>
<td>Sit at the same level</td>
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<tr>
<td>Use normal voice tones</td>
<td></td>
<td>Use an interpreter</td>
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<td>Speak clearly</td>
<td></td>
<td>Listen carefully</td>
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<td>Make eye contact</td>
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<td>Watch body language</td>
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<tr>
<td>Use interpreter</td>
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<td>Use drawing board or paper</td>
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<td>Use visual aids</td>
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<td>and pencil</td>
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<td></td>
<td></td>
<td>Use several forms of</td>
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<td>communication: oral, visual,</td>
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<td>tactile as needed</td>
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### Additional tips for working with people who have disabilities

- Use who, what and where questions rather than when, how and why.
- Make eye contact.
- Adjust posture.
- Speak directly to the person.
- Maintain natural and professional demeanor.
- Ask permission before touching a service animal (seeing eye dog).
- Treat any assistive device as part of the personal space of the child.
Considerations for differences in communication

Bilingual children
In the preparation the phase, determine the child’s primary language based on information from available sources. Arrange for an interpreter if needed.

Visual impairment
Some children with vision loss before age 5 may have developmental delays in the use of certain language concepts. Be aware that some children with vision impairment may use echolalia: repeating the last phrase spoken to them. The child may repeat what the interviewer said, and it can sound like an answer. Assess for other communication impairments. Some children with vision impairment may also have other impairments that impact communication: hearing loss, for instance.

Hearing impairment
Children with hearing loss can differ widely in degree of hearing loss, age of onset of the loss, degree to which they use hearing aids or cochlear implants, and their primary mode of communication. In addition, children with deaf parents can have a high degree of sophistication with American Sign Language and English. Other deaf children with hearing parents may have limited access to communication outside of their school program and may be lacking in cultural knowledge.

Augmentative and alternative communicative devices (AAC)
AAC includes any system that supplements or replaces traditional communication modes, including communication by eye gaze, picture boards, or computer based technologies. Use specialists to interview children who use these devices.

Developmental disabilities
Children with developmental disabilities vary so widely that it is hard to make any general statements; however, use care to set up the rapport in the beginning of the interview. Children with developmental delays are more likely to respond with random answers to yes and no questions. Use care to be sure they are answering other questions accurately and not tending to make up answers to preliminary questions.
Cultural considerations in children with disability

Feelings of shame and denial may be so strong in some cultures that a child’s disability will be hidden by members of his or her family. As a result, the child may be denied access to normal developmental opportunities as well as important support or treatment.

Tips for working with deaf or hard of hearing children

Recognize the importance of a deaf culture that exists for the child.
Initiate communication appropriately.
Demonstrate courtesy and respect.
Select an appropriate location: well lit location without backlighting
which might cause eye strain.
Use strategies for effective communication.
Use sign language interpreter appropriately.

Tips for working with blind or visually impaired children

Take the hand of a younger child to lead him/her to the interview room.
Offer your arm to older children to lead them to the interview location.
Inform the child of the general layout of the room and other details.
Allow the child to explore interview room; provide verbal descriptions and guide him/her to where s/he should sit.
If you plan to use written or pictorial materials, ask the parent or teachers about the visual impairment.
Do not be embarrassed about common expressions that may seem awkward, such as asking a blind child if s/he has seen a movie. The English language is filled with these terms, and they are commonly known by children with visual impairment.
Give detailed directions to an older child to guide him/her to the chair such as saying, “From where you are standing now, walk straight ahead about three feet.”

*From: Northern California Training Academy, Interviewing of Children & Special Populations, University of California, Davis, 2006