

CHILD ABUSE VICTIMS WITH DISABILITIES

**A CURRICULUM FOR LAW ENFORCEMENT FIRST RESPONDERS AND
CHILD PROTECTIVE SERVICES FRONTLINE WORKERS**



INSTRUCTOR MANUAL

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INTRODUCTION TO THE CURRICULUM

The California Governor's Office of Emergency Services (OES) is the administering agency for the federal Children's Justice Act (CJA) grant funds. The CJA is a federal program charged with identifying the need for systemic changes in the area of investigating child abuse. The federal funds provide grants to states to improve the investigation, prosecution, and judicial handling of cases of child abuse and neglect. Since 1993, CJA funds have supported numerous programs throughout California and propelled much needed change in the system's response to child abuse. The overall goal of the CJA is to reduce systemic trauma to children who are victims of child abuse, sexual abuse and exploitation, and preserve the rights of all parties involved in the investigation of such cases.

The CJA Task Force is a requirement for California's eligibility to receive the federal funds. This CJA Task Force is comprised of professionals throughout California who have knowledge and expertise in the areas of criminal justice and child abuse, including investigation of child physical abuse, child neglect, child sexual abuse and exploitation, and child maltreatment-related fatalities. The CJA Task Force is responsible for making policy, program, and training recommendations to the State regarding improvements and reform to the way suspected child abuse cases are handled.

The California CJA Task Force recognizes the needs of child abuse victims with disabilities are different in substantial ways from those of child abuse victims who do not have disabilities; therefore, the CJA Task Force recommended funding for projects to address these needs. The CJA Task Force is aware of the importance of training first responders, child protective services workers, and others who are called upon to serve the needs of child abuse victims with disabilities. The first response of law enforcement officers and child protective services workers is critical to the child abuse case, as well as to the child victim and his/her family. To address this issue, the CJA Task Force recommended the development of a first responder's curriculum to improve and standardize available training.

The Child Abuse and Neglect Disability Outreach (CAN DO) Program at Arc Riverside was selected to develop a one-day training curriculum for first responders to cases of abuse of children with disabilities. The goal of the curriculum is to provide the first responders with information, skills, and an effective protocol for responding to abuse situations involving children with disabilities.

In its development of the curriculum, the CAN DO Program conducted a national search for similar curricula and none were located. Related curricula were identified and used as background material. Some projects have developed videos and curricula on similar topics such as the Peace Officer Standards and Training's (POST) curriculum on law enforcement response to individuals with mental illness and developmental disabilities. However, none exist specifically for children with all disabilities, and focus exclusively on law enforcement first responders and child protective services frontline workers.

Some of the issues addressed in this curriculum include: (1) Myths and stereotypes interfering with effective response; (2) Basic information about disabilities and how these lead to different life experiences and create cultural and knowledge-based differences; (3) Barriers to communication occurring as a function of the disability and strategies to overcome them; (4) Development of a first response protocol for child abuse victims with disabilities that can be incorporated into existing first response protocols; (5) Access to information

about disabilities and effectively interviewing children with disabilities; and (6) Information on deciding when to respond and when other resources may be necessary.

Children have many varied disabilities. Accordingly, the CAN DO Program team decided to provide a comprehensive overview of various disabilities and focus the curriculum on those disabilities most likely to require special skills or information on the part of the first responder (e.g., disabilities that affect intellectual function, speech and language, physical function, and mental health). Children with disabilities often require specialized services to meet educational and medical needs. The laws, service systems, and resources that exist to meet these needs are also described within this curriculum.

It is widely acknowledged that children with disabilities are abused at rates far higher than children without disabilities. However, the service and response systems have not provided for their needs. The first response is considered critical for many reasons: it can ensure the safety and well-being of the child victim, it can leave a positive or negative lasting impression on the victim and the family; and the information gathered and evidence collected contributes to the successful prosecution of the criminal case.

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COURSE ORGANIZATION

This course is designed as full-day training for law enforcement patrol officers and child protective services workers who are first responders to allegations of child abuse involving children with disabilities. It is also meant for supervisory staff of the above first responders and for other frontline workers.

The primary teaching aid of this course is a PowerPoint presentation. This is augmented by discussion and group exercises. Videos are used to increase understanding of critical information and supplementary material is provided in the Participant Manual.

This curriculum does not contain basic information that is available in other courses. Instead, it builds on the training and experience of first responders and frontline workers.

MODULE OVERVIEW

Module 1 Segments	Length	Video	Exercise	Slides	Participant Manual
<i>Welcome and Introductions</i>	<i>10 min.</i>		<i>Introductions</i>	<i>1-2</i>	<i>11</i>
<i>Why This Training? Our Increasing Awareness</i>	<i>15 min.</i>			<i>3-5</i>	
<i>Course Objectives</i>	<i>5 min.</i>			<i>6-8</i>	
<i>Introducing the Course Content</i>	<i>15 min.</i>		<i>Call out: What makes these cases difficult?</i>	<i>9</i>	
Module 2 Segments	Length	Video	Exercise	Slides	Participant Manual
<i>Commonly Held Beliefs</i>	<i>10 min.</i>		<i>Call out</i>	<i>10-15</i>	<i>14-16</i>
<i>Common Reactions</i>	<i>10 min.</i>			<i>16-17</i>	
<i>Realities for Children with Disabilities</i>	<i>10 min.</i>	<i>Victims with Disabilities: The Forensic Interview” (2 minutes) Section Overview of Individuals with Disabilities</i>		<i>18-19</i>	
Module 3 Segments	Length	Video	Exercise	Slides	Participant Manual
<i>Prevalence of Abuse of Children with Disabilities</i>	<i>10 min.</i>			<i>20-21</i>	<i>18-30</i>
<i>Individuals in the Lives of Children with a Disability</i>	<i>10 min.</i>		<i>Individuals (circle)</i>	<i>22-24</i>	
<i>How are Disabilities Described in the Law?</i>	<i>50 min.</i>	<i>(1) Rain Man: Chapter 5, segment at the airport (2) Victims with Disabilities: the Forensic Interview (Dina)</i>	<i>Sensory Impairments</i>	<i>25-50</i>	

Module 4 Segments	Length	Video	Exercise	Slides	Participant Manual
<i>Introduction to Legal Updates</i>	<i>5 min.</i>		<i>Legal quiz</i>	<i>51-52</i>	
<i>The New Legal Framework: Crawford v. Washington</i>	<i>15 min.</i>		<i>How does Crawford effect your investigation?</i>	<i>53-62</i>	
<i>Legislative Update</i>	<i>20 min.</i>			<i>63-70</i>	
<i>Summary of Module</i>	<i>5 min.</i>		<i>Answers to Legal Quiz</i>	<i>71</i>	
Module 5 Segments	Length	Video	Exercise	Slides	Participant Manual
<i>Introduction to Issue of Responder Safety</i>	<i>5 min.</i>			<i>72</i>	
<i>Identification of Sources of Danger</i>	<i>5 min.</i>		<i>Call out exercise to identify sources of danger</i>	<i>73-74</i>	
<i>Strategies to Enhance Responder Safety</i>	<i>15 min.</i>		<i>Table exercise to identify effective safety strategies</i>	<i>75-77</i>	
<i>Summary</i>	<i>5 min.</i>			<i>78</i>	
Module 6 Segments	Length	Video	Exercise	Slides	Participant Manual
<i>Overview: Critical Role of First Responder</i>	<i>10 min.</i>			<i>79-81</i>	
<i>Sources of Evidence</i>	<i>25 min.</i>		<i>Sources of Evidence Spontaneous Statements</i>	<i>82-91</i>	
<i>Contact Skills</i>	<i>15 min.</i>	<i>POST Video: Police Response to People with Mental Illness or Developmental Disability</i>		<i>92-98</i>	
<i>Values and Beliefs</i>	<i>20 min.</i>			<i>93-105</i>	
Module 7 Segments	Length	Video	Exercise	Slides	Participant Manual
<i>Approaching the Interview</i>	<i>30 min.</i>	<i>Video of "Mikel's Mother"</i>	<i>"Jessica" scenario: Interviewing the mother</i>	<i>106-112</i>	
<i>Interviewing Logistics</i>	<i>10 min.</i>			<i>113-116</i>	
<i>Interview Process</i>	<i>20 min.</i>		<i>Presence of a support person: Advantages & Disadvantages</i>	<i>117-125</i>	

<i>Conducting the Interview</i>	<i>30 min.</i>	<i>“Voices Ignored,” segment, “Effective Communication,” 5.5 minutes</i>	<i>“Jessica” developing questions to illustrate competency and rapport building</i>	<i>126-134</i>	<i>62-72</i>
<i>Report Writing</i>	<i>10 min.</i>			<i>135-136</i>	
<i>Interpreters</i>	<i>20 min.</i>	<i>Victims with Disabilities: Maria and Loren (1 minute each)</i>		<i>137-145</i>	
Module 8 Segments	Length	Video	Exercise	Slides	Participant Manual
<i>Case Complexities</i>	<i>15 min.</i>		<i>Call out: Agencies, and Systems</i>	<i>146-148</i>	<i>74-76</i>
<i>Questions and Evaluation</i>	<i>15 min.</i>		<i>Evaluation</i>	<i>149-150</i>	

EQUIPMENT

- Laptop computer
- LCD projector
- Remote mouse
- CR Monitor
- DVD player
- Microphone (if needed)
- Extension cord
- 2 Flip charts easels and colored pens
- Paper and pens for tables
- Student name plates (for tables)
- Tape for posting flip chart pages

OPTIONAL EQUIPMENT

- Laser pointer
- Name tags

TRAINING SITE AND ROOM ARRANGEMENT

Because the course includes small group discussions and exercises, class size should be limited to 30 students. Students should be seated at tables in working groups of 5-6 students to enhance discussion. Round tables are preferred.

When the class contains both line and supervisory staff from both law enforcement and child protective services, we recommend blending the working groups so that both disciplines and difference staffing levels are represented. This can be accomplished by having one instructor tract experience and assignment during the Introductions in Module 1 and then assigning participants to specific tables after the first break.

If multiple agencies attend the training, the table teams should contain a mix of agencies to encourage discussion of various agency responses to cases.

The training should be conducted in a setting that is conducive to learning such as a Law Enforcement Academy, other school, or hotel, away from calls for service and routine duties. Every effort should be made to assure that the location is in compliance with the Americans with Disabilities Act's (ADA) physical accessibility standards, to ensure that students and trainers have access to the training. Training program announcements should include requests for accommodations (i.e., sign language interpreters). When participants pre-register, trainers should plan to allow adequate preparation time to meet these needs.

SELECTION OF INSTRUCTORS

The material in this curriculum is not well understood by the target audience. There are many societal misconceptions about children with disabilities that historically have resulted in treating cases differently than similar cases committed against children who do not have disabilities. The legal content is complex and beyond the current knowledge level of many. It changes annually and needs regular updating. Similarly, the information about children with disabilities is detailed and beyond the current expertise of many law enforcement and child protective services professionals.

All instructors should be familiar with adult experiential training methods, be effective facilitators, and work effectively with trainers from other disciplines. They should be able to teach the content effectively and within the stated timeline.

THE CURRICULUM TEAM

Ideally, this curriculum is designed to be taught by a team consisting of:

- A law enforcement professional familiar with child abuse cases and the role of the first responder who can address safety, case development and interviewing.
- A child protective services professional familiar with the role of the child protective worker who can address community resources, medically fragile children, legal authority, worker safety, case development and interviewing.
- An expert on disabilities who can address characteristics of various disabilities, interviewing and contact considerations, and resources on disabilities.
- A prosecutor to address legal updates, Crawford v. Washington, testimonial issues, case building for court, and how to develop a multidisciplinary response.

If the curriculum must be taught by a smaller faculty, the minimum team members should be a criminal justice professional and an expert on disabilities who can cover all of the above-listed subjects.

LOCATING A LOCAL RESOURCE

To locate a local expert on disabilities contact:

- Arc Riverside, CAN DO! Project, Child Abuse & Neglect Disability Outreach Project at www.disability-abuse.com and (310) 473-6768. This website offers a listserv with over 700 member professionals working in the nexus of abuse and disability. Project works with children and adults with all types of disability.
- University Centers for Excellence and Disabilities. They teach professionals about developmental disabilities. <http://www.aucedd.org>. Click on UCEDD icon in the tool bar on the left side; click on Directory Link; then display All Programs to find local program. They do not provide direct services.
- The California Center for Independent Living (CIL). The California state website is www.calsilc.org. Enter your city. They work only with adults.
- The area Regional Centers. They work with persons with developmental disabilities and can be found at www.dds.cahwnet.gov.
- Local offices for organizations by disability types, e.g., United Cerebral Palsy, Autism Society; Epilepsy Society; Foundation for the Blind; National Association on Mental Illness (NAMI); The Arc local chapters for Children and Adults with Developmental Disabilities.
- Schools for Children With Disabilities, e.g., CA School for the Deaf.
- County Mental Health agencies.
- CALCASA Disabilities Project. www.calcasa.org. (916) 446-2525. They address disabilities in adult populations.

VIDEOS USED DURING THIS COURSE

These video segments are used to support teaching and encourage discussion.

Module	Slide #	Description	Source	Length
1	19	<i>Introduction: Several individuals with disabilities</i>	<i>“Victims with Disabilities: The Forensic Interview” will be available (Fall 2005) from the U.S. Department of Justice, Office for Victims of Crime, grant #2003VFGXK016.</i>	2 min.
2	19	<i>Voices Ignored-Group of People with Disabilities</i>	<i>“Voices Ignored”, From the Center for Child and Family Studies, CenterInformation@sc.edu or (803) 777 9408. Website for project information: http://www.sc.edu/ccfs/voices/who_for.html</i>	45 sec.
3	33	<i>Rain Man, Chapter 13</i>	<i>Rain Man</i>	4 min.
6	92	<i>“Jason”</i>	<i>“Crime Victims with Disabilities”, section entitled ““Mental Retardation”. POST Telecourse “Crime Victims with Disabilities” POST 2002. Also in POST Training Course: “Police Response to People with Mental Illness or Developmental Disability”, published 2002. Copies can be obtained by contacting CPTN at 916 227-3913.</i>	3.5 min.
7	112	<i>Interview with Mikel’s Mother in section “Effective Communication”</i>	<i>“Victims with Disabilities: The Forensic Interview”</i>	2 min.
7	134	<i>“Effective Communication”</i>	<i>Voices Ignored</i>	5.5 min.
7	145	<i>Language: Interview with Loren</i>	<i>Victims with Disabilities</i>	1 min.
7	145	<i>Interview with Maria</i>	<i>Victims with Disabilities</i>	1 min.

CERTIFICATION OF TRAINING COURSES

Sponsoring agencies are encouraged to obtain course certification from the California Commission on Peace Officer Standards and Training (POST) for law enforcement and the appropriate certification entity for Child Protective Workers.

The POST certification forms are available at <http://www.post.ca.gov/training/default.asp>. This document is called "Course Certification Process." Contact the POST Training Delivery Bureau at (916) 227-4862 for further information.

To contact the Training Academies for Child Protective Services, the following contacts are offered, both for the State (U.C. Davis) and local agencies:

CPS Training Academies at the following Website:
<http://humanservices.ucdavis.edu/CWSCMS/links.asp>

Other Child Welfare Training Academies

- Bay Area Academy: <http://www.sfsu.edu/~bayacad/>
- California Social Work Education Center (CalSWEC) (the California Social Work Education Center at the University of California, Berkeley):
<http://calswec.berkeley.edu>
- Central California Training Academy (the Central Regional Training Academy administered by California State University, Fresno): <http://www.centralacademy.org>
- Inter-University Consortium (California State Universities at Long Beach and Los Angeles, University of California, Los Angeles, and University of Southern California): <http://www.sppsr.ucla.edu/acad/sw/iuc/index.htm>
- Southern Region Public Child Welfare Training Academy (administered by the Public Child Welfare Training Academy at California State University, San Diego): <http://www-rohan.sdsu.edu/~pcwtas>

COURSE DESIGN

The course is divided into 8 modules. The first page of each module gives an overview, learning objectives, length, and materials from the Participant Manual relevant to that module. Equipment, training exercises and video clips are identified. The Module at a Glance section provides a timeline and the suggested instructor for that segment. Instructors are listed as “LE” for Law Enforcement, “P” for Prosecutor, “C” for Child Protective Services and “D” for Disability Specialist. The PowerPoint slides for that module are listed by number.

In several of the modules it is recommended that particular video clips be shown. These include the film “*Rain Man*” from MGM Studios; “*Victims with Disabilities: The Forensic Interview*” (anticipated release date Fall 2005 from the U. S. Department of Justice, Office for Victims of Crime, Project Number 2003VFGXK016); “*Voices Ignored*” from University of South Carolina, Center for Child and Family Studies; and “*Crime Victims with Disabilities,*” POST Telecourse 2002.

Module 1:	Overview and Introduction	45 minutes
Module 2:	Commonly Held Beliefs about Children With Disabilities Who Are Victims of Abuse	30 minutes
Module 3:	Overview of Disabilities	70 minutes
Module 4:	Legal Update	45 minutes
Module 5:	Officer/Worker Safety	30 minutes
Module 6:	Conducting the Preliminary Investigation	70 minutes
Module 7:	Interviewing Children with Disabilities	120 minutes
Module 8:	The Benefits of a Multidisciplinary Response and Course Conclusion	30 minutes

A *Participant Manual* is part of the curriculum. It is arranged by module and contains the PowerPoint slides by module, and relevant handout materials.

SCHEDULE FOR TRAINING DAY

8:00 – 8:45 am	Welcome and Module 1 – Introduction
8:45 – 9:15 am	Module 2 – Commonly Held Beliefs about Children with Disabilities who Are Victims of Abuse
9:15 – 9:25 am	<i>Break</i>
9:25 – 10:35 am	Module 3 – Overview of Disabilities
10:35 – 10:45 am	<i>Break</i>
10:45 – 11:30 am	Module 4 – Legal Update
11:30 – 12:00 pm	Module 5 – Office/Worker Safety Issues
12:00 – 1:00 pm	<i>Lunch</i>
1:00 – 2:00 pm	Module 6 – Conducting the Preliminary Investigation
2:10 – 2:20 pm	<i>Break</i>
2:20 – 3:20 pm	Module 7 – Part One – Conducting the Interview
3:20 – 3:30 pm	<i>Break</i>
3:30 – 4:30 pm	Module 7 – Part Two – Conducting the Interview
4:30 – 5:00 pm	Module 8 – The Benefits of a Multidisciplinary Response and Conclusion

MODULES AT A GLANCE

MODULE 1 : INTRODUCTION

SYNOPSIS

This 45 minute segment will introduce the instructors and participants to one another, and introduce the course theme. This theme is that first responders – law enforcement and child protective frontline workers – are critical to protecting child abuse victims with disabilities and how they respond has relevance to professionals beyond the first response. Their work may well make or break the case. Course objectives are reviewed.

LEARNING OBJECTIVES

- Recognize the critical role of first responders in child abuse cases in which the victim has a disability
- Become familiar with the adult and minor populations of persons with disabilities

Segment	Length	Instruction Leaders	Video	Exercise	Slide Numbers	Participant Manual
<i>Welcome and Introductions</i>	<i>10 min.</i>	<i>All</i>		<i>Introductions</i>	<i>1-2</i>	<i>11</i>
<i>Why this Training: Our Increasing Awareness</i>	<i>15 min.</i>	<i>Law Enforcement (LE), Child Protective Services (CPS), or Prosecutor (PROS)</i>			<i>3-5</i>	
<i>Course Objectives</i>	<i>5 min.</i>				<i>6-8</i>	
<i>Introducing the Course Content</i>	<i>15 min.</i>			<i>Call out: What makes these cases difficult?</i>	<i>9</i>	

**MODULE 2 : COMMONLY HELD BELIEFS ABOUT CHILDREN WITH
DISABILITIES WHO ARE VICTIMS OF ABUSE**

SYNOPSIS

This 30 minute module will discuss myths and beliefs about children with disabilities and provide accurate information to counter misconceptions. Significant differences in the lives of children with disabilities are described.

LEARNING OBJECTIVES

- Identify widely held beliefs about children with disabilities
- Identify common reactions to individuals with disabilities
- Recognize how incorrect information can reduce the first responder's effectiveness
- Become familiar with how a disability affects the life of a child

Segment	Length	Instruction Leaders	Video	Exercise	Slide Numbers	Participant Manual
<i>Commonly Held Beliefs</i>	<i>10 min.</i>	<i>CPS</i>		<i>Call out</i>	<i>10-15</i>	<i>14-16</i>
<i>Common Reactions</i>	<i>10 min.</i>	<i>LE</i>			<i>16-17</i>	
<i>Realities for Children with Disabilities</i>	<i>10 min.</i>	<i>Disability Specialist (D)</i>	<i>Victims with Disabilities: The Forensic Interview</i>		<i>18-19</i>	

MODULE 3 : OVERVIEW OF DISABILITIES

SYNOPSIS

This 70 minute module provides information on the legal and medical descriptions of different disabilities. It also provides information on the effect of these disabilities on children's lives.

It includes a brief review of the prevalence of abuse among children with disabilities, and a perpetrator profile.

LEARNING OBJECTIVES

- Identify legal definitions of disability
- Identify legal definitions of developmental disability and purpose as an eligibility standard
- Become familiar with various sources of information that exist for children with disabilities
- Identify methods for interacting with children who have disabilities

Segment	Length	Instruction Leaders	Video	Exercise	Slide Numbers	Participant Manual
<i>Prevalence of Abuse of Children with Disabilities</i>	<i>10 min.</i>	<i>P or LE</i>		<i>Introductions</i>	<i>20-21</i>	<i>18-30</i>
<i>Roles of Individuals in the Lives of Children with a Disability</i>	<i>10 min.</i>	<i>P, LE and D</i>		<i>Individuals (circle)</i>	<i>22-24</i>	
<i>How are Disabilities Described in the Law?</i>	<i>50 min.</i>	<i>D and P</i>	<i>Rain Man. Victims with Disabilities: the Forensic Interview (Dina)</i>	<i>Sensory Impairments</i>	<i>25-50</i>	

MODULE 4 : LEGAL UPDATE

SYNOPSIS

This 45 minute segment will review new legislation and discuss how to build cases in light of Crawford v. Washington. It is not intended to cover every crime a first responder encounters as such information is available in other courses. It includes a brief review of the prevalence of abuse among children with disabilities, and a perpetrator profile.

LEARNING OBJECTIVES

- Become familiar with case building in light of Crawford v. Washington
- Become familiar with recently enacted laws affecting children with disabilities who have been abused

Segment	Length	Instruction Leaders	Video	Exercise	Slide Numbers	Participant Manual
<i>Introduction to Legal Updates</i>	<i>5 min.</i>	<i>LE</i>		<i>Legal Quiz</i>	<i>51-52</i>	<i>32-41</i>
<i>The New Legal Framework <u>Crawford v. Washington</u></i>	<i>15 min.</i>	<i>P</i>		<i>How does <u>Crawford</u> affect your investigation?</i>	<i>53-62</i>	
<i>Legislative Update</i>	<i>20 min.</i>	<i>P & C</i>			<i>63-70</i>	
<i>Summary of Module</i>	<i>5 min.</i>	<i>LE</i>		<i>Answers to Legal Quiz</i>	<i>71</i>	

MODULE 5 : OFFICER / WORKER SAFETY ISSUES

SYNOPSIS

This 30 minute segment is primarily directed at first responders who have little or no training in safety issues. Since the curriculum's target audience includes non-law enforcement professionals who respond to dangerous situations and are often alone and unarmed, this section highlights sources of danger and safety suggestions.

LEARNING OBJECTIVES

- Identify sources of danger in child abuse calls in which a person has a disability
- Identify approaches to enhance safety

Segment	Length	Instruction Leaders	Video	Exercise	Slide Numbers	Participant Manual
<i>Introduction to Issue of Responder Safety</i>	<i>5 min.</i>	<i>LE & C</i>			<i>72</i>	<i>43-46</i>
<i>Identification of Sources of Danger</i>	<i>5 min.</i>		<i>Call out exercise to identify sources of danger</i>	<i>73-74</i>		
<i>Strategies to Enhance Responder Safety</i>	<i>10 min.</i>		<i>Table exercise to identify effective safety strategies</i>	<i>75-77</i>		
<i>Summary</i>	<i>5 min.</i>			<i>78</i>		

MODULE 6 : CONDUCTING THE PRELIMINARY INVESTIGATION

SYNOPSIS

This 70 minute segment will supplement basic information on conducting the preliminary investigation. It will include the critical role of the first responder in documenting the case and in having effective contact skills.

LEARNING OBJECTIVES

- Identify the critical role of the first responder in identifying and documenting incidents of abuse
- Highlight the need to look for other incidents of abuse
- Identify sources of evidence, including sources which serve children with certain disabilities
- Describe effective contact skills for situations where a child with a disability is a victim of abuse

Segment	Length	Instruction Leaders	Video	Exercise	Slide Numbers	Participant Manual
<i>Overview: Critical Role of First Responder</i>	<i>10 min.</i>	<i>LE & C</i>			<i>79-81</i>	<i>48-60</i>
<i>Sources of Evidence</i>	<i>25 min.</i>	<i>LE, P & C</i>		<i>Sources of Evidence Spontaneous Statements</i>	<i>82-91</i>	
<i>Contact Skills</i>	<i>15 min.</i>	<i>LE, C (D for "Variations in Understanding of Basic Concepts")</i>	<i>Video Clip "Jason" from POST 2002 Police Response to Persons with Mental Illness or Developmental Disability.</i>		<i>92</i>	
<i>Values and Beliefs</i>	<i>20 min.</i>	<i>LE, C, D</i>		<i>Importance of</i>	<i>93-105</i>	

MODULE 7 : INTERVIEWING CHILDREN WITH DISABILITIES

SYNOPSIS

This 120 minute segment will provide specific information on how a child's disability may affect an interview and will identify effective skills and techniques for the responder to use. This segment will not address basic interviewing skills including those used with all children.

LEARNING OBJECTIVES

- Identify the communication and/or cognitive impact of the disability upon the child
- Ascertain what modifications to communication will be required
- Describe specific differences in interaction that may be required including personal space, tools, and types of assistance
- List resource persons or materials that may be needed
- Identify how these resources can be located
- Understand legal requirements when using an interpreter in light of Proposition 115

Segment	Length	Instruction Leaders	Video	Exercise	Slide Numbers	Participant Manual
<i>Approaching the Interview</i>	<i>30 min.</i>	<i>LE & C</i>	<i>“Victims with Disabilities: The Forensic Interview. Clip of Mikel’s Mother</i>	<i>“Jessica” scenario: Interviewing the mother</i>	<i>106-112</i>	<i>62-72</i>
<i>Interviewing Logistics</i>	<i>10 min.</i>				<i>113-116</i>	
<i>Interview Process</i>	<i>20 min.</i>			<i>Presence of a support person: advantages and disadvantages</i>	<i>117-125</i>	
<i>Conducting the Interview</i>	<i>30 min.</i>		<i>“Voices Ignored” segment, “Effective Communication,” 5.5 minutes</i>	<i>“Jessica:” developing questions to illustrate competency and rapport</i>	<i>126-134</i>	
<i>Report Writing</i>	<i>10 min.</i>	<i>D & P</i>			<i>135-136</i>	
<i>Interpreters</i>	<i>20 min.</i>		<i>SLIDE 145: Victims with Dis: Maria & Loren (1 min.)</i>		<i>137-145</i>	

MODULE 8 : MULTIDISCIPLINARY RESPONSE AND WRAP UP

SYNOPSIS

This 30 minute segment will highlight the benefits of working with other disciplines and professionals to locate and secure relevant evidence and meet the needs of child abuse victims with disabilities.

LEARNING OBJECTIVES

- Recognize that cases are complex and require the involvement of professionals and disciplines from a variety of disciplines
- Highlight that law enforcement and child protective service workers are critical in protecting children with disabilities and holding their offenders accountable
- Determine if student's goals for training have been met based on list created at the beginning of the day

Segment	Length	Instruction Leaders	Video	Exercise	Slide Numbers	Participant Manual
<i>Case Complexities</i>	<i>15 min.</i>	<i>C, LE or P</i>	<i>“Victims with Disabilities: The Forensic Interview. Clip of Mikel’s Mother</i>	<i>Call out: Agencies, and Systems</i>	<i>146-148</i>	<i>74-76</i>
<i>Questions and Evaluation</i>	<i>15 min.</i>			<i>Evaluation</i>	<i>149-150</i>	

INSTRUCTOR MANUAL

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MODULE 1

Introduction

THIS 45 MINUTE SEGMENT WILL INTRODUCE THE INSTRUCTORS AND PARTICIPANTS TO ONE ANOTHER, AND INTRODUCE THE COURSE THEME. THIS THEME IS THAT FIRST RESPONDERS – LAW ENFORCEMENT AND CHILD PROTECTIVE FRONTLINE WORKERS – ARE CRITICAL TO PROTECTING CHILD ABUSE VICTIMS WITH DISABILITIES, AND HOW THEY RESPOND HAS RELEVANCE TO PROFESSIONALS BEYOND THE FIRST RESPONSE. THEIR WORK MAY MAKE OR BREAK THE CASE. COURSE OBJECTIVES ARE REVIEWED.

Class participants will:

- Recognize the critical role of first responders in child abuse cases in which the victim has a disability
- Become familiar with the adult and minor population of persons with disabilities

ACCOMPANYING PARTICIPANTS' MATERIALS

- PowerPoint Slides 1 - 9
- Class Schedule

FACILITATING THE MODULE

Equipment/Materials

- Table tents or name plates for each participant
- Marking pens at each table
- Flip chart and tape
- LCD player, laptop computer; power cord (surge protector); extension cord; screen

Video

None

Training Exercises:

- Introductions
- What makes these cases different (call out)
- Identification of critical subject areas

TIME FRAME:
45 MINUTES

MODULE AT A GLANCE:

Segment	Length	Video	Exercise	Slides	Participant Handbook
<i>Welcome and Introductions</i>	<i>10 min.</i>		<i>Introductions</i>	<i>1-2</i>	<i>11</i>
<i>Why this Training: Our Increasing awareness</i>	<i>15 min.</i>			<i>3-5</i>	
<i>Course Objectives</i>	<i>5 min.</i>			<i>6-8</i>	
<i>Introducing the course content</i>	<i>15 min.</i>		<i>Call Out: What makes these cases difficult?</i>	<i>9</i>	

BACKGROUND MATERIAL:

Progress Report of the New Freedom Initiative, May 2002 available online at http://www.acces.org/NFIProgressReport_Page1.html

“Individuals with Disabilities Education Act Guide to Frequently Asked Questions”, House of Representatives Committee on Education and the Work Force, and Subcommittee on Education Reform, Feb. 17, 2005, p. 1.

United States Census, 2002

Crime Victims with Developmental Disabilities: Report of a Workshop, 2001, National Research Council, 2001, Committee On Law And Justice: Joan Petersilia, Joseph Foote, Nancy A. Crowell, Editors. Commission On Behavioral and Social Sciences and Education, Washington, DC: National Academy Press. Available online at: <http://www.nap.edu>.

PRESENTATION OUTLINE:

WELCOME & INTRODUCTIONS (10 MINUTES)

One instructor welcomes the class and says that the training team reflects the critical disciplines involved in building criminal cases against perpetrators who victimize children and protecting children from harm. The instructors introduce themselves describing their name, relevant employment history, and expertise in the subject matter.

SLIDE #2 – INTRODUCTIONS

Class participants are asked to introduce themselves by name, agency, and years of experience in their profession and to state one thing they hope to learn in the training.

- One instructor keeps count of collective years of experience.
- Another instructor writes on a flip chart what the students hope to learn.

At end of introductions, the instructors announce the total years of collective experience. The instructor encourages participants to draw on their experience throughout the class and especially during the various exercises.

The list of desired learning items is posted on the wall and is reviewed at the end of the training day.

SLIDE #3 – HOUSEKEEPING DETAILS

One instructor will discuss housekeeping details, including the following:

- Point out location of rest rooms
- Cell phones and pagers on vibrate
- There will be regular breaks throughout the day
- Lunch is on your own and is 1 hour
- Please return promptly so we can stay on schedule
- For those receiving POST or other credit for taking this class, complete the sign-in sheets before lunch

OVERVIEW OF COURSE:

WHY THIS TRAINING – OUR INCREASING AWARENESS (15 MINUTES)

A significant number of people have disabilities. Children (and adults) with disabilities have a heightened risk for becoming crime victims. First responders, including law enforcement personnel and child protective services workers likely will respond to and investigate matters involving a child with a disability. Upon completion of this course, participants will have increased competency and fewer misgivings when working with these individuals.

SLIDE #4 – WHY THIS TRAINING

To be effective, first responders must be knowledgeable of the most common disabilities. They must also understand what individuals with disabilities can and cannot do. With this information, first responders will conduct better investigations, identify additional sources of information, interview more effectively,

Introductions

- ✓ Who we are
- ✓ Who you are
 - Name
 - Agency
 - Years in position
- ✓ One thing you hope to learn from class

Housekeeping Details

- ✓ Please put cell phones and pagers on vibrate
- ✓ There will be 2 breaks in the morning and afternoon and an hour for lunch
- ✓ Please return promptly from breaks
- ✓ Location of restrooms
- ✓ Sign-in sheets for credit (POST or other)

Why This Training...

Our Increasing Awareness

- ✓ Heightened vulnerability of the population
- ✓ Recognition of needs of population
- ✓ Improved effectiveness
- ✓ Agency liability
 - No reason to fear handling these calls

and improve their fact finding. This will enhance victim safety, reduce the likelihood of additional victimizations, and increase offender accountability.

SLIDE #5 – FIRST RESPONDER CAN MAKE OR BREAK THE CASE

First responders can make or break cases and their role is critical! If these cases aren't handled correctly liability issues may result, and offenders may continue to abuse.

SLIDE #6 – PEOPLE WITH DISABILITIES

Prevalence Data

Overall, individuals with disabilities represent 15-20% of the population, and approximately 10% of those with disabilities have severe disabilities. These represent the full range of disability. The statistics do not include individuals living in institutions such as state hospitals.

Prevalence Data for the United States on People with Disabilities

- **54 million people of all ages** (Source: *Progress Report of the New Freedom Initiative, May 2002*).
- **6 million children** (Source: *“Individuals with Disabilities Education Act Guide to Frequently Asked Questions”, Committee on Education and the Workforce, John Boehner (R-OH), Chairman, Subcommittee On Education Reform, Mike Castle (R-DE), Chairman, Feb. 17, 2005, P.1)*

Prevalence Data for California on People with Disabilities

- **3.5 million people (of all ages)** (U.S. Census 2002)
- **277,505 children** (U.S. Census 2002)

COURSE OBJECTIVES (5 MINUTES)

SLIDE #7 – COURSE OBJECTIVES

- Improve overall understanding of disabilities
- Improve investigative skills for building cases
- Increase legal knowledge
- More effective response techniques

**The First Responder
Can Make or Break
a Case!**

People with Disabilities

United States

- ✓ Total 54 million
- ✓ Children 6 million

California

- ✓ Total 3.5 million (U.S. Census 2002)
- ✓ Children 277,505 (U.S. Census 2002)

Course Objectives

- ✓ Improve understanding of disabilities
- ✓ Improve investigative skills for building cases
- ✓ Develop more effective response techniques
- ✓ Increase legal knowledge

Today's Agenda

- ✓ Introduction
- ✓ Common Beliefs
- ✓ Understanding Disabilities
- ✓ Legal Review
- ✓ Officer and Worker Safety
- ✓ Conducting the Preliminary Investigation
- ✓ Interviewing Children With Disabilities
- ✓ Developing Multidisciplinary Responses

Class Exercise

What Makes These Cases Difficult?

COURSE CONTENT AND CLASS EXERCISE (15 MINUTES)

SLIDE # 8 – TODAY'S AGENDA

- Introduction
- Common Beliefs
- Understanding Disabilities
- Legal Review
- Officer and Worker Safety
- Conducting a Preliminary Investigation
- Interviewing Children with Disabilities
- Developing Multidisciplinary Responses

SLIDES #9 – CLASS EXERCISE

Class Discussion: *What Makes These Cases Difficult?* (Call out) (5 minutes)
The Instructor asks the class this question and invites answers. A brief discussion should follow.

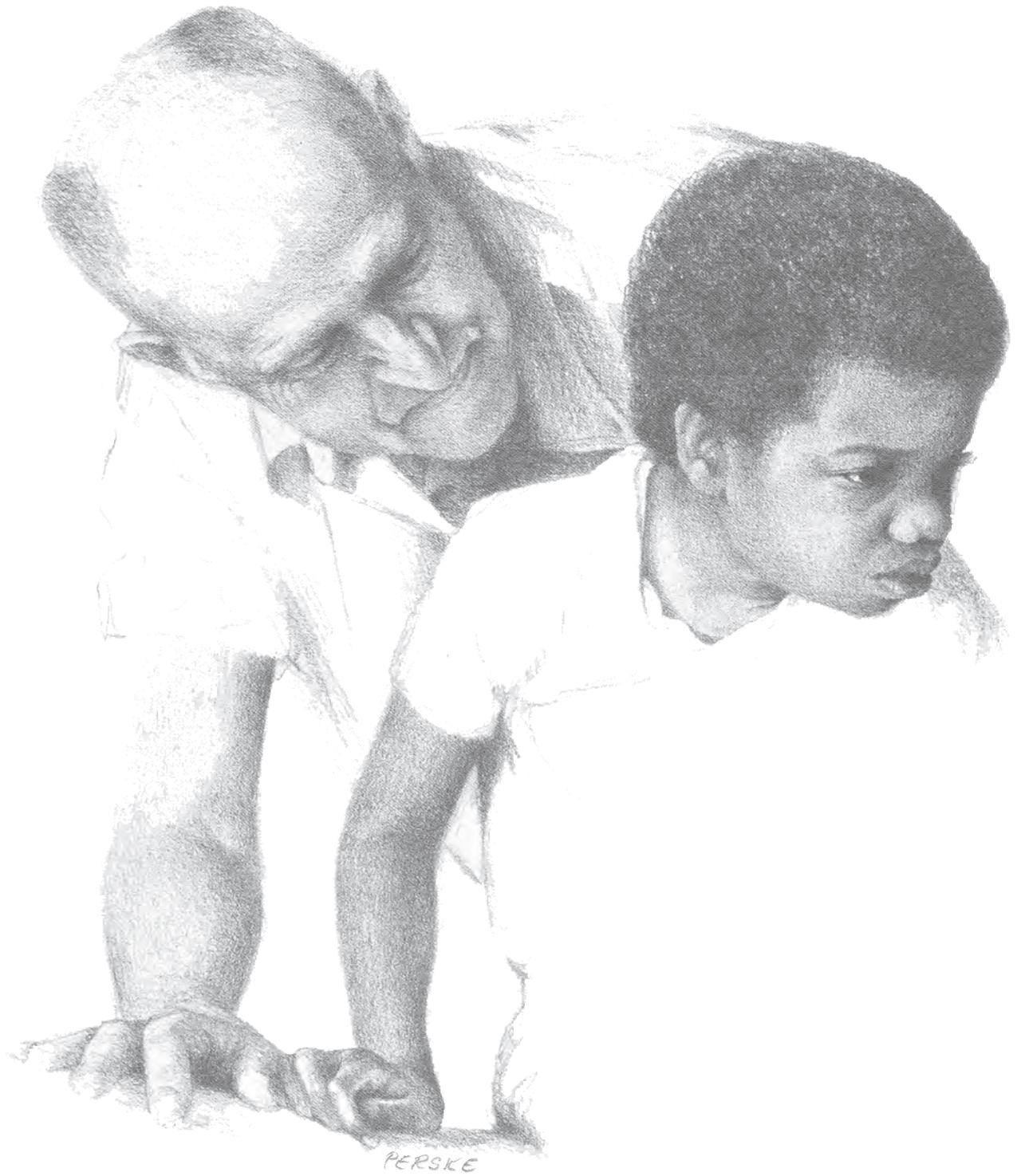
Possible answers include:

- *Hard to understand what person is saying*
- *Uncertain if person understands what first responder is asking*
- *Children with disabilities may have limited or different vocabulary*
- *Child victim may love or have close relationship to abuser*
- *Victim may be dependent on abuser*
- *Unfamiliar with available resources should a child, who requires a caretaker, be removed from a suspected abuser*
- *Uncertain if child is credible or reliable*
- *Lack of other witnesses*
- *Victims may be stereotyped by society as lacking credibility*

In most cases the responder or frontline worker can complete the interview. In a few instances it may be necessary to use the expertise of interviewers or disability specialists in the community to assist you.

Module Summary

This course will help you analyze issues you have identified as case difficulties, and provide additional information to help you investigate and obtain information from child abuse victims with disabilities.



MODULE 2

Commonly Held Beliefs about Children with Disabilities Who Are Victims of Abuse

THIS 30 MINUTE MODULE WILL DISCUSS MYTHS AND BELIEFS ABOUT CHILDREN WITH DISABILITIES AND PROVIDE ACCURATE INFORMATION TO COUNTER MISCONCEPTIONS. SIGNIFICANT DIFFERENCES IN THE LIVES OF CHILDREN WITH DISABILITIES ARE DESCRIBED.

Class participants will:

- Identify widely held beliefs about children with disabilities
- Identify common reactions to individuals with disabilities
- Recognize how incorrect information can reduce the first responder's effectiveness
- Become familiar with how a disability affects the life of a child

ACCOMPANYING PARTICIPANTS' MATERIALS

- PowerPoint Slides 10 - 19
- Commonly Held Beliefs about Children with Disabilities

FACILITATING THE MODULE

Equipment/Materials

- LCD player, laptop computer; power cord (surge protector); extension cord; screen.

Video

“Victims with Disabilities: The Forensic Interview”, 2 minutes (At the beginning of the film, starting with Maria the Hispanic woman who uses a wheelchair through the end of the scene with the little boy and voice-over “can recall their own victimization.”)

Training Exercises:

Class Discussion: What Are Commonly Held Beliefs about Children with Disabilities?

TIME FRAME:
30 MINUTES

MODULE AT A GLANCE:

Segment	Length	Video	Exercise	Slides	Participant Handbook
<i>Commonly Held Beliefs</i>	<i>10 min.</i>		<i>Call out</i>	<i>10-15</i>	<i>14-16</i>
<i>Common reactions</i>	<i>10 min.</i>			<i>16-17</i>	
<i>Realities for children with disabilities</i>	<i>10 min.</i>	<i>“Victims with Disabilities: The Forensic Interview” (2 minutes) Section overview of individuals with disabilities</i>		<i>18-19</i>	

BACKGROUND MATERIAL:

Voices Ignored, Sexual Assault of People with Developmental Disability, by Center for Child and Family Studies , copyright 2003, available from: centerinformation@sc.edu or (803) 777-9408.

Police Response to People with Mental Illness or Developmental Disability: A Field Guide, California Commission on Peace officer Standards and Training (POST), 2002. Available from: POST Media Distribution Center (916) 227-4856, www.post.ca.gov; email: dvessels@post.ca.gov.

“Victims with Disabilities: The Forensic Interview” Training Video and Guide, by Arc Riverside’s CAN DO Project, available Fall 2005 through OVC.

PRESENTATION OUTLINE:

COMMONLY HELD BELIEFS (10 MINUTES)

SLIDE # 10 – COMMONLY HELD BELIEFS ABOUT ABUSE OF CHILDREN WITH DISABILITIES

This slide introduces this section.

SLIDES #11 – 12 – CLASS EXERCISE – COMMONLY HELD BELIEFS

Class Discussion: *What are commonly held beliefs about children with disabilities? What are your beliefs?*

If the class is not responsive, it may be helpful to state that these are beliefs widely held in the community and may be incorrect.

SLIDE #13 – COMMON BELIEFS

Possible answers for commonly held beliefs about children with disabilities:

- *People have many disabilities, not a single one*
- *Are asexual*
- *Do not feel pain*
- *Cannot understand or learn*
- *Fantasize and are unable to distinguish truth from fantasy*
- *Cannot communicate*

Refer participants to *Participant Manual*.

The instructor then addresses these myths and beliefs in the next slide.

SLIDE #14 – CHILDREN WITH DISABILITIES (1)

- Beliefs: Children with a disability have multiple disabilities
 - Concept of “spread”
 - Reality: most have only one disability
- Persons with disabilities are asexual
 - Have the same sexual drives as rest of population
 - Often lack information about sexuality
 - Generally have received no sex education

SLIDE #15 – CHILDREN WITH DISABILITIES (2)

Can be accurate historians and reporters like other children
Know the difference between truth and untruth, like other children
A range of abilities within any disability type, same as other children
Cannot generalize about children with disabilities, or the type, severity, or number of disabilities present.

Commonly Held Beliefs
About Children With
Disabilities Who Are Victims
of Abuse

Class Exercise

What are commonly held beliefs
about children with disabilities
that may affect the investigation?

Class Exercise

What are your
experiences/beliefs?

Common Beliefs

- ✓ Have multiple disabilities
- ✓ Are asexual
- ✓ Are unable to
 - ✓ Understand and learn
 - ✓ Feel
 - ✓ Feel pain
- ✓ Cannot distinguish truth from fantasy
- ✓ Are unable to reliably, effectively communicate

Children With Disabilities

- ✓ Most children with disabilities have a single disability
- ✓ Have the same sex drives as their peers
- ✓ Have less information about sexuality
- ✓ Often have no prior sex education

Children With Disabilities

- Similar to other children:
 - ✓ can be accurate historians and reporters
 - ✓ is similar ability as other children to know the difference between truth and untruth
 - ✓ a range of abilities within any disability type
- ✓ We cannot generalize about children with disabilities, or the type, severity, or number of disabilities present

COMMON REACTIONS (10 MINUTES)

Below are common reactions many people have when in close proximity to people with disabilities. Such reactions are due usually to a lack of interaction and knowledge about the population.

SLIDE #16 – COMMON REACTIONS TO PERSONS WITH DISABILITIES

- Dread/fear of being in their presence
- Embarrassment and shame
- Pity
- Disbelieve, disregard and discount
- Dehumanize

SLIDE #17 – SIGNIFICANCE OF BELIEFS

These reactions can make the first responders less willing to believe the person with a disability and insist on more evidence than is required to take action. These reactions may make the first responder less effective.

- Lack of accurate information
- Can make them more of a target for victimization
- Can make us less effective in handling crimes against them
- What may look like illegal conduct may be behaviors associated with the disability
- Importance of distinguishing a disability from suspicious conduct

REALITIES FOR CHILDREN WITH DISABILITIES (10 MINUTES)

SLIDE #18 – REALITIES FOR CHILDREN WITH DISABILITIES

Children with disabilities often face these issues:

- Privacy is greatly reduced or does not exist
- Expectations for life and achievement are reduced
- Obedience and passivity are rewarded
- Negative attitudes and being ignored are common
- Few general friendships
- Social isolation
- Difficulty being accepted in activities, clubs, etc.
- May be targeted by criminals because of their disability

Knowing these realities will help you:

- Develop rapport and trust
- Understand why the child may have behaved in a particular way (e.g., did not resist a sexual advance or tell about abuse, or may not want to get an abuser in trouble.)

Common Reactions to Persons With Disabilities

- ✓ Dread
- ✓ Embarrassment
- ✓ Shame
- ✓ Pity
- ✓ Disbelieve, disregard and discount
- ✓ Dehumanize

Significance of Beliefs

- ✓ Can make them more of a target for victimization
- ✓ Can make us less effective in handling crimes against them
- ✓ What may look like illegal conduct may be behaviors associated with a disorder
- ✓ Importance of distinguishing a disability from suspicious conduct

Realities for Children with Disabilities

- ✓ Privacy is greatly reduced or does not exist
- ✓ Expectations for life and achievement are reduced
- ✓ Obedience and passivity are rewarded
- ✓ Negative attitudes and being ignored are common
- ✓ Few general friendships
- ✓ Social isolation
- ✓ Difficulty being accepted in activities, clubs, etc.

"Victims With Disabilities:
The Forensic Interview"

Several adults and children with disabilities

- ✓ Like other children and adults, engage in many activities
- ✓ Able to describe their experiences

SLIDE #19 – VICTIMS WITH DISABILITIES: THE FORENSIC INTERVIEW

VIDEO CLIP: “*Victims with Disabilities: The Forensic Interview.*” The scene begins with Maria and continues with an overview of several adults and children. It ends with this voice-over cue: “They usually have an excellent recall of their own victimization.”

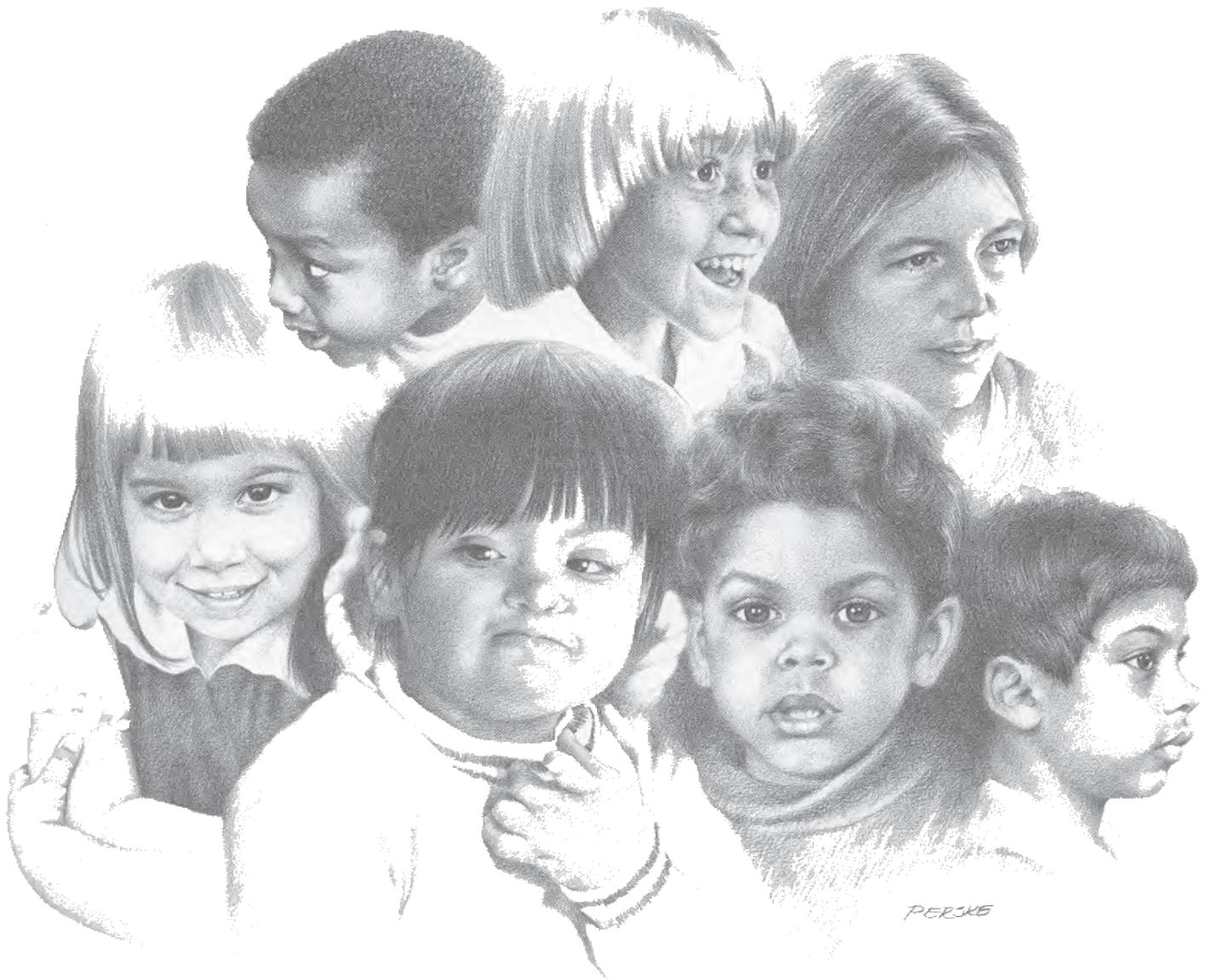
The purpose of this clip is to show that children with disabilities engage in normal neighborhood activities. They interact with others and understand information. Also, they are usually effective witnesses and are capable of describing their victimization.

The instructor asks: How many of you feel that you could interview the first woman shown in this video effectively? You just saw individuals with various disabilities. During the day, you will learn about effective strategies for responding to crimes against individuals like those in the video.

The instructor guides a discussion on the reactions and impressions of the class of what they have seen.

MODULE SUMMARY

This module discussed general myths and beliefs about children with disabilities and common reactions to them based on these misconceptions. We then discussed the realities for these children and how these disabilities affect their lives.



MODULE 3

Overview of Disabilities

THIS 70 MINUTE MODULE PROVIDES LEGAL AND MEDICAL DESCRIPTIONS OF VARIOUS DISABILITIES. IT CONTAINS INFORMATION ON THE EFFECT OF THESE DISABILITIES ON CHILDREN'S LIVES AND PROVIDES A BRIEF REVIEW OF THE PREVALENCE OF ABUSE AMONG CHILDREN WITH DISABILITIES. FINALLY, IT GIVES A PERPETRATOR PROFILE.

Class participants will:

- Identify legal definitions of disability
- Identify legal definition of developmental disabilities and its purpose as an eligibility standard
- Become familiar with information resources for children with disabilities
- Identify ways to interact with children with disabilities

ACCOMPANYING PARTICIPANTS' MATERIALS

- PowerPoint Slides 20 - 50
- Individuals in the Lives of Children with Disabilities
- Americans with Disabilities Act Summary
- California Definition of Developmental Disability
- Mental Retardation
- Learning Disabilities
- Communication Disabilities
- Autism Spectrum Disorders
- Epilepsy
- Tourette's Syndrome
- Cerebral Palsy
- Deaf and Hard of Hearing
- Mental Illness
- Transcription of "Victims with Disabilities: The Forensic Interview," a clip with Dina Garcia.

TIME FRAME:
70 MINUTES

FACILITATING THE MODULE

Equipment/Materials

- LCD player, laptop computer; power cord (surge protector); extension cord; screen.

Training Exercises:

- Individuals in the Lives of Children with Disabilities
- Sensory Disabilities Exercise
- Unique Aspects of Cases involving Children with Disabilities

MODULE AT A GLANCE:

Segment	Length	Video	Exercise	Slides	Participant Handbook
<i>Prevalence of abuse of children with disabilities</i>	10 min.			20-21	18-30
<i>Individuals in the lives of children with a disability</i>	10 min.		<i>Roles of individuals (circle)</i>	22-24	
<i>How are disabilities described in the law?</i>	50 min.	<i>(1) Rain Man: Chapter 5, segment at the airport. (2) Victims with Disabilities: the Forensic Interview (Dina)</i>	<i>Sensory Disabilities</i>	25-50	

BACKGROUND MATERIAL:

Creating Access: Serving Survivors of Sexual Assault with Disabilities, 2001 CALCASA, available from: info@calcasa.org or phone: (916) 446-2520.

Stop the Violence, Break the Silence, a Training Guide, Safe Place, 2002, Hughes, C.M. and Abrams, W., Available from www.austin-safeplace.org or (512) 267-SAFE.

Americans with Disabilities Act, Public Law Americans with Disabilities Act of 1990 (Pub. L. 101-336) <http://www.eeoc.gov/policy/ada.html>.

Sullivan, P.M., & Knutson, J.F. (1998). *The association between child maltreatment and disabilities in a hospital-based epidemiological study*. *Child Abuse & Neglect*, 22, 271-288.

Sullivan, P.M. & Knutson, J.F. (2000a). *Maltreatment and disabilities: A population-based epidemiological study*. *Child Abuse & Neglect*, 24, 1257-1274.

"A Report on the Maltreatment of Children with Disabilities", Washington, DC: National Center on Child Abuse and Neglect, 1993, Westat, Inc.

Violence and Abuse in the Lives of People with Disabilities: The End of Silent Acceptance?, Sobsey, D., 1994, P.H. Brooks & Co., P.O. Box 10624, Baltimore, MD 21285-0624.

PRESENTATION OUTLINE:

PREVALENCE OF ABUSE OF CHILDREN WITH DISABILITIES (5 MINUTES)

SLIDE #20 – OVERVIEW OF DISABILITIES

We will attempt to answer two questions: *How prevalent is abuse against this population? Who are the likely Perpetrators?*

SLIDE #21 – PREVALENCE OF ABUSE OF CHILDREN WITH DISABILITIES

Children with disabilities are abused at a higher rate than children without disabilities. Given this, many first responders and frontline workers haven't worked abuse cases involving children with disabilities. These professionals will respond to more as their awareness increases.

- Findings of a Congressionally mandated survey in 1991 found that children with disabilities were abused at 1.7 times the rate of other children. (Westat)
- Findings of a major study in Nebraska in 2001 found that children with disabilities were abused at 3.4 times the rate of other children. (Sullivan)
- Most agree that the rate is between 4-10 times that of other children. (Garbarino)
- Rate of reporting is estimated at 10%

INDIVIDUALS IN THE LIVES OF CHILDREN WITH DISABILITIES (10 MINUTES)

SLIDE #22 – INDIVIDUALS IN THE LIVES OF CHILDREN WITH DISABILITIES

Teaching Exercise: Individuals in the Lives of Children with Disabilities

Children with disabilities are surrounded by many who play different roles in their lives. The instructor draws a large circle on a flip chart, and in the center writes the word "child". The instructor then asks class members to call out roles of individuals likely to play a part in the lives of children with disabilities.

SLIDE #23 – PERSONS IN CHILDREN'S LIVES

These will include:

- Family, neighbors, friends of the family, other household members, babysitters, respite care workers, social workers, personal care attendants, In-Home Support Services;
- Religious groups, program and centers; scout or similar organization; tutors, coaches, special instructors (music, dance, etc.);
- Transportation providers, school teachers, teacher aides, one-on-one aides, volunteers, traveling teachers, resource staff, after school programs;
- Specialists such as speech and language therapists, recreation, art, psychotherapists, behavior modification therapists;

Overview of Disabilities

- ✓ How prevalent is abuse against children with disabilities?
- ✓ Who are the perpetrators?

Prevalence of Abuse of Children With Disabilities

- ✓ 1.7 rate of abuse as children without disabilities (Westat, 1991)
- ✓ 3.4 rate of abuse (Sullivan, 2001)
- ✓ 4-10 times that of children without disabilities (Garbarino, 1987)
- ✓ Only about 10% reported

Individuals in the Lives of Children with Disabilities

What persons including household members, family, professionals, paraprofessionals and volunteers are part of the lives of children with disabilities?

Child

Persons in Children's Lives

- ✓ Family and friends
- ✓ Household members
- ✓ Religious groups, programs
- ✓ Baby sitters
- ✓ Respite care workers
- ✓ Social workers
- ✓ IHSS personal care attendants
- ✓ Teachers and aides
- ✓ One on One aides
- ✓ Therapists
- ✓ Coaches
- ✓ Pediatrician and disability specialist health care provider
- ✓ Mental health providers
- ✓ Dentist
- ✓ Regional Center case manager, supervisor, services coordinator
- ✓ Bus and van drivers
- ✓ After school programs
- ✓ Scouts and similar programs
- ✓ Recreational therapists
- ✓ Neighbors, community acquaintances

- Pediatrician, disability medical specialist, orthopedic specialist, physical therapist, occupational therapist, neurologist, psychiatrist, genetic physician, OB-GYN, specialized dental practitioner, and others based on the child's specific disability;
- Regional Center case manager, supervisor, special services coordinator, other authorized service providers.

Post this on the wall. Refer students to *Participant Manual*.

SLIDE #24 – WHO ARE THE PERPETRATORS?

Use the child's circle as a teaching tool. Research shows that over 90% of perpetrators are persons known and trusted by the child and the child's family. Many seek employment that gives them access to children with disabilities. They assume that even if the child tells about the abuse, the child won't be believed. Historically, this is an accurate assumption.

HOW ARE DISABILITIES DESCRIBED IN LAW? (45 MINUTES)

While this course provides an overview of all disabilities, the instructor focuses on disabilities that affect communication, thinking, behavior, and learning. These pose the greatest challenges to law enforcement and other frontline workers.

SLIDE #25 – AMERICANS WITH DISABILITIES ACT

ADA – Americans with Disabilities Act

The instructor begins with a broad definition of disability from the ADA, and refers to the Participant Manual.

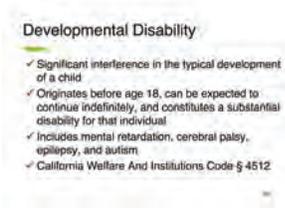
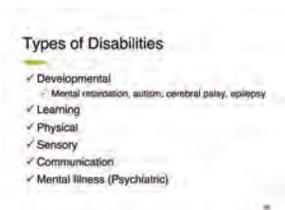
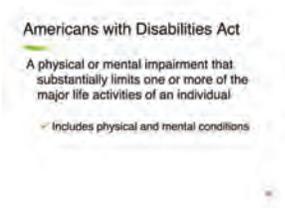
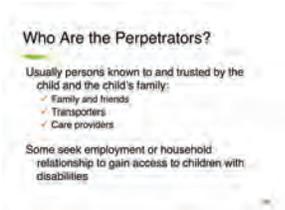
- "Physical or mental impairment that substantially limits one or more of the major life activities of an individual"
- Includes physical and mental conditions

SLIDE #26 – TYPES OF DISABILITIES

There are six major categories of disability. Developmental Disabilities include mental retardation, autism, cerebral palsy and epilepsy. The other five categories of disabilities are learning, physical, sensory, communication and mental illness/psychiatric disorders that include hidden disabilities. Some medical and mental disabilities are not readily apparent, but may be discovered during the initial interaction or interview process.

SLIDE #27 AND #28 – DEVELOPMENTAL DISABILITY

A developmental disability significantly interferes in the typical development of a child. California law defines Developmental Disability as an impairment that begins before age 18, continues or can be expected to continue indefinitely and constitutes a substantial disability for the individual. It includes mental retardation, autism, cerebral palsy and epilepsy and other



disabilities that require similar treatment and intervention.

This is a legal term not a medical term. Its purpose is to provide eligibility standards for persons who can be served by the California service delivery system and other service delivery systems throughout the United States. In California, 21 Regional Centers provide case management, intervention and support services throughout the life span of individuals with developmental disabilities. Refer to Participant Manual for information on California definition of Developmental Disability. Also the locations and addresses of the 21 Regional Centers in California can be found in the Appendix.

SLIDE 29 – MENTAL RETARDATION

Mental retardation affects the ability to learn. It does not change over time. It is typically categorized by IQ score. Following is the list of categories based upon IQ, which should be approached with caution as there is significant variation within and across categories: Borderline (70-85), Mild (55-69), Moderate (40-54), Severe (21-39) and Profound (5-20).

Most people with mental retardation have mild or borderline mental retardation (70%) and approximately 10% have IQ's in the severe and profound levels. The individual may have special areas of interest, but since mental retardation is a "global" condition, will not excel in any except in extreme cases (See Rain Man). Most children with disabilities in bilingual families are bilingual. Most children with mental retardation will have borderline or mild levels of disability, are able to distinguish truth from untruth, communicate verbally and think in concrete rather than abstract terms. Refer students to the Participant Manual for more information on mental retardation.

If a first responder knows a child's IQ or mental age, that information should be viewed with caution. Such information can be misleading and lead to the underestimation of the child's ability, credibility, and life experience.

SLIDE # 30 – AUTISM SPECTRUM DISORDERS

Autism Spectrum Disorders, including Asperger's Syndrome, are conditions which begin in childhood and are characterized primarily by differences in social interaction and communication. Children with autism often perceive others as objects rather than people with feelings. Some children are severely affected and others less so.

SLIDE #31 – AUTISM (1)

Common behaviors that may be present in children with autism include: Rocking, vocalizing (grunts, tics, humming), hand wringing, hyperactivity, fidgeting, avoiding eye contact, delayed response to questions, touch toxic, requiring sameness in surroundings (furniture), among others. Dealing with these behaviors may require explicit and repeated instruction and concrete demonstrations.

Mental Retardation

- ✓ Affects ability to learn
- ✓ Condition does not change
- ✓ Significant variation within and across categories
 - Borderline 70-85
 - Mild 55-69
 - Moderate 40-54
 - Severe 21-39
 - Profound 5-20
- ✓ Many children with mental retardation can effectively communicate and reliably recall

Autism Spectrum Disorders

- ✓ Cause unknown, usually diagnosed by age 5
- ✓ Difficulty with social contacts and human interactions
 - Usually objects interactions
- ✓ IQ ranges between severe disability and extremely bright
- ✓ Require special assistance with language development, communication skills, learning social interactions, and environmental skills
- ✓ May be "touch toxic"

Autism

- ✓ Common Behaviors
 - Rocking, vocalizing grunts, noises, humming, tics
 - Hand wringing
 - Hyperactive, fidgety
 - Dislike eye contact
- ✓ Behaviors may increase with stress
- ✓ Need consistent and familiar environment

SLIDE #32 – AUTISM (2)

Characteristically, children with autism may not respond quickly to questions, may need more space between themselves and the responder, may repeat what the responder says (rather than provide a response to a question), and may respond without emotion (may sound mechanical). These children may demonstrate “odd” physical movements (rocking, humming, hair twirling) that increase with stress. In addition, these children may be extremely sensitive to being touched. They may or may not have mental retardation.

SLIDE #33 – VIDEO

Play a Video Clip: *Rain Man* (Chapter 13, DVD)

This 4 minute scene depicts Raymond being pressured by his brother to fly on a plane. Raymond doesn't want to go and displays increasing stress in response to excessive pressure by his brother. His escalating physical behaviors (screaming and self hitting) and verbal responses indicate the impact of autism. During the story, Raymond also demonstrates an area of specialized knowledge, along with social and communication disabilities. Finally, note how he maintains his personal routine (reminding Charlie that Jeopardy is “on at 7 p.m.”) and his repetitive statements and stilted language.

SLIDE #34 – CEREBRAL PALSY

Cerebral palsy is a physical disability that results from brain damage. There are several types, varying in severity, and almost always motor control is affected. The child may have difficulty walking, writing and speaking. If children are unable (or not easily able) to speak in a way that can be understood, they may use alternative methods such as communication boards or electronic voice communication systems.

SLIDE # 35 – VIDEO

“*Victims with Disabilities: The Forensic Interview.*” The instructor plays the scene of Ms. Dina Garcia in her office discussing how strangers respond to her disability. This scene is about 2 minutes long. Participants may find it helpful to have a copy of the transcript open during the video. The transcript is in the Participant Manual. Ms. Dina Garcia is a Staff Advocate for Systems Change at Westside Center for Independent Living. Following is the transcription of her dialogue:

“*Take that out. Take that out. I didn't do that. I'm a good driver. A lot of people have their own prejudged expectations, Which I'm sure we all do. We all (inaudible) think we know someone until we actually sit down and talk to them. A lot of people look at me and see my wheelchair and think that, or hear, that when I open my mouth, I'm going to be hard to understand. So they assume that since I'm hard to understand I obviously don't know what I'm talking about. Which is probably true! But not because of my speech, because of the topic. Yeah, I encounter that in my personal life every day.*”

Autism

- ✓ May need more time to process questions
- ✓ May require more distance between themselves and interviewer
- ✓ May repeat what is said to them
- ✓ May respond without emotion
- ✓ May react strongly to being touched

Video



“Rain Man”, 1988, MGM

- ✓ Note Raymond's behaviors with increasing stress and social pressures

Cerebral Palsy

- ✓ Caused by brain injury
- ✓ Lack of control of movement
- ✓ Impaired speech
- ✓ May or may not affect intellectual function
- ✓ May need facilitated or assistive communication to be understood

Video

“Victims with Disabilities: The Forensic Interview”

✓ Dina

Epilepsy

- ✓ Neurological
- ✓ Can begin and end anytime in life
- ✓ Causes seizures
- ✓ Some have seizures even with medication
- ✓ Stress can induce seizure
- ✓ Related to Tourette's Syndrome

SLIDE 36 – EPILEPSY

Epilepsy is a neurological condition that can begin and end any time during the life span. This condition causes the individual to have seizures. In some cases seizures cannot be completely eliminated, even with medication. The child and care providers will tell you if the child continues to have seizures while on medication.

One form of epilepsy is known as Tourette's Syndrome. This neurological condition causes seizure episodes that take the form of spontaneous verbal or guttural utterances that may be accompanied by gross or fine motor movement. Typically the utterances are noises, such as grunting or sounds that mimic barking and often take the form of epithets or cursing. These episodes are involuntary and can cause anguish and embarrassment when individuals unfamiliar to the child are present. This is one of many stressors that can induce a seizure.

***Note to Instructor:** If the question is raised about what to do in case a person has a seizure in their presence, recommend that they clear the area around the individual so the individual will not be injured. Do not put anything in the person's mouth, do not attempt to restrain and call for medical back up.*

Section Summary

- ✓ Children with a developmental disability may be served by a Regional Center
 - ✓ Source of investigative information and witnesses
- ✓ Developmental disability may not affect intelligence, speech, or language

SLIDE #37 – SECTION SUMMARY

There are literally hundreds of disabilities that can occur during childhood. The two main "take away" points for this section are: (1) if a child has a qualified developmental disability, they may be registered at their local Regional Center which is a rich source of information for the investigation; and (2) the child's developmental disability may impact their intellectual, speech and language capabilities.

Learning Disabilities

- ✓ Hyperactivity and distractibility
- ✓ Affect cognition, memory, communication, and behavior
- ✓ Impaired ability to perceive receptive communication or produce expressive communication

SLIDE #38 – LEARNING DISABILITIES (1)

Learning disabilities impair the ability to perceive receptive communication or produce expressive communication. Receptive communication includes listening or reading. Expressive communication includes speech or writing. The most well known learning disability is dyslexia. Children with dyslexia often reverse letters such as the "b", "d", "s" or "r" or "p." The child's intelligence is not affected. However, difficulties with language processing can delay the child's response to a question and cause them to require that the question be repeated.

SLIDE #39 – LEARNING DISABILITIES (2)

Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) are examples of other disabilities that affect learning. They affect attention span, distractibility, observation and behavior. Medication may be used in some cases. Hyperactivity, impulsivity and distractibility are the distinguishing signs of this condition.

SLIDE #40 – PHYSICAL DISABILITIES – CA GOVERNMENT CODE 12926

Physical disabilities are defined in Section 12926 of the California Government Code. It defines a physical disability as “a disease, disorder, condition, disfigurement, or anatomical loss that affects one or more body systems; or limits a major life activity without regard to mitigating measures; or other health impairment that requires special education or related services.”

SLIDE #41 – PHYSICAL DISABILITIES

The main categories of physical disability are:

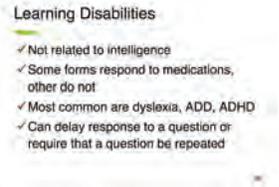
- **Motor** – conditions that affect fine and gross motor muscle functions, such as the ability to walk, sit, stand, lift and hold things, among other activities
- **Medical** – conditions which require regular or constant medical intervention such as asthma, diabetes, heart conditions, AIDS and others
- **Neurological** – conditions of the nervous system including epilepsy, Tourette’s Syndrome, Parkinson’s Disease among others
- **Orthopedic** – conditions that affect the use of arms and legs and include amputations and alternative bone structure formations
- **Sensory** – conditions affecting any of the five senses

Some children are called “medically fragile” because they require ongoing medical treatments, and may be inadvertently injured if moved by someone that is untrained. If a child must be moved for their own protection it is essential to request a medical professional to assist. The child’s medical equipment, supports, medicine, and methods to administer the medicine must remain with him/her. This may include special clothing, diapers, shoes, crutches, canes, wheelchairs, walkers, oxygen (check tank supply), and other items the care provider may supply.

Following is information on sensory disabilities since they can affect the investigation.

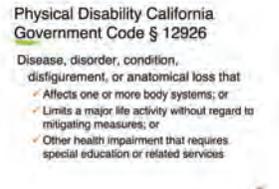
SLIDE # 42 – SENSORY DISABILITIES

- The four categories of sensory disabilities are:
- Visual: Blindness or visual impairment
- Hearing: Deaf or Hard of Hearing
- Touch: Touch sensitive or lack of sensitivity to pain



Learning Disabilities

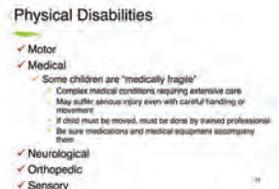
- ✓ Not related to intelligence
- ✓ Some forms respond to medications, other do not
- ✓ Most common are dyslexia, ADD, ADHD
- ✓ Can delay response to a question or require that a question be repeated



Physical Disability California Government Code § 12926

Disease, disorder, condition, disfigurement, or anatomical loss that

- ✓ Affects one or more body systems; or
- ✓ Limits a major life activity without regard to mitigating measures; or
- ✓ Other health impairment that requires special education or related services



Physical Disabilities

- ✓ Motor
- ✓ Medical
 - Some children are “medically fragile”
 - Complex medical conditions, requiring extensive care
 - May suffer serious injury even with careful handling or movement
 - If child must be moved, must be done by trained professional
 - Be sure medications and medical equipment accompany them
- ✓ Neurological
- ✓ Orthopedic
- ✓ Sensory



Sensory Disabilities

- ✓ Visual: Blindness or visual disability
- ✓ Hearing: Deaf or hard of hearing
- ✓ Touch: Touch sensitive or lack of sensitivity to pain
- ✓ Taste: Impaired/heightedened sense of taste
- ✓ Smell: Impaired/heightedened sense of smell

Exercise: Sensory Disabilities

- You are investigating a call of physical and sexual abuse of 10 year old Harry.
- Group 1: Harry is blind
 - Group 2: Harry is deaf
 - Group 3: Harry does not want to be touched
 - Group 4: Harry cannot smell or taste
- How will this affect your investigation?
How will you address it?

- Taste & Smell: Impaired or heightened sense of smell and taste

SLIDE #43 – EXERCISE: SENSORY DISABILITIES

This is a five minute exercise.

Provide the participants with this vignette:

You are responding to a call involving the possible physical and sexual abuse of a 10 year old boy named Harry. For each table, Harry will be assigned a different sensory disability. The discussion is: How will this sensory disability affect the investigation? How would you address it as a responder?

- Table one: Harry is blind.
- Table two: Harry is deaf.
- Table three Harry does not want to be touched.
- Table four: Harry cannot smell or taste.

Questions for each group to address are:

- How will this affect the investigation?
- How will you address it?

The groups work for 3-5 minutes, develop their responses and select a spokesperson. The instructor calls on each group to report.

Possible answers include:

Visual disability: *Can the child see something? Can he/she identify the perpetrator? Can he/she identify any travel or movement?*

Hearing disability: *It could affect the child's ability to know how many people were present, what was said and by whom.*

Touch disability: *The child may not be aware of injuries, or how they occurred.*

With taste: *If forced to ingest something, the child may be unable to distinguish a particular taste. The taste could be exaggerated.*

With smell: *The child may be unable to identify body odors, perfumes, paint, and other dangerous smells. The child could be extremely sensitive to odors.*

Key teaching points include: *The presence of a disability may change the child's ability to observe, identify the perpetrator and generally be aware of what happened.*

The investigator should anticipate a challenge to the child's information and build the case accordingly. For example, a child who is blind may have other bases for identifying the perpetrator than sight. The responder should inquire,

where relevant, how the child knows what he knows. This is of particular importance in sexual assault cases when the child does not have the ability to taste or smell. Touch is important because it may affect the contact skills used with a child.

SLIDE #44 – VISUAL DISABILITY

Most children who have a visual disability or are blind have some level of vision. Most children age 5 and over who are blind or have vision disabilities have been involved in early intervention programs to assist them in learning safe mobility skills. Although most can read with Large Print, a small percent use Braille. The responder should determine what accessible formats are needed for this child (Braille, Large Print, audio cassette, and computer programs/screen readers).

SLIDE #45, 46 – DEAF AND HARD OF HEARING

Among children who are Deaf or Hard of Hearing, a variety of communication methods are used. Some children may benefit from hearing aids or may have a cochlear implant. Responders should be aware of these devices and assure that they are in place and operational. Depending on age, some children may benefit from utilizing real-time captioning services. Some children may not want to use these devices, and their preference should be respected.

Some children use American Sign Language (ASL) to communicate. ASL is the third most prevalent language in the United States. Other children may use alternative forms of ASL depending upon their individual needs and other disabilities. For communication with these children, a Certified Interpreter is needed. The responder should be sure that an interpreter is made available and their skills match the child's.

A later section on Use of Interpreters explores some caveats about using family and household members as interpreters. However, the instructor can make a brief statement about the importance of having a ready roster of Sign Language Interpreters.

As discussed in the Participant Manual, the instructor should note that 90% of parents of deaf children have hearing parents. Of those, approximately 20% know sign language and it is usually the mother. Thus, most parents cannot effectively communicate with their own children, resulting in greater delays in communication skills development and ignorance by these parents of important details about their child. These are things that parents of hearing children would most always know.

Although thought to be an excellent adaptation to hearing loss, lip reading is very difficult for deaf children. Even the most adept adult lip-readers are only able to capture about 30% of what is said – the rest is filled in with subject matter and closure skills. The other 70% depend on familiarity with the speaker, accents, facial hair – moustache or beard, lighting, etc.

Visual Disability

- ✓ Most have some vision
- ✓ Most have received mobility training
- ✓ Determine how they read
 - ✦ Braille?
 - ✦ Large print?

Deaf and Hard of Hearing

- ✓ 90% of deaf children have hearing parents
 - ✦ Most parents do not use sign language at home
- ✓ Most deaf children rely on visual communication and ASL or other sign systems
- ✓ Even under ideal circumstances, only a third of spoken information can be correctly lip read

Deaf and Hard of Hearing

- ✓ Some use hearing aids, have a cochlear implant or use a service animal, such as a hearing dog
- ✓ Need to use certified interpreters for interviews

The risks for child abuse and neglect are extremely high for this population of children. There is also the potential for ‘communication abuse’ in which no language or limited language is provided to the child.

SLIDE #47 – MENTAL ILLNESS (1)

Mental illness can cause an inaccurate perception of surroundings or an inaccurate interpretation of communications. This can be characterized as an altered contact with reality, perceiving a threat where there is none, hearing voices, seeing hallucinations or believing in delusions. There is no relationship between mental illness and mental retardation. Some, but not all conditions respond to medication.

SLIDE #48 – MENTAL ILLNESS (2)

The main categories of Mental Illness include:

- Bi Polar Disorder
- Major Depression
- Schizophrenia
- Post Traumatic Stress Disorder (PTSD)

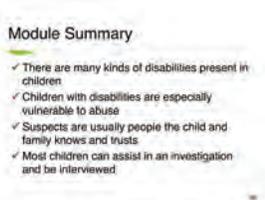
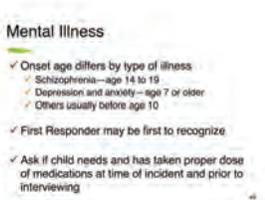
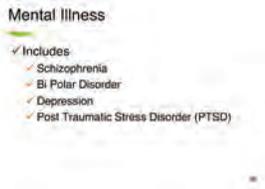
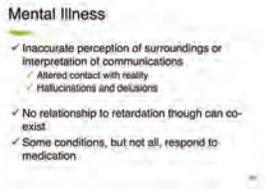
SLIDE #49 – MENTAL ILLNESS (3)

Awareness of mental illness in children is increasing. Onset age depends on the type of illness. Typically, schizophrenia has an onset between ages 14 and 19. Depression and anxiety emerge at age 7 or older, and other emotional disturbances are usually present before age 10. The first responder may be the first to recognize the presence of a mental illness.

The instructor should remind participants about the importance of determining whether the child uses medications. If so, was the child properly medicated at the time of the incident? Is the child properly medicated during the interview? If not, the child should be interviewed again after medications are properly administered. It is critical to know the role of the perpetrator since he/she may be responsible for the child’s health and use of medications. To avoid detection, he/she may over or under medicate the victim.

SLIDE #50 – MODULE SUMMARY

Between 15 to 20% of all children have disabilities. They are more vulnerable to abuse than children without disabilities. Most children can participate in an investigation and an interview. Often the suspects are someone the child knows and trusts.





MODULE 4

The Legal System and Disabilities

THIS 45 MINUTE SEGMENT WILL REVIEW NEW LEGISLATION AND DISCUSS HOW TO BUILD CASES IN LIGHT OF CRAWFORD V. WASHINGTON. IT IS NOT INTENDED TO COVER EVERY CRIME A FIRST RESPONDER ENCOUNTERS AS SUCH INFORMATION IS AVAILABLE IN OTHER COURSES.

Class participants will:

- Become familiar with case building in light of Crawford v. Washington
- Become familiar with recently enacted laws affecting child abuse victims with disabilities

ACCOMPANYING PARTICIPANTS' MATERIALS

- PowerPoint Slides 51 - 71
- Legal Quiz
- Legal Update Handout

FACILITATING THE MODULE

Equipment/Materials

- LCD player, laptop computer; remote mouse; power point slide presentation

Video

None

Training Exercises:

The class members complete a quiz individually. The quiz will then be discussed with the entire class.

Class Discussion: The Importance of Crawford v. Washington to the First Responder?

TIME FRAME:
45 MINUTES

MODULE AT A GLANCE:

Segment	Length	Video	Exercise	Slides	Participant Handbook
<i>Introduction to legal updates</i>	<i>5 min.</i>		<i>Legal quiz</i>	<i>51-52</i>	<i>32-41</i>
<i>The new legal framework Crawford v. Washington</i>	<i>15 min.</i>		<i>How does Crawford effect your investigation</i>	<i>53-62</i>	
<i>Legal Update</i>	<i>20 min.</i>			<i>63-70</i>	
<i>Summary of Module</i>	<i>5 min.</i>		<i>Answers to Legal Quiz</i>	<i>71</i>	

BACKGROUND MATERIAL:

Legislative Update 2005 Americans with Disabilities Act of 1990, <http://www.eeoc.gov/policy/ada.html>.

Police Response to people with Mental Illness or Developmental Disability: A Field Guide, California Commission on Peace responder Standards and Training (POST), 2002. Available from: POST Media Distribution Center (916) 227-4856, www.post.ca.gov; email: dvessels@post.ca.gov.

Website for updated materials on Crawford through APRI: www.ncda-apri.org.

PRESENTATION OUTLINE:

INTRODUCTION TO LEGAL UPDATE (5 MINUTES)

SLIDE 51 – LEGAL UPDATE

The Instructor directs the class to the Legal Quiz in the Participant Manual and gives the class 5 minutes to answer the questions. The participants should work individually. The instructor states that during this module these and other questions will be answered,

SLIDE 52 – TEST YOUR LEGAL KNOWLEDGE!

Legal Quiz

1. Which of the following is a mandated reporter of child abuse?
 - a. Parents
 - b. Judges
 - c. Court appointed special advocates (CASA) and in-home support providers
 - d. Family Law Attorneys

2. The special procedures now available for dependent persons do not apply to children.
 - a. True
 - b. False

3. When a child with severe disabilities turns 18 their parents retain legal guardianship to meet the child's legal, medical, and other needs.
 - a. True
 - b. False

4. Certain legal duties to sexual assault victims that apply to adults also apply to children with disabilities. Which of the following is not a legal duty owed to all victims, including children with disabilities?
 - a. Medical treatment when needed
 - b. Victim compensation information
 - c. Support person during formal interviews and forensic medical examination
 - d. Duty to provide an interpreter within 24 hours

5. Law enforcement agencies are required to comply with mandates under the Americans with Disabilities Act by 2010.
 - a. True
 - b. False

6. The Americans with Disabilities Act requires that all law enforcement activities, programs, written documents, building and facilities be accessible to individuals with disabilities equal to that for persons without disabilities.
 - a. True
 - b. False

7. Law enforcement personnel must code or indicate that the crime victim is a person with a disability.
 - a. True
 - b. False

8. Under Crawford v. Washington, the use of a victim statement in court is greatly limited.
 - a. True
 - b. False

9. After the decision in Crawford v. Washington, which of these statements is accurate?
 - a. Spontaneous statements are no longer admissible
 - b. Applies to statements made by crime victims to anyone
 - c. Statements to medical personnel for treatment are admissible
 - d. Only applies to adult victims

10. Law enforcement is mandated to cross report to which of the following agencies:
 - a. Regional Center for those individuals with developmental disabilities
 - b. Child Protective Services
 - c. Protection and Advocacy
 - d. All of the above

11. Child Protective Services is mandated to cross report to which of the following agencies:
 - a. Regional Centers
 - b. Child Advocacy Center
 - c. Probation
 - d. Protection and Advocacy Services Enforcement

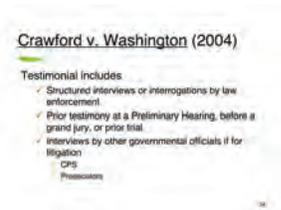
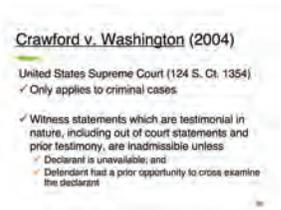
THE NEW LEGAL FRAMEWORK: CRAWFORD V. WASHINGTON (15 MINUTES)

SLIDE 53 – CRAWFORD V. WASHINGTON (2004) (1)

On March 8, 2004, the U.S. Supreme Court announced a new rule greatly limiting the use of hearsay in criminal cases. This decision is limited to criminal cases. Crawford (124 S. Ct. 1354 (2004) provides that witness statements that are testimonial in nature, including out of court statements and prior testimony are inadmissible unless (1) the declarant (the person who made the statement) is legally unavailable; and, (2) the defendant at some prior time was given the opportunity to cross examine that declarant.

SLIDE 54 – CRAWFORD V. WASHINGTON (2004) (2)

Testimonial means a statement offered for its truth, and includes structured interviews or interrogations by law enforcement, prior testimony, and interviews by other governmental officials if for criminal litigation. This would include formal interviews conducted by some child protective services professionals and prosecutors.



Crawford v. Washington (2004)

Testimonial includes

- ✓ Statements that declarant would reasonably believe to be used in a prosecution
- ✓ Statements made under circumstances that would lead an objective witness reasonably to believe that the statement would be available for use at a later trial

Crawford v. Washington (2004)

- ✓ Limited to statements offered for the truth
 - ✓ Not for statements to show implausibility of a defense
 - ✓ Not for statements to show mental state
 - ✓ Not for statements to show defendant could not believe s/he had consent
- ✓ Not to statements to get help or medical care

What Is Non-Testimonial?

- ✓ Spontaneous Statements
- ✓ Business records
- ✓ Statements in furtherance of a conspiracy
- ✓ Dying declarations
- ✓ A chance remark overheard by a governmental official
- ✓ Statements to non-governmental third parties
 - ✓ Friends, family, acquaintances

What Is Legally Unavailable?

- ✓ Dead
- ✓ So ill that the witness cannot be brought to court
 - ✓ Delusional
 - ✓ Legally incompetent
 - ✓ Traumatized
- ✓ With exercise of due diligence, cannot locate the witness

Crawford v. Washington (2004)

Inapplicable if the declarant is unavailable because of defendant's misconduct:

- ✓ Intimidation
 - Has defendant contacted or called since the arrest?
- ✓ Threats
- ✓ Caused victim to hide
- ✓ Killed the victim

Class Exercise

How does Crawford v. Washington affect your investigation?

What can you do to strengthen your case in light of Crawford v. Washington?

SLIDE 55 – CRAWFORD V. WASHINGTON (2004) (3)

Testimonial includes statements that a declarant would reasonably believe to be used prosecutorially, and statements made under circumstances that would lead an objective witness to reasonably believe that the statement would be available for use at a later trial.

SLIDE 56 – CRAWFORD V. WASHINGTON (2004) (4)

Crawford does not limit use of hearsay statements offered for such things as mental state, lack of consent and implausibility of a defense. Crawford does not apply to statements to get help or in pursuit of medical care.

SLIDE 57 – WHAT IS NON TESTIMONIAL?

Non testimonial (not subject to the Crawford decision) includes:

- Spontaneous statements
- Business records
- Statements in furtherance of a conspiracy
- Dying declarations
- Chance remarks overheard by a government official
- Statements to non-governmental third parties such as friends, family, and acquaintances

SLIDE #58 – WHAT IS LEGALLY UNAVAILABLE?

What is “legally unavailable?” This means the person is dead, so ill that the witness cannot be brought to court, i.e. delusional, severely traumatized, legally incompetent or with the exercise of due diligence the witness cannot be located.

SLIDE #59— CRAWFORD V. WASHINGTON (5)

The holding in Crawford does not apply if the declarant is unavailable because of defendant's misconduct. Examples of misconduct include: intimidation, threats, defendant's action that causes the victim to go into hiding or defendant kills the victim.

SLIDE 60— CLASS EXERCISE

Class Exercise: (Call out) *How does Crawford affect your investigation?*

The instructor leads the class in a call out process during which the participants identify ways they see Crawford affecting their response. The instructor asks how Crawford v. Washington affects your investigation? And, what can you do to strengthen your case in light of Crawford v Washington?

SLIDE # 61 – IMPACT ON CASE DEVELOPMENT (1)

Possible answers might include:

- *May need the victim to testify more often*
- *Identify non-governmental sources with information*
- *Medical and school staff especially important*
- *Need to find other sources*

Suggestions for strengthening case building include:

- *Determining who else knows?*
- *Learning who the suspect has told?*
- *Corroboration through medical sources, friends, family, financial records, and other non-governmental sources*

SLIDE #62 – IMPACT ON CASE DEVELOPMENT (2)

Responders should obtain and memorialize witnesses' statements and continue to record. The tapes can be used in other case building activities, and can be valuable for review by expert witnesses. They may be admissible for non-hearsay purposes such as to prove that a suspect could not believe there was lawful consent. Finally, they can be helpful in the application of the rule of forfeiture.

LEGISLATIVE UPDATE (20 MINUTES)

SLIDE #63 – LEGISLATIVE UPDATE: CHILD ABUSE

Legislative enactments for 2005 that are relevant to child victims with disabilities include the many items detailed in this portion of the module.

The instructor should refer participants to the *Legal Update Handout* for an extensive reading of legal changes.

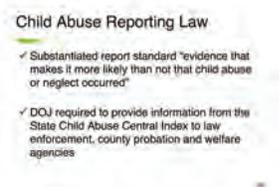
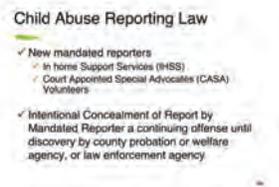
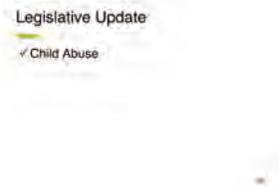
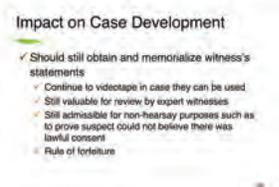
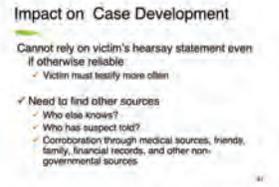
SLIDE #64 – CHILD ABUSE REPORTING LAW (1)

As of January 1, 2005, there are two new categories of mandated reporters of child abuse. These are in-home support services workers (IHSS) and Court Appointed Special Advocates (CASA) volunteers.

There is a change in the statute of limitations for intentional concealment of the failure to report. The crime is now a continuing offense so that the statute of limitations does not begin to run until discovery of the concealment by a county probation or welfare agency or a law enforcement agency.

SLIDE 65 – CHILD ABUSE REPORTING LAW (2)

The standard for substantiation of a report by CPS is changed to “evidence that makes it more likely than not that child abuse or neglect occurred.”



Legislative Update

- ✓ Criminal Procedure

Dependent Person

Dependent Person (EC 177)

- Any age with physical or mental impairment
- Substantially restricts ability to carry out normal activities or protect legal rights
- ✓ Special procedures
 - Courtroom procedures
 - Jury instructions

Right To a Support Person and Advocate

- At formal interview by law enforcement, prosecutors and defense (PC 679.04)
- At forensic examination (PC 264.02)
- Grand jury (PC 939.21)
- In court – up to 2 support persons at preliminary hearing and trial (PC 868.5)
- Juvenile court hearing- up to 2 support persons (PC 868.5)

Duties to Victims

- ✓ Medical treatment
- ✓ Interpreter
- ✓ Convey a child to out of home placement
- ✓ Victim Notification
- ✓ Victim Compensation

Children With Disabilities

- ✓ All laws that apply to children apply to children with disabilities
- On reaching the age of majority, all contracts, releases, legal documents, and responsibility for decision making rest with the individual and not with their parents

The Department of Justice is now required to provide information from the State Child Abuse Central Index (CACI) to law enforcement, county probation and county welfare agencies conducting a child abuse investigation.

SLIDE #66 – LEGISLATIVE UPDATE: CRIMINAL PROCEDURE

SLIDE #67 – DEPENDENT PERSON

The Legislature has created a new category of persons entitled to special procedures. These are “dependent persons.”

Definition: “...any person who has a physical or mental impairment that substantially restricts his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have significantly diminished because of age.” (Evidence C 177)

When a case involves a dependent person there are special courtroom procedures and jury instructions for assessing testimony.

SLIDE 68 – RIGHT TO A SUPPORT PERSON AND ADVOCATE

Children with disabilities have a right to a support person of their own choosing and an advocate at formal interviews, at the forensic examination, at the grand jury, at juvenile court proceedings, and in court. Formal interview by law enforcement, prosecutors and the defense (PC 679.04); at the forensic examination (PC 264.02), Grand jury (PC 939.21); In court – up to 2 support persons at preliminary hearing and trial (PC 868.5); Juvenile court hearing- up to 2 support persons (PC 868.5)

SLIDE 69 – DUTIES TO VICTIMS

Like other victims, responders owe certain duties to children who have disabilities and are victims of a crime. These include:

- Medical treatment when needed
- Qualified Interpreters as needed (CA Evidence Code § 754 and §755)
- Safely transport a child in danger to out-of-home placement as needed
- Complete victim notification forms
- Complete victim of a violence crime notification as appropriate
- Victim compensation information

SLIDE 70 – CHILDREN WITH DISABILITIES

Application of Existing Law: The instructor makes a brief statement that all laws pertaining to children, equally pertain to children with disabilities. Upon reaching the age of majority, individuals with disabilities have the responsibility for all legal documents and decision-making. Parents can go to court to obtain legal guardianship of their adult child but most do not.

SUMMARY OF MODULE (5 MINUTES)

SLIDE 71— SUMMARY OF MODULE – QUIZ ANSWERS

The Instructor turns the participants' attention to the Legal Quiz, and provides the following answers:

1. c
2. b
- 3..... b
4. d
5. a
6. a
7. b
8. a
9. c
10. ... b
- 11... e

Legal Quiz

1. Which of the following is a mandated reporter of child abuse?
 - a. Parents
 - b. Judges
 - c. Court appointed special advocates (CASA) and in-home support providers
 - d. Family Law Attorneys

Answer: c

2. The special procedures now available for dependent persons do not apply to children.
 - a. True
 - b. False

Answer: b

3. When a child with severe disabilities turns 18 their parents retain legal guardianship to meet the child's legal, medical, and other needs.
 - a. True
 - b. False

Answer: b

Summary of Module

Question 1	"c"	Question 6	"a"
Question 2	"b"	Question 7	"b"
Question 3	"b"	Question 8	"a"
Question 4	"d"	Question 9	"c"
Question 5	"a"	Question 10	"b"
		Question 11	"a"

4. Certain legal duties to sexual assault victims that apply to adults also apply to children with disabilities. Which of the following is not a legal duty owed to all victims, including children with disabilities?
- a. Medical treatment when needed
 - b. Support person during formal interviews and forensic medical examination
 - c. Duty to provide an interpreter within 24 hours
 - d. None of the above

Answer: "d"

5. Law enforcement agencies are required to comply with mandates under the Americans with Disabilities Act by 2010.
- a. True
 - b. False

Answer: a

6. The Americans with Disabilities Act requires that all law enforcement activities, programs, written documents, building and facilities be accessible to individuals with disabilities equal to that for persons without disabilities.
- a. True
 - b. False

Answer: a

7. Law enforcement personnel must code or indicate that the crime victim is a person with a disability.
- a. True
 - b. False

Answer: b

8. Under Crawford v. Washington, the use of a victim statement in court is greatly limited.
- a. True
 - b. False

Answer: a

9. After the decision in Crawford v. Washington, which of these statements is accurate?

- a. Spontaneous statements are no longer admissible
- b. Applies to statements made by crime victims to anyone
- c. Statements to medical personnel for treatment are admissible
- d. Only applies to adult victims

Answer: c

10. Law enforcement is mandated to cross report to which of the following agencies:

- a. Regional Center for those individuals with developmental disabilities
- b. Child Protective Services
- c. Protection and Advocacy
- d. All of the above

Answer: b

11. Child Protective Services is mandated to cross report to which of the following agencies:

- a. Regional Centers
- b. Child Advocacy Center
- c. Probation
- d. Protection and Advocacy Services
- e. Law Enforcement

Answer: e

MODULE SUMMARY

This module reviewed new legislation and discussed case building in light of Crawford v. Washington. It reviewed the 2005 updates to the law pertaining to child abuse victims of disabilities.



PERSKE

MODULE 5

Officer/Worker Safety Issues

THIS 30 MINUTE SEGMENT IS PRIMARILY DIRECTED AT FIRST RESPONDERS WHO HAVE LITTLE OR NO TRAINING IN SAFETY ISSUES. SINCE THE CURRICULUM'S TARGET AUDIENCE INCLUDES NON-LAW ENFORCEMENT PROFESSIONALS WHO RESPOND TO DANGEROUS SITUATIONS AND ARE OFTEN ALONE AND UNARMED, THIS SECTION HIGHLIGHTS SOURCES OF DANGER AND SAFETY SUGGESTIONS.

Class participants will:

- Identify sources of danger in child abuse calls in which a person has a disability
- Identify approaches to enhance safety

ACCOMPANYING PARTICIPANTS' MATERIALS

- PowerPoint Slides 72 - 78
- Article on Death of Children's Services Worker
- Sources of Danger

FACILITATING THE MODULE

Equipment/Materials

- LCD player, laptop computer; flip chart; pens

Video

We suggest that trainers identify a 3 minute clip.

Training Exercises:

Group Exercise on sources of danger

TIME FRAME:
30 MINUTES

MODULE AT A GLANCE:

Segment	Length	Video	Exercise	Slides	Participant Handbook
<i>Introduction to issue of responder safety</i>	<i>5 min.</i>			<i>72</i>	<i>43-46</i>
<i>Identification of sources of danger</i>	<i>5 min.</i>		<i>Call out exercise to identify sources of danger</i>	<i>73-74</i>	
<i>Strategies to enhance responder safety</i>	<i>15 min.</i>		<i>Table exercise to identify effective safety strategies</i>	<i>75-77</i>	
<i>Summary</i>	<i>5 min.</i>			<i>78</i>	

BACKGROUND MATERIAL:

Article(s) on workers endangered while on duty.

PRESENTATION OUTLINE:

INTRODUCTION TO ISSUE OF RESPONDER SAFETY (5 MINUTES)

SLIDE # 72 – OFFICER AND WORKER SAFETY

The instructor states that this is a brief review and not a comprehensive discussion of safety.

The instructor asks class members:

Have you confronted dangerous situations in child abuse cases?

Have you confronted dangerous child abuse situations where a child had a disability?

Class quickly describes any situations they have encountered.

The instructor refers to articles that describe a social worker or other first responder who has been injured or killed while in the line of duty. One of these is in the *Participant's Manual*.

IDENTIFICATION OF SOURCES OF DANGER (5 MINUTES)

SLIDE 73 – CLASS EXERCISE: WHAT ARE SOURCES OF DANGER IN CASES OF ABUSE OF CHILDREN WITH DISABILITIES?

Class Exercise: *What are sources of danger in child abuse cases when a person may have a disability? One instructor writes answers of participants on the flip chart.*

SLIDE 74 – SOURCES OF DANGER

The instructor shows the above slide and discuss it. This chart is also in the *Participant Manual*.

Class Exercise

What are Sources of Danger in Cases of Abuse of Children with a Disability?

- ✓ Location
- ✓ Occupants, including family members
- ✓ Environmental factors
- ✓ Other

Sources of Danger

- ✓ Victim
 - ✓ Child with autism who is stressed
 - ✓ Child with schizophrenia
- ✓ Family member
 - ✓ Especially if fears arrest or removal of the child
 - ✓ May be mentally ill or under the influence
- ✓ Environmental sources
 - ✓ Dangerous animals, weapons, drugs, alcohol, suicidal intent
- ✓ Residents' tactical advantage

Category	Source of Danger
<i>Location</i>	<i>Drug house; high crime area; methamphetamine lab</i>
<i>Occupants of homes you must visit</i>	<i>Family members: fear of loss of a child; fear of arrest; fear loss of welfare or SSI income; 3 Strikes and other career criminals; gang members; drug dealers; persons that may be intoxicated, mentally ill, delusional or violent</i>
<i>Environmental Factors</i>	<i>Child may be frightened and re-enact the abuse or attack (child with schizophrenia; child with autism who may be stressed); home may be unsafe or uninhabitable; dangerous animals on premises; weapons, explosives or drugs; child or home occupant may be suicidal/homicidal.</i>
<i>Other</i>	<i>Persons at location are familiar with it and thus have a tactical advantage</i>

STRATEGIES TO ENHANCE RESPONDER SAFETY (15 MINUTES)

SLIDE 75 – CLASS EXERCISE: WHAT CAN YOU DO TO ENHANCE YOUR SAFETY?

Class Exercise: The instructor asks the question on the slide: “*What can you do to enhance your safety?*”

The instructor lists the answers of the participants on the flip chart.

SLIDE 76 – ENHANCING SAFETY – CPS

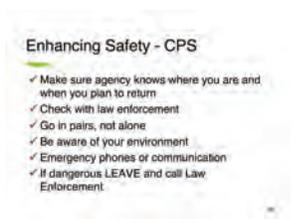
The following suggestions can be made for Child Protective Services Workers, if not mentioned by the participants:

- Make sure your supervisor or agency knows where you are and when you plan to return
- Check with law enforcement
- Go in pairs, not alone
- Be aware of your environment
- Take emergency phones or communication
- If you determine the situation to be dangerous, LEAVE and call law enforcement

SLIDE 77 – ENHANCING SAFETY

For all first responders:

- Check for mental health red flags and address history
- Determine who is at the location and gather them together
- Separate parties eye and earshot (especially for deaf individuals)
- Work with a partner and keep that partner in view
- Have animals removed
- Avoid complacency!



Module Summary

✓ Think safety!

✓ If a situation seems dangerous for you, do you think the child may be in danger? Is anyone else potentially in danger? Are the pets well cared for?

MODULE SUMMARY (5 MINUTES)

SLIDE 78 – MODULE SUMMARY

End the module by reminding the class that safety should be considered throughout the case.

Question for participants: *If you determine that a situation is dangerous, do you think it also might be dangerous for the child victim? How about for the child's interpreter or other support person?*

Optional Exercise:

If time permits, discuss measures that can increase safety. This is a 5 minute table exercise that allows officers with more expertise in safety to teach others in their group.

NOTE: If you are on schedule, this is the suggested place for a lunch break.

It is recommended that one of the Course Instructors (preferably the LE instructor) use this time to review the POST sign-in sheet for legibility and completeness. If there are any problems make adjustments and then file the documents for later delivery to POST, after the class returns from the lunch break.



PERSKE

MODULE 6

Conducting the Preliminary Investigation

THIS 70 MINUTE SEGMENT WILL SUPPLEMENT BASIC INFORMATION ON CONDUCTING THE PRELIMINARY INVESTIGATION. IT WILL INCLUDE THE CRITICAL ROLE OF THE FIRST RESPONDER IN DOCUMENTING THE CASE AND IN HAVING EFFECTIVE CONTACT SKILLS.

Class participants will:

- Understand the critical role of the first responder in identifying and documenting incidents of abuse
- Highlight the need to look for other incidents of abuse
- Identify sources of evidence, including sources which serve children with certain disabilities
- Describe effective contact skills for situations where a child with a disability is a victim of abuse

ACCOMPANYING PARTICIPANTS' MATERIALS

- PowerPoint Slides 79 - 105
- Information Sources for Education and Regional Center Documentation - Sources of Danger
- Criteria for Spontaneous Statements
- Ten Tips for Law Enforcement First Response to an Abuse Call for a Child with Disabilities
- Working with Interpreters
- Quick Reference Guide for Briefing Interpreters

FACILITATING THE MODULE

Equipment/Materials

- LCD player, laptop computer; remote mouse; power point slide presentation

Video

Trainers will identify an approximately 3 minute clip.

Training Exercises:

Call Out: Sources of Evidence (Can also be done as a Two Minute Drill)

Class Discussion: How Do the Values and Beliefs of Children with Disabilities affect the First Responder?

TIME FRAME:
70 MINUTES

MODULE AT A GLANCE:

Segment	Length	Video	Exercise	Slides	Participant Handbook
<i>Overview: Critical Role of the First Responder</i>	<i>10 min.</i>			<i>79-81</i>	<i>48-60</i>
<i>Sources of Evidence</i>	<i>25 min.</i>		<i>Sources of Evidence Spontaneous Statements</i>	<i>82-91</i>	
<i>Contact Skills</i>	<i>15 min.</i>	<i>POST Vid- eo: Police Response to People with men- tal Illness or Devel- opmental Disability</i>		<i>92</i>	
<i>Values and Beliefs</i>	<i>20 min.</i>			<i>93-105</i>	

BACKGROUND MATERIAL:

Interviewing Skills to Use with Abuse Victims Who Have Developmental Disabilities, Rev. 2004, Baladerian, N.J., available from: Arc Riverside contact: nora@disablity-abuse.com.

Conducting the Preliminary Investigation

First Responders

- ✓ Crime scenes can be complex and the evidence quickly destroyed or lost
- ✓ The first responder sets the stage for others who may have to deal with the child, witnesses, and suspect later on
- ✓ May have to deal with family more than once

Look Beyond the Call

- ✓ Other forms of abuse may be present
- ✓ There may be other victims
 - ✓ The child with the disability may be singled out for abuse in the family or may be the only child not harmed
 - ✓ In institutions, there may be a predator
- ✓ The same victim may have been assaulted more than once
 - ✓ Same suspect
 - ✓ Other suspects

PRESENTATION OUTLINE:

CRITICAL ROLE OF THE FIRST RESPONDER (10 MINUTES)

SLIDE 79 – CONDUCTING THE PRELIMINARY INVESTIGATION

SLIDE 80 – FIRST RESPONDERS

The instructor states that crime scenes may be complex and evidence lost or destroyed if not immediately collected and documented. Witnesses whose information is not documented and memorialized may disappear or be forgotten.

The impact of the first responder is critical and will influence how the victim and family respond to later support personnel.

In addition, since situations may occur more than once, these professionals and the first responder may encounter the child or suspect in future cases.

SLIDE 81 – LOOK BEYOND THE CALL

It is important for the first responder to look beyond the initial information. If the call is about an assault, the first responder should determine whether or not there are other incidents, other victims, or other crimes.

Any call can lead to the discovery of child abuse – particularly domestic violence or drug abuse cases.

The instructor should point out that there may be other victims within the location and possible multiple perpetrators.

The child with a disability may be singled out for abuse or may be the only person not abused. Instructor will suggest that class participants recall what they already know about the link between child abuse and domestic violence, and the possibility that one parent is also abusing the other.

In addition, have the class think about the links between child abuse and elder abuse. Is the abuser victimizing others under the same roof?

Is there potential for financial abuse, either using funds meant for the child, or funds that support the family.

Finally, have the class think about the links between child abuse and animal abuse. Inquiring about all of these possibilities is an excellent way to gather more information about the people living in and visiting the child's home, and their interactions.

SOURCES OF EVIDENCE (25 MINUTES)

SLIDE 82 – EXERCISE: SOURCES OF EVIDENCE

Class Exercise: Have the participants work with their table partners. Direct them to develop a comprehensive list of potential evidence that may exist in a case of a child abuse victim with a disability. The class is given 3 minutes to work. The instructor calls out when 1 minute remains, then calls time to end their group discussions.

Each table is asked to count the number of sources they have identified. The instructor identifies the table with the longest list. The other members of the class are directed to listen while the list is read in order to add any items omitted by the lead table. After the first table reads its list, one instructor writes it on a flip chart. The other tables are asked to contribute additional sources.

SLIDE 83 – SOURCES OF EVIDENCE (1)

Follow up instruction should include:

Obtain as much information as possible before responding to the call. The responder should make every effort to attempt to learn about what to expect including the identification of:

- Fresh complaint witnesses
- Similar persons familiar with other children and adults in the home or facility
- Other victims
- General patterns in the home
- Any history of domestic violence

SLIDE 84 – SOURCES OF EVIDENCE (2)

The instructor states that usually there are quite a few people involved with the child, and any of them may be witnesses or suspects. These people are sources of evidence regarding the child's strengths and weaknesses, changes in demeanor or behavior, significant changes in their life, documentation of the child's progress, daily records and contacts, the child's language skills, and the child's developmental achievements. They may have photos, notes or journals, have seen injuries, or have heard spontaneous statements from the child. They may have noted changes in the child's moods, behavior, developmental progress or personality over time.

SLIDE 85 – OTHER SOURCES

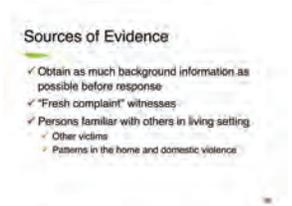
The instructor states that the first responder should learn about all prior reports to law enforcement and CPS. In doing so, it is essential to know that for CPS, all reports are filed under the mother's name. Responders will also want to scan for prior 911 calls. Finally, the responder needs to know the names and contact information for the child's van drivers, coaches, child care providers and teachers.



Class Exercise:
Sources of Evidence

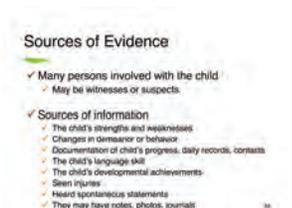
Working with your table partners, make the most complete list possible of types of evidence that may exist in a case of possible abuse of a child with a disability

You have 3 minutes!



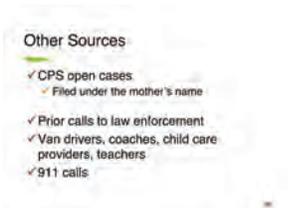
Sources of Evidence

- ✓ Obtain as much background information as possible before response
- ✓ "Fresh complaint" witnesses
- ✓ Persons familiar with others in living setting
- ✓ Other victims
- ✓ Patterns in the home and domestic violence



Sources of Evidence

- ✓ Many persons involved with the child
- ✓ May be witnesses or suspects
- ✓ Sources of information
 - The child's strengths and weaknesses
 - Changes in demeanor or behavior
 - Documentation of child's progress, daily records, contacts
 - The child's language skills
 - The child's developmental achievements
 - Seen injuries
 - Heard spontaneous statements
 - They may have notes, photos, journals



Other Sources

- ✓ CPS open cases
 - Filed under the mother's name
- ✓ Prior calls to law enforcement
- ✓ Van drivers, coaches, child care providers, teachers
- ✓ 911 calls

Children in Special Education

- ✓ Special education under the Individuals with Disabilities Education Act (IDEA)
 - ✓ Meetings, plans, experts, and conferences with medical, agreements, and parental signatures to agreement
- ✓ Child's individualized education program (IEP)

Children in Special Education

- ✓ When a child has an IEP, they may have a daily record prepared by the teacher or aide
 - ✓ Sent to child's parent each day
- ✓ Separate transportation system
- ✓ Possible interpreters

Regional Centers

- ✓ Maintain and update information on Individual Program Plan (IPP)
 - ✓ Medical issues and diagnosis
 - ✓ School
 - ✓ History
 - ✓ Special incidents
 - ✓ Legal involvement

Importance of Complete Documentation

- ✓ Importance of documentation and corroboration
- ✓ All witnesses, including victim
- ✓ Spontaneous statements
 - ✓ What was said and who heard it
 - ✓ Demeanor
 - ✓ Context of statement

SLIDE 86 – CHILDREN IN SPECIAL EDUCATION (1)

If the child receives special education under the Individuals with Disabilities Education Act (IDEA) there are meetings, plans, experts, conferences and parental signatures to agreements that are documented in the child's file.

SLIDE 87 – CHILDREN IN SPECIAL EDUCATION (2)

Children attending Special Education classes have an Individual Education Plan (IEP). This is a legal document that details the educational and support services required for the child. It identifies all school and school-related personnel who interact with the child for educational, transportation, medical, behavioral and therapeutic services.

A notebook with daily entries prepared by the child's teacher or aide on happenings at school may exist and may be sent home with the child each day. The parents make entries to ensure that the school is aware of the child's activities, problems or other important factors

SLIDE 88 – REGIONAL CENTERS

If a child is receiving services from a Regional Center he/she has a written Individual Program Plan (IPP) with assessments, a comprehensive history, and documentation of medical examinations, etc. This document includes identification of all authorized individuals who have provided services to the child.

SLIDE 89 – IMPORTANCE OF COMPLETE DOCUMENTATION

The instructor discusses the importance of responder's complete documentation and corroboration. This includes speaking with all witnesses – especially the victim.

The responders have a responsibility to document spontaneous statements including information such as:

- ✓ *What was said? (document the exact quote)*
- ✓ *Who was the speaker? (relationship to the victim)*
- ✓ *Who heard the statement?*
- ✓ *What was the demeanor of the speaker?*
- ✓ *What was the context of the statement?*

NOTE: Even incompetent witnesses can make admissible spontaneous statements.

A spontaneous statement, according to California Evidence Code 1240 is one that purports to narrate, describe or explain an act, condition or event perceived by a declarant, and made spontaneously while the declarant was under the stress of excitement caused by such perception.

These are generally unsolicited statements made during or shortly after a star-

ting event such as a crime where the declarant is a victim.

Officers should also capture unsolicited statements made by suspects that typically arise in initial contact, during transportation, and other times. All statements made by the victim and suspect should be carefully documented, whether solicited by law enforcement or not. This includes direct quotes of the spontaneous statements, a description of the person's demeanor and the context of the statement.

The best way to document statements is to identify the above elements and to capture the statements on tape. If statements are fully recorded, it's acceptable to only include key quotes and a summary of the general conversation. If the statement is not recorded, the written description should include exact quotations as much as possible including key statements, and a summary of all other statements.

SLIDE 90 – IS THIS A SPONTANEOUS STATEMENT? (1)

Class Exercise: *Two Statements – Are they Spontaneous?*

The instructor asks the class, *“Is this a spontaneous statement?”*

Statement #1

The suspect told me that his 5 year old niece (Becky) and his 3 year old nephew (Tommy) were present during the incident. I talked with Becky and she told me that ‘Johnny (suspect) slapped Mickey on the face’. I talked to Tommy who said ‘Johnny knocked Mickey down.’

Answer: This is not a spontaneous statement because there is no evidence of the person's demeanor that indicates they were under stress caused by a startling event.

SLIDE 91 – IS THIS A SPONTANEOUS STATEMENT? (2)

The instructor will ask the class, *“Is this a spontaneous statement?”*

Statement #2

“Officer Smith reported interviewing 6 year-old Marianne. “The whole time during my interview with Marianne she appeared frightened. She was shaking at the hands and kept looking at the front door of her house where her uncle, Robert, was. I asked her if she was afraid of Robert and she nodded her head ‘Yes’. She said that ‘...Robert grabbed me by the arm, pushed me into the wall, and said don’t tell anyone or he’d do it again...’”

Answer: This meets the criteria for a spontaneous statement because her statement is quoted, and her fear caused by a recent traumatic event was detailed.

Is This A Spontaneous Statement?

The suspect told me that his 5 year old niece (Becky) and his 3 year old nephew (Tommy) were present during the incident. I talked with Becky and she told me that ‘Johnny (suspect) slapped Mickey on the face’. I talked to Tommy who said ‘Johnny knocked Mickey down.’

Is This A Spontaneous Statement?

Officer Smith reported interviewing Marianne, who is 6. “The whole time during my interview with Marianne she appeared frightened. She was shaking at the hands and kept looking at the front door of her house where her uncle, Robert, was. I asked her if she was afraid of Robert and she nodded her head ‘Yes’. She said that ‘...Robert grabbed me by the arm, pushed me into the wall, and said don’t tell anyone or he’d do it again...’”

Contact Skills

- ✓ Importance of understanding values and beliefs of children with disabilities
- ✓ Part of your effectiveness in obtaining and assessing information, and interviewing
- ✓ Video: "Jason" POST, 2002

VALUES AND BELIEFS OF CHILDREN WITH DISABILITIES (20 MINUTES)

SLIDE # 92 – CONTACT SKILLS

To fully understand children with disabilities and to provide accurate documentation, it is helpful to consider what they have been taught. Their reality and rules for living are different than those of children without disabilities.

Children with disabilities often are taught certain values and beliefs. Understanding these will increase your effectiveness in obtaining and assessing information. These values and beliefs can affect how they will respond to first responders.

Instructor will play this 3.5 minute video clip of “Jason.”

Jason is a man with mental retardation. He witnesses the purse snatch robbery of a woman on the street. He is interviewed by police and provides information about the robbery and the suspect's description. Several subject matter experts discuss contact skills and interviewing. They also discuss that individuals with mental retardation can be effective and credible witnesses.

Teaching points: Jason is clearly concerned about his schedule and need to be at work. The officer recognizes his concerns, and responds to them first. This allows Jason to focus on the officer's questions about what he had just seen. The officer effectively confirms and clarifies information. He was very respectful and he positioned himself directly in front of Jason, making sure that plenty of space was between them. The officer made the “next steps” clear to Jason. He noted they might include Jason's participation in court and he gained Jason's agreement.

When dealing with victims or witnesses with disabilities it is advisable to avoid touching them unless contact is initiated by them.

CONTACT SKILLS (15 MINUTES)

SLIDES 93, 94 – VALUES AND BELIEFS OF CHILDREN WITH DISABILITIES

The instructor states that children with disabilities bring certain values and beliefs that differ from typically developing child. Understanding these will improve your ability to build rapport and conduct a more effective interview.

In general, children with disabilities are taught to “do what you are told and don't cause trouble,” without room for understanding the reasons for the instruction or judging the situation on their own.

Values and Beliefs of Children With Disabilities

- ✓ Not get others in trouble
- ✓ Obey the rules
- ✓ Not cause trouble
- ✓ Obey those in charge

Values and Beliefs of Children With Disabilities

- ✓ Do not get angry
- ✓ Agree with people
- ✓ Other people's opinion are important while yours are not
- ✓ Do not be assertive

The instructor reviews this list, emphasizing that while some of these pertain to all children, for children with disabilities these are regularly enforced.

- Do not get others in trouble
- Obey the rules
- Do not cause trouble
- Obey those in charge
- Don't get angry
- Agree with people
- Other people's opinion are important while yours are not
- Do not be assertive
- Don't ask for anything

SLIDE 95 – DIFFERENCES IN UNDERSTANDING OF BASIC CONCEPTS (1)

The concept of “rights” is generally unknown to individuals with developmental disabilities. As stated before, people with cognitive disabilities think in concrete terms and “rights” are an abstract term. Also, children with disabilities often have no experience of having the right to do anything. They may not be allowed to make their own decisions. Often adults or other family member without disabilities are in charge of them. These children may fear contradicting this authority figure and are compliant. Finally, they are unlikely to say “no” to any request made of them. This factor may not only play into cooperating with a suspect, it also may lead to confusion if the child has been instructed not to tell anyone about the abuse. The child is now faced with a request to do so.

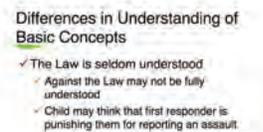
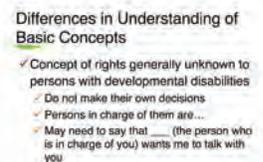
SLIDE 96 – DIFFERENCES IN UNDERSTANDING OF BASIC CONCEPTS (2)

In addition children with disabilities may not be familiar with information you would expect children to know. They may believe that abuse is normal; they may lack vocabulary to describe abusive conduct; they may be unfamiliar with sexual body parts; and, they may be unable to describe their feelings. Words such as “abuse” or “assault” may be unfamiliar, but words that children know, such as “hurt” or “felt bad” can be substituted.

It is essential to ask a child what particular words – even common words– mean to the child. Perpetrators are skillful at using normal vocabulary to describe the abuse, thus creating another layer of protection against discovery.

An example of this was a child who was repeatedly sexually abused by a school professional, who called the abuse the child's “exercises.” The child said she did exercises with this individual, but it took a while to discover the confusion caused by this perpetrator's trick. This is a common trick, and responders and other interviewers must remain vigilant for these attempts to cover up the abuse.

Finally, it is recognized that many children with disabilities fear that the



interview with the first responder is a precursor to “getting into trouble” or is a punishment for being involved in the abuse. These fears must be set aside by clear descriptions by the responder about the purpose of the interview – what it is and what it is not. The responder should directly state to the child that “you are not in trouble” and “I need to talk to you to learn about what has happened. Our talking together is not a punishment.”

SLIDE 97 – DIFFERENCES IN UNDERSTANDING OF BASIC CONCEPTS (3)

The instructor discusses that the concepts of “Abuse” and “Assault” are usually unknown to children with disabilities. However, they can easily relate to terms and concepts about something that hurt them or made them feel bad.

SLIDE 98 – ASKING ABOUT ABUSE: SAMPLE QUESTIONS

The instructor reviews with the participants a list of suggested questions to ask the child.

The instructor notes that these are simple questions to acquire information in a non-threatening manner. Sample questions include:

- How did it make your body feel?
- Has your body ever felt that way before?
- If yes, “tell me about that time.”
- If not, what made it different that time?

These questions can be answered by almost any child, including children with moderate mental retardation.

SLIDE 99 – DIFFERENCES IN UNDERSTANDING OF BASIC CONCEPTS (4)

The instructor continues with a class discussion about the child’s rules of living, and that children with disabilities, to a much greater degree than children who do not have disabilities, are taught to be obedient and dependent. Often, due to training and life experience, they are reluctant to express negative feelings or a desire for change. Many children’s cognitive disabilities may limit their ability to understand as well.

SLIDE 100 – BODY INTEGRITY

Some children must be touched for hygiene and therapy. This may interfere with their sense of owning their own body. They are not allowed to set limits on how they are touched. Although most children know that sexualized touch or purposeful painful touch is wrong, their overall experience with touch must be taken into account. Even though children may experience being touched frequently during the day for hygiene and therapy, they are aware when they have been touched in ways that were inordinately painful or feel wrong.

Differences in Understanding of Basic Concepts

- ✓ Abuse or Assault
 - ✓ Concept is unknown
 - ✓ Child can describe what hurt them or made them feel bad
 - ✓ Often unaware that abuse is abnormal

Asking About Abuse: Sample Questions

- ✓ How did it make your body feel?
- ✓ Has your body ever felt like that before?
- ✓ If no, what was different this time?
- ✓ If yes, tell me about that time? Where were you?

Such questions can be answered by most children, including those with moderate mental retardation

Differences in Understanding of Basic Concepts

- ✓ Taught to be obedient and dependent
- ✓ Reluctant to express negative feelings or a desire for change
- ✓ Reluctant to express any feelings or desires
- ✓ Will not refuse you, or the suspect

Body Integrity

- ✓ Body may be touched for hygiene and therapy
 - ✓ May affect sense of ownership of own body
 - ✓ Child may be used to being touched
 - ✓ Cannot set limits on contact
- ✓ May be unaware that sexual contact is unusual when by caregiver but may be able to understand it should not happen

SLIDE 101 – CHILDREN WITH DISABILITIES

Many children with mental retardation and other intellectual disabilities think in concrete terms, rather than abstract terms. Concrete means that which you can observe or feel or touch directly. Abstract includes concepts such as time, distance, motivation or rights. For example, “that is against the law” is abstract. “I saw him hit the dog” is concrete.

SLIDES 102 – HOW CAN FIRST RESPONDERS AND FRONTLINE WORKERS USE THIS INFORMATION?

Exercise: Instructor will ask the class to participate in a discussion of “How Can First Responders and Frontline Workers Use this Information?”

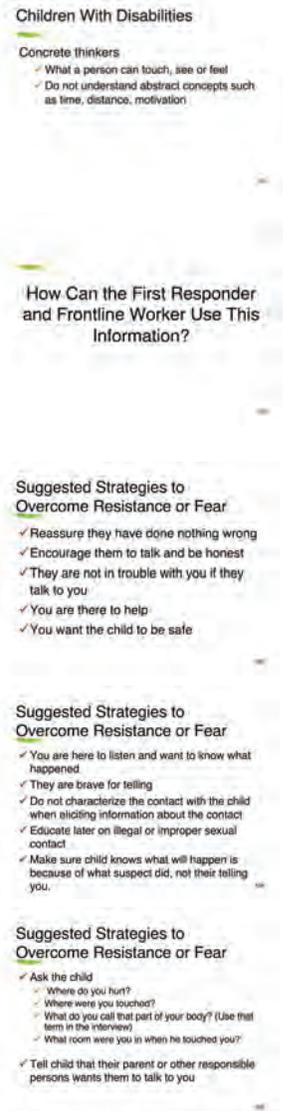
SLIDES 103, 104, 105 – SUGGESTED STRATEGIES TO OVERCOME RESISTANCE OR FEAR

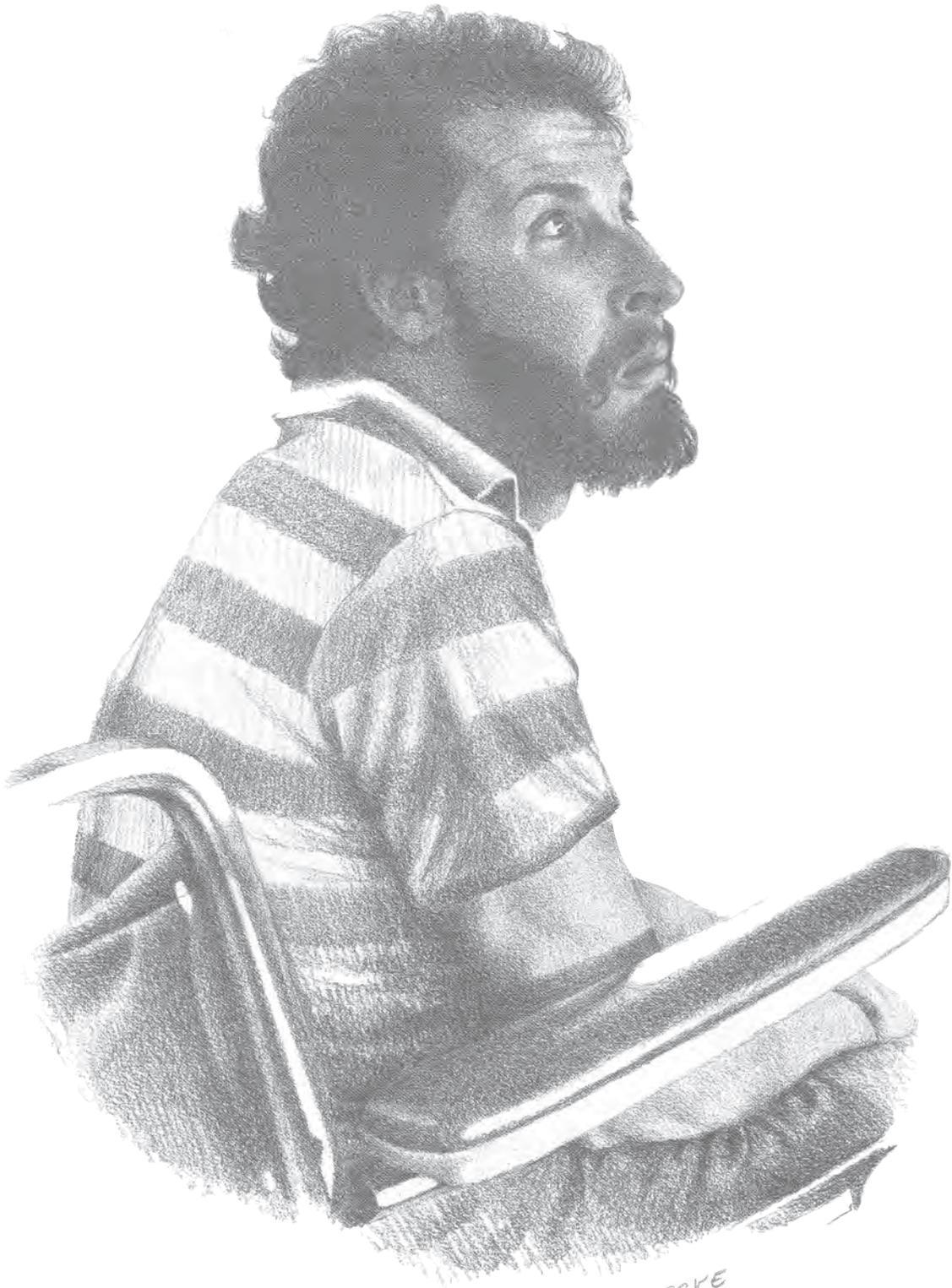
The following are suggested strategies to overcome resistance or fear on the part of the child. These strategies can be shown as part of the above exercise.

- Reassure the children that they have done nothing wrong
- Encourage them to talk to you and be honest
- Tell the child that s/he will not be in trouble with you when s/he tells you what happened
- Assure child that you are there to help
- State that you want the child to be safe
- State that you are here to listen and that you want to know what has happened to them
- Tell the child that you believe they are brave for telling you about it
- Ask child what made them hurt or feel bad
- Ask child to describe what happened
- Avoid characterizing contact with the child when eliciting information about contact
- Make sure the child knows that what may happen is not because of the child, or the child’s telling you what happened, but because of what the suspect has done
- Educate on illegal or improper sexual contact afterwards or at another time

MODULE SUMMARY

Interviewing child abuse victims with disabilities can require special skill and knowledge. This module discussed the many ways that children with disabilities are unique and what responders must do to accommodate these differences.





PERSKE

MODULE 7

Interviewing Children with Disabilities

THIS 120 MINUTE SEGMENT WILL PROVIDE SPECIFIC INFORMATION ON HOW A CHILD'S DISABILITY MAY AFFECT AN INTERVIEW AND WILL IDENTIFY EFFECTIVE SKILLS AND TECHNIQUES FOR THE RESPONDER TO USE. THIS SEGMENT WILL NOT ADDRESS BASIC INTERVIEWING SKILLS INCLUDING THOSE USED WITH ALL CHILDREN.

Class participants will:

- Identify the communication and/or cognitive impact of the disability upon the child
- Ascertain what modifications to communication will be required
- Describe specific differences in interaction required including personal space, tools, and types of assistance
- List resource persons and materials that may be needed
- Identify how these resources are located
- Understand legal requirements when using an interpreter in light of Proposition 115

ACCOMPANYING PARTICIPANTS' MATERIALS

- PowerPoint Slides 107 - 134
- Messages Learned by Children with Disabilities
- Characteristics of Disability that May Affect the Interview
- Key Questions and Issues for Interviewers
- Examples of Question Styles
- Considerations When Interviewing Children with Disabilities
- Summary of Contact Skills

FACILITATING THE MODULE

Equipment/Materials

- LCD projector; laptop computer; remote mouse; power point presentation

Video

Use clips from "*Victims with Disabilities: The Forensic Interview*"

Training Exercises:

Table exercise using "Jessica" vignette;
Call out exercise; Table exercise again using "Jessica" vignette

TIME FRAME:
120 MINUTES

MODULE AT A GLANCE:

Segment	Length	Video	Exercise	Slides	Participant Handbook
<i>Approaching the interview</i>	30 min.	<i>“Victims with Disabilities: the Forensic Interview,” Clip of Mikel’s Mother</i>	<i>“Jessica” scenario: Interviewing the mother</i>	106-112	62-72
<i>Sources of evidence</i>	10 min.			113-116	
<i>Contact Skills</i>	20 min.		<i>Presence of a support person: advantages & disadvantages</i>	117-125	
<i>Conducting the Interview</i>	30 min.	<i>“Voices Ignored,” segment: “Effective Communication”, 5.5 minutes</i>	<i>“Jessica” developing questions to illustrate competency and rapport building</i>	126-134	
<i>Report writing</i>	10 min.			135-136	
<i>Interpreters</i>	20 min.	<i>SLIDE 145: “Victims with Disabilities: the Forensic Interview”, Maria and Loren (1 minute each)</i>		137-145	

BACKGROUND MATERIAL:

Baladerian, Nora J., Interviewing Skills To Use With Abuse Victims Who Have Developmental Disabilities, Rev. May 2004, Arc Riverside, CA.

“Survivors Communication Assistance Tool-for victims of violence/abuse,” Independence First, Milwaukee, WI, Leslie Myers, 2005.

Interviewing Children with Disabilities

What are barriers and fears of law enforcement and child protective service workers about interviewing children with disabilities?

PRESENTATION OUTLINE:

APPROACHING THE INTERVIEW (30 MINUTES)

SLIDE 106 – INTERVIEWING CHILDREN WITH DISABILITIES

Exercise: Instructor will lead the class in a “call out” exercise. Instructor will ask the class to name: “*What are possible barriers and fears about interviewing children with a disability?*”

This is a 3-5 minute exercise. A second instructor will write the responses on a flip chart.

Possible answers:

- *Lack of experience working with children with disabilities*
- *Lack of training in working with children with disabilities*
- *Fear of inadvertently offending the child or the child’s family*
- *Fear of using inappropriate language*
- *Uncertainty in how to begin conversing with a child with a disability*
- *Wondering if this is “worth the time”, in view of the child’s abilities*
- *Wondering if the child’s statements will be viewed as credible*
- *Fear of emotionally harming the child through the interview*
- *Fear of damaging the case due to lack of skill*

In this section, we will be addressing all of these issues.

SLIDE 107 – APPROACHING THE INTERVIEW (1)

Approaching the Interview: Pre-Interview Considerations

As with any interview the responder should maintain an open mind and make no assumptions. The investigator should be supportive rather than judgmental.

Preparation is critical and includes a review of all available prior information such as prior reports, prior files, locations query, mental health flags, criminal history (of the child and other household members), and court files.

It is recommended to have tools within the event the child is not responding verbally. These may include crayons, paper, dolls, and stuffed animals. and standardized body diagrams, (anatomically detailed if you are trained in their use), among others.

It is not recommended to have the child use their own items, (dolls or toys) for anything other than comfort and support.

SLIDE 108 – APPROACHING THE INTERVIEW (2)

The first responder should determine if the child has a disability before arriving, so needed assistance can be obtained. Such information may be available through dispatch.

Approaching the Interview

- ✓ Open minded
 - Don't make assumptions
 - Supportive, not judgmental
- ✓ Prepared
 - Review prior information if available
- ✓ When possible, bring “tools” with you in event child is not responding verbally
 - Crayons and paper
 - Body diagrams
 - Anatomically detailed dolls (if qualified)

Approaching the Interview

- ✓ Attempt to determine if child has a disability even before arriving so needed assistance can be obtained
 - Dispatch?
- ✓ Setting may not be within first responder's control
 - Should consider if it is possible to accommodate everyone's needs for safety and a private interview of the child

SLIDE 109 – APPROACHING THE INTERVIEW (3)

Prior to the interview, it is helpful to determine how the child communicates. A non-suspect parent or guardian can provide information on the communication the child uses, the child's vocabulary, and whether an interpreter is needed.

If an interpreter is normally used, have this person sent to the scene as quickly as possible. If this is a child sexual abuse call, find out from the parents the vocabulary the child uses to describe sexual body parts.

SLIDE 110 – CLASS EXERCISE (1)

Class Exercise: Planning the Interview

Case Scenario: *Jessica is 8 years old. She has Down Syndrome. She returned from school on the special bus. She was crying, had a red mark on her face, and her clothing was disheveled. She was no longer wearing the underwear that she wore to school at 8 AM. She told her mother "man hurt me." Jessica's mother called the police and you have responded.*

Assume that you will interview Jessica's mother.

SLIDE 111 – CLASS EXERCISE (2)

Working with your table partners, decide;

- *Whether you will interview the mother before or after you interview Jessica.*
- *What do you want to learn from her?*
- *Do you have any concerns about the mother's information?*

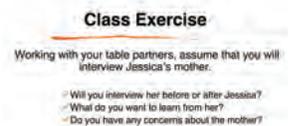
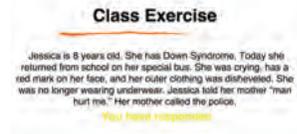
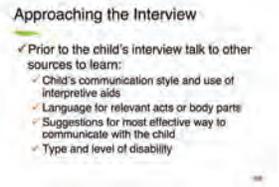
Instructor should allocate about 5 minutes for the table discussion. The instructor should then facilitate a brief discussion. (10 minutes)

Key Discussion Points for this Exercise

The mother usually should be interviewed first to provide information about the complaint and to get the foundational information for a spontaneous statement (her demeanor and how she spoke, using exact quotes).

The responder should also ask about Jessica's knowledge of sexual contact, what names she uses for body parts, any prior reports of victimization, any special communication needs Jessica may have, what made the mother aware of the problem, and how Jessica was dressed earlier.

What made her suspicious? Who are the people in Jessica's life? What is her day like? What is Jessica's level of functional understanding? What is her knowledge of sexual conduct? Does she use any unique language? Has she talked with anyone else about this?



Concerns when interviewing the mother could include: bias, accuracy of information, insistence on acting as an interpreter (when needed); coaching; or making Jessica uncomfortable or fearful during the interview.

Additionally, responders should consider maintaining confidentiality and possible collusion between a parent and an abuser or abuser's employer (for example, the maid or a service provider to the child who works in the home).

SLIDE 112 – SOURCES OF INFORMATION ABOUT THE CHILD AND THEIR DISABILITY

The instructor will play the video clip of “Mikel’s Mother.” She is interviewed prior to a direct police interview with Mikel. The officer is gathering information about Mikel’s disability, how he communicates, the nature of the assistive technology and the role of the facilitator. He also gathers information about the “do’s and don’ts” for interacting with Mikel. (*Victims with Disabilities: The Forensic Interview*, Section 2: “Pre-Interview”).

If possible, check on the Internet or other sources to learn about a particular disability. Talk to other sources familiar to the child to learn how the disability affects this child. Possible sources include parents, care providers, teachers, and other known resources.

INTERVIEWING LOGISTICS (10 MINUTES)

SLIDE 113 – INTERVIEWING LOGISTICS (1)

The setting for the interview may or may not be within the immediate control of the responder. This section should facilitate a discussion to evaluate the setting and make accommodations under the given circumstances. Safety is the primary consideration. In addition, make sure that the child is aware that no one can see or hear the interview. Make sure the location is not noisy or traumatic, and is as comfortable as possible.

Contact Skills: *The next few slides will review these.*

Physical Position

In most cases, your physical position is important. Placing yourself at eye-level with the child minimizes problems of “authority” and intimidation that a child might feel. By positioning yourself directly in the line of sight of a child, “universal” communication methods are enhanced. This means that the child can use lip reading skills, read your body language, primarily focus upon you, and will see your concern and interest. The sign language interpreter should be positioned slightly behind and to the side of the interviewer. Consider letting the child choose where to sit and respond accordingly.

Space

The space between you and the child is an important consideration. Most children are accustomed to our culture’s space considerations, leaving approximately 3 feet between conversation partners. Depending upon the disability, the child may require less or more space to feel at ease. Space and distance is critical for the deaf child for seeing both the responder and the interpreter. The adults caring for the child can provide this information.

Sources Of Information About The Child And Their Disability

- ✓ Parents, teachers, coaches
- ✓ Care providers
- ✓ Disability experts
- ✓ Internet

- ✓ Video: “Mikel’s Mother”
 - Victims with Disabilities: The Forensic Interview

Interviewing Logistics

- ✓ Position yourself across from the child
 - Some persons lip read
- ✓ Position yourself at the child’s level
 - Consider letting the child decide where to sit and then move to that level
- ✓ Personal space may be different for a child with a disability
 - Ask care provider

SLIDE 114- INTERVIEWING LOGISTICS (2)

Touch

Although most children will be accustomed to gentle touches on the arm or hand by strangers (new teacher, for example), some children react strongly to touch by anyone, including family members. This is a neurological phenomenon, not based upon familiarity but rather a heightened sensitivity to touch, or a history of abusive touch. Not knowing the difference, a general rule to follow is to avoid touching. If at the beginning or end a child is willing to shake hands, this is acceptable but should not be forced.

Some children with mental retardation, particularly those with Down Syndrome, are trained or allowed to hug everyone. It is good to know about this, so that you are prepared to quickly and kindly substitute a handshake.

Eye Contact

For some children, particularly those with Autism Spectrum Disorders, maintaining eye contact with an interviewer may cause discomfort and should not be forced.

Eye contact with adults is a sign of disrespect in some cultures. However, eye contact is imperative for deaf children, since much of ASL grammar is in one's facial expressions.

Avoiding eye contact is also a way for deaf children to control their communication with others.

Adults often demand eye contact and may even forcibly move the deaf child's head to look in their direction. This is considered abusive by many people.

SLIDE 115 – INTERVIEWING LOGISTICS (3)

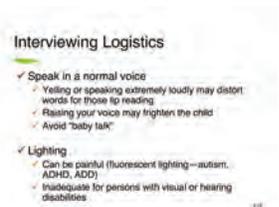
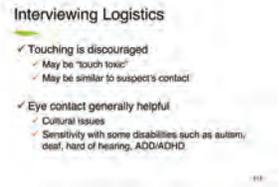
Voice

Make sure that your tone of voice, pacing, vocabulary, volume, and intonations offer comfort and demonstrate an interest in the child and concern for the child's well-being.

For deaf and hard of hearing children speaking loudly may distort sound or the appearance of words. This makes lip reading more difficult. However, for some with hearing aids or cochlear implants raising the voice may be helpful.

Lighting

Lighting is important when interviewing children who have vision and hearing disabilities, ADD/ADHD or Autism Spectrum Disorders. Children with visual or hearing disabilities may have difficulty seeing you with inadequate lighting. The same is true if you are seated in front of a light or a window.



For children with Autism Spectrum Disorders and some children with ADD/ADHD, fluorescent lighting can be painful and distracting. Other forms of lighting are recommended.

SLIDE 116 – INTERVIEWING LOGISTICS (4)

Handling Distractions

Every effort should be made to avoid distractions such as noise, foot traffic, sounds inside the room (phones, clocks, P.A. systems, police radio, pagers, cell phones) or outside (other people’s voices) that can be managed.

Reduce foot traffic by conducting the interview away from heavily traveled areas. Reduce visual distractions on the walls, bulletin boards, desks, and other surfaces. A uniformed officer’s gun belt may be distracting. Since this is likely, and the gun may even cause fear or distress, the officer should talk about the things he wears and why; This may help assure the child that he/she is safe.

INTERVIEW PROCESS (20 MINUTES)

SLIDE 117– INTERVIEW PROCESS (1)

As with any call the responder will first gain and maintain control of the scene, check for weapons, determine if anyone requires medical care, identify all persons at the scene, determine if a crime has occurred and identify possible suspects.

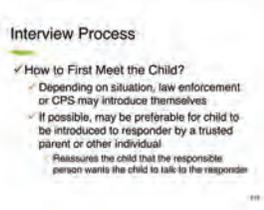
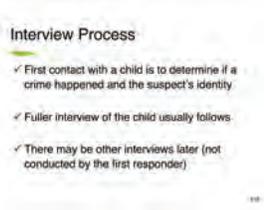
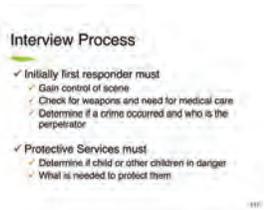
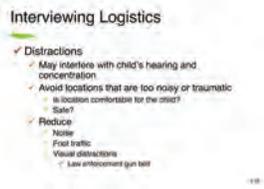
Protective services workers must determine if any child is in danger, the source of that danger, and what steps are needed to protect the child. This may include removing the child and/or other children from that environment.

SLIDE 118 – INTERVIEW PROCESS (2)

The responder’s principal task is interviewing the child. After the initial information has been gathered, a more complete interview will follow. The first responder and the frontline child protective services worker may be involved in these additional interviews.

SLIDE 119 – INTERVIEW PROCESS (3)

Depending upon the facts and circumstances of the call, the first responder may contact the child directly, or may be introduced to the child through the parent or other responsible individual. The benefit of an introduction is that the child may feel more comfortable talking to the responder. (See discussion on “Values and Beliefs of Children with Disabilities”).



SLIDE 120 – INTERVIEW PROCESS (4)

This interview follows the usual stages of first getting to know the child. The interviewer assesses the communication and intellectual abilities and conducts the interview accordingly. She/he directs the conversation from the general to the specific, acquiring information needed to determine whether a crime has occurred or the child needs protection. She/he then concludes the interview.

SLIDE 121 – PRESENCE OF A SUPPORT PERSON

Class Discussion: *Presence of a Support Person*

The instructor leads a discussion on the advantages and disadvantages of having a trusted adult present during initial contact.

The call out questions are: *What are the advantages of having a support person present during the interview? What are the disadvantages?*

Other instructors write the answers on a flip chart.

SLIDE 122 – ADVANTAGES OF A SUPPORT PERSON

The *advantages* of having the support person present are:

- will help to reassure the child
- may be the only one to communicate and interpret for the child
- can identify other people mentioned by the child

SLIDE 123 – DISADVANTAGES OF A SUPPORT PERSON

The *disadvantages* of having the person present are:

- individual may be a perpetrator
- may be colluding with a perpetrator
- the child may be embarrassed or afraid to talk in front of this person
- the child's answers may be influenced by that person's presence
- loss of confidentiality, among others

SLIDE 124 – SUPPORT PERSONS

When possible, it is preferable to interview the child alone. There are some cases where it will be impossible to conduct an interview except with the assistance of the parent. In those situations, attempt to interview the parent first and clearly set expectations for their role and their child's role, during the interview.

Some of the guidelines are: no talking unless requested, no coaching through body language or signaling, no interpreting of your comments unless asked, and acting only as a support person for the child. If the parent cannot comply, the interviewer should interview the child alone.

Interview Process

- ✓ Interview is like other interviews of children
- ✓ Get to know the child (rapport building)
- ✓ Assessing communication and intellectual abilities
- ✓ Modifying interactions
- ✓ Direct conversation from general to specific
- ✓ Acquire needed information if a crime occurred
- ✓ Concluding the interview

Class Exercise:

Presence of a Support Person

What are the benefits of having a support person present at the interview of a child with a disability?

What are the detriments of having a support person present at the interview of a child with a disability?

Advantages of a Support Person

- ✓ Reassure the child
- ✓ May be only person who can interpret what the child says accurately
- ✓ May be able to identify persons the child mentions in the interview

Disadvantages of a Support Person

- ✓ May be a perpetrator or colluding with a perpetrator
- ✓ Child may be embarrassed or afraid to talk in front of support person
- ✓ Support person may be influence answers
- ✓ Loss of confidentiality

Support Persons

- ✓ When possible interview the child alone
- ✓ If you include a support person
 - ✓ Set rules for their participation such as no speaking or coaching; do not interpret unless requested
 - ✓ If support person cannot comply or upsets child, remove them from interview

Recording the Interview

- ✓ If possible, tape record
- ✓ Tell child why you are taping
 - ✓ Accurately capture what the child says
 - ✓ Create a record
 - ✓ Reduce number of additional interviews by professionals

Prior to the Interview

- ✓ Tell children what you expect
 - ✓ Tell the truth
 - ✓ If you do not know an answer, say so; do not guess
 - Children cannot make up a story for which they lack a base of knowledge (e.g., cannot describe a sexual act unless they have learned about it from personal experience)
 - ✓ As part of effective case development, demonstrate the child's ability to distinguish right from wrong
 - If child is young or if there is uncertainty

Class Exercise

Working with your table partners develop 3-5 questions to ask Jessica about:

- Group One: The difference between the truth and a lie
- Group Two: Rapport Building

Obtain as much information as the support person can provide.

SLIDE 125 – RECORDING THE INTERVIEW

Make sure the child is aware that the conversation is recorded and who is allowed to hear it. Inform the child about the reason for recording the interview (to create a record, reduce number of other interviews by other professionals, and so everyone understands what the child says). If the child is using sign language, the interviewer should videotape the interview using two cameras – one each for the child and the interpreter.

SLIDE 126 – PRIOR TO THE INTERVIEW

Establishing Legal Competency

Before beginning the interview, tell the child what you expect. Include statements like “always tell the truth,” “if you don’t know an answer, tell me so,” and “do not guess.” Assure the child that it is “OK” not to know all the answers.

Ask questions that allow the child to illustrate the difference between the truth and untruth. Making this distinction is particularly important when the child is young or when there is some uncertainty about their ability to do so. Children cannot “make up” stories without prior knowledge. For example, they cannot describe in detail a sexual experience if they have not had one. Sex education does not provide details that can only be known through experience.

CONDUCTING THE INTERVIEW (30 MINUTES)

SLIDE 127 – CLASS EXERCISE

Class Exercise: *Conducting the Interview*

This exercise applies several of the concepts in this module. Ask the groups to consider aspects of interviewing Jessica who is alleged to be the victim of abuse. These include rapport building and establishing the ability to distinguish truth from untruth.

Divide the class into 2 groups. Assign more than one table to a particular group. Give each group 3 minutes to complete their assignment.

The instructor gives these instructions: Working with your team, develop 3 to 5 key questions to ask when conducting an interview with Jessica or another alleged child abuse victim with a disability.

Group 1: Discuss how they would determine the difference between truth and an untruth. Note: An untruth doesn’t necessarily imply a lie, it could be fantasy or the inability to distinguish the truth.

Group 2: Discuss issues of rapport building.

Report Back: Each group should report on their issue. Ask each table of each group about their conclusions. This report should take 5 minutes.

Key training points – Building Rapport: The responder must build rapport much as they would with any child – first by understanding the child’s physical and developmental level. The responders should talk at the child’s level. Finally, the responder can ask personal questions – including what activities the child enjoys, about pets, etc.

Key training points – Truth vs. Untruth: Responders can establish the child’s ability to distinguish truth from untruth by asking questions for which they know the answer that verifies the child’s knowledge of the truth. For example, the responder can ask about family, friends, school, or events and then follow that with a question with an incorrect answer to demonstrate the child understands.

The responder may use concrete examples like colors or objects the child can name. The responder should avoid the use of abstract concepts.

The instructor should ask for examples from class participants on how to do this using humor and concern for the child.

SLIDE 128 – BUILDING RAPPORT (1)

Re-introduce yourself to the child and describe why you are present, “Your Mom called for help,” and your purpose for being there, “I come over when people call for help.” Describe your job, “My job is to help kids and their families.” You may specifically ask if the child knows the purpose of your visit by saying, “Do you know why I am here?”

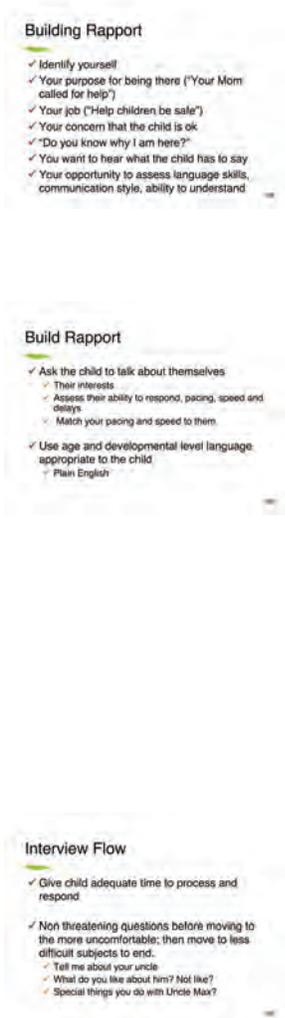
SLIDE 129 – BUILDING RAPPORT (2)

In developing a rapport, after you have described your job and your specific role to the child, engage the child in conversation about her/his interests, activities and family. Using these as conversational topics, you can begin to develop a relationship with the child while assessing the child’s communication and interaction skills.

Use the child’s pacing, speed, speech delays and other cues to tailor your questions and comments. Use language appropriate to the age and developmental level of the child. Allow the child time (and silence) while they process your question, prepare their answer, and give the answer in their way.

SLIDE 130 – INTERVIEW FLOW (1)

When you feel the child is ready, begin your questions pertaining to the call. Ask one question at a time and begin with questions that may be of greatest interest to the child. Give the child time to respond, and an opportunity to expand to areas she/he may want to discuss.



Interview Flow

- ✓ Consider enhancing the interview by using paper and crayons, anatomically detailed dolls (if available and the officer is trained on their use) or other tools
 - Can also assist with rapport building (ask child to draw a picture of the family, etc)
- ✓ Thank the child for their help
- ✓ Acknowledge that interview may have been hard for them
- ✓ Discuss what happens next and what to do if they remember more later on.

Ask non-threatening questions before moving to the more uncomfortable ones.

SLIDE 131 – INTERVIEW FLOW (2)

Most of the interview will involve verbal interchange. However, you could work with paper and crayons, dolls, (anatomically detailed dolls if trained and available) and other tools to enhance communication. This allows the child multiple formats to describe their story. This can be used for the “meat” of your interview and to develop rapport. In many cases, coloring or playing with dolls can reduce the anxiety of the child during the interview.

How you end your interview is of critical importance. Letting the child know that you understand and that what she/he has said will result in some positive outcome is important. Explaining, if possible, the next step to happen and praising the child for talking to you builds rapport and reduces anxiety.

Let the child know that you appreciate their help and that you understand how hard this must be for her/him. Let her/him know what to do if she/he remembers something later. Reassure the child that what happened to she/he is not their fault.

This first interaction will help establish future cooperation and overall trust. The instructor emphasizes the importance of building trust with the child and the family.

(NOTE to instructor: Use of anatomically detailed dolls is a learned skill. Guidelines for their use has been developed by APSAC, the American Professional Society on the Abuse of Children. Their website is www.aspsac.org. The website to obtain “Use of Anatomical Dolls in Child Sexual Abuse Assessments” is http://apsac.fmhi.usf.edu/publications/publication_practice_guid.asp)

Questioning

- ✓ Open ended questions are preferable
- ✓ If child cannot answer open ended questions, ask more narrowly tailored questions
 - Later verify responses by asking question again or by asking it in reverse
- ✓ If all else fails, ask yes-no questions
 - Then attempt to clarify information and add detail

SLIDE 132 – QUESTIONING

Instructor will refer class to their handout in the *Participant Manual*.

When possible, use open-ended questions. Do not interrupt the flow. At key points, clarify details so they are precise and in chronological order.

If the child is unable to respond to open-ended questions, ask non-leading questions. (What did Uncle Bob say to you? Where was Uncle Bob? Did Uncle Bob go somewhere else? Did you?)

If the child cannot respond to open-ended or narrowly tailored questions, ask yes/no questions. Balance questions answered “yes” with an equal and opposite question that have a “no” answer. For example, if Bob “hurt you only in the bathroom,” he didn’t “hurt you in the bedroom.” If this method is imperative, make sure the child has the ability to respond.

SLIDE 133 – CHILDREN WHO APPEAR NON-VERBAL

What about children who are “non-verbal?” In some cases, when the responder may be informed the child is “non-verbal,” the responder should ask exactly what this means. In most cases, the child has some language skills, including an ability to say or signal “yes” and “no.” In other cases the child may have a vocabulary of up to 200 words.

Many children have no identifiable method of communicating. In these cases, information must come from the report of others. However, every effort should be made to conduct an interview. Where indicated, other resources in the community may be helpful.

SLIDE 134 – VIDEO

The instructor plays a 5.5 minute segment of “Voices Ignored” titled “Effective Communication.”

The instructor leads a brief discussion on the key points of this clip.

The discussion points should include:

- victims can comprehend more than they express
- the importance of patience
- simplifying language (using short sentences)

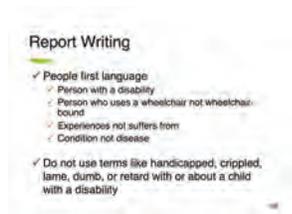
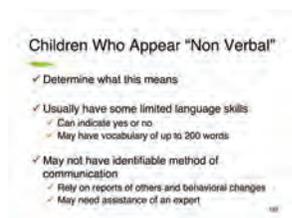
The interviewer may need to clarify the terms used by the child with drawings, dolls models, etc.

Note to instructors about the video clip: Questions may arise about the mother’s (Cheryl) interview with Tammy because of her leading questioning and her interpretation of Tammy’s statement. The instructor may inform the participants that in earlier scenes showing the interview, pertinent information had been obtained by law enforcement.

SLIDE 135 – REPORT WRITING (1)

Descriptions of persons with disabilities are important. People First language is recommended. A person’s disability shouldn’t define their identity. Examples: “Sally, a five year old child who uses a wheelchair...” is acceptable, while “the wheelchair-bound child...” is not. Similarly, “This child has mental retardation,” or “This is a child with mental retardation,” is acceptable, but not “This child is retarded.” Also, the child should be described as having a condition or disability, not suffering from that disability.

When making observations, distinguish between observations or descriptions of the behavior, and interpretations or judgments.



Appropriate: “When I arrived, the child was rocking back and forth while standing. She was also moaning.”

Inappropriate: “When I arrived the child was clearly hysterical” or “... was out of touch with reality.”

Report Writing

- ✓ As with all crime reports, describe behaviors and conduct, not conclusions
- ✓ If a person has mental retardation, describe their traits, behaviors, and language as they are observed rather than an assessment (not: “acts like a 2 year old”)
- ✓ If someone provides an opinion, include that information along with the source and context in which the remark was made

SLIDE 136 – REPORT WRITING (2)

In your written reports, describe behaviors and conduct, not conclusions or personal assessments. If a child has mental retardation, describe the traits, behaviors, and language as they are observed rather than rendering an assessment or judgment (“acts like a 2 year old”). If someone provides an opinion germane to the case, include it in your written report, along with the source and context of the remark.

INTERPRETERS (20 MINUTES)

SLIDE 137 – USE OF INTERPRETERS IN CASES OF ABUSE AGAINST CHILDREN WITH DISABILITIES

Interpreters may be needed for children with many different disabilities. For some types of communication, Certified Interpreters are available. While certification may not exist for other interpreters, training is always required.

The interpreter’s role is the same in all cases: To ensure that all communication is available to all parties. The interpreter is not a part of the interview, but an instrument that makes communication possible.

See *Participant Manual* article on Ethics and Practices when working with interpreters.

SLIDE 138 – INTERPRETERS

Most types of interpretation are universally accepted by the community and the courts. These include Sign Language interpreters and instant captioning for deaf and hard of hearing individuals, as well as for children who are both deaf and blind.

Selecting an interpreter at the time of the first response isn’t often an option for the responder even though the ideal is to have an appropriate Certified interpreter come to the scene. Sometimes the only available option is to use a family member, a neighbor or other child. The disadvantages are obvious; the informal interpreter may have a bias against the child, the family, or other household member; their interpretation may be inaccurate both to the child and to you, and the interpreter may be too emotional to provide this service because of the subject.

The instructor presents a brief review of procedures for using an interpreter.

Use of Interpreters in Responding to Abuse Against Children With Disabilities

Interpreters

- ✓ Best to use certified
- ✓ Consider child’s confidentiality and if certain persons may compromise it
- ✓ Use of interpreters
 - ✓ Types
 - Sign language (American, Universal)
 - Finger spelling
 - Facilitated communication

The instructor describes how the responder briefs the interpreter on their role – as a communication facilitator and not as a participant. The key issues include:

- Avoid any conversation with the interpreter
- Request an exact word-for-word translation (or interpretation if using American Sign Language)
- Take charge of the physical placement of the interpreter
- Speak directly to the child (Ask, “What is your name?” to the child, not “What is her name?” to the interpreter, for example.)

Some children require interpreters for conditions other than hearing or vision disabilities. These include children with cerebral palsy, autism, and other neurological disabilities. These individuals may use a communication board, book or mechanical device to point to letters, words or pictures.

SLIDE 139 – FACILITATED COMMUNICATION

Some children require the assistance of another person to use their communication board or keyboard. This is called “Facilitated Communication.” The facilitator provides pressure to the child’s hand or arm and the child exerts force against this. The procedure is painstaking and slow, but is the only method available for some children.

Facilitated Communication (FC) is not universally accepted. Arguments against FC are based on complaints that the child receives assistance that is manipulated by the facilitator. This can be overcome by conducting two interviews using two different facilitators with no contact with each other. Although there are trained facilitators, there is no “Certification” available. Facilitators adhere to the same ethics as other interpreters.

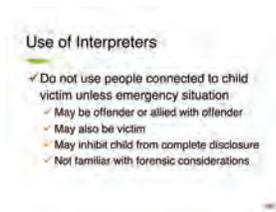
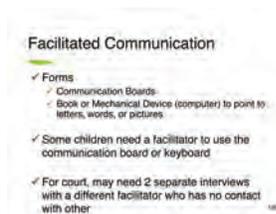
Communication Boards are used by some children with disabilities. They can be photographed for documentation of the method of communication used during the interview. Most communication boards use specific words or pictures. Until 2005, options to describe abuse didn’t exist.

A recent publication (2005) fills this gap and provides pictures, signs, and translations for words needed in this interview including pictures and signs for abusive conducts, sexually assault conduct, and feelings, among others.

SLIDE 140 – USE OF INTERPRETERS

Caveats

Avoid using people known to the child unless it is an emergency situation. The family member interpreter could be the offender or someone allied with the offender. The interpreter could also be a victim and may inhibit the victim from complete disclosure. They may not be familiar with forensic considerations.



Use of Interpreters

- ✓ May use a family member when
 - ✓ Only way to conduct interview (no alternatives)
 - ✓ Child is only understood by family because of unique communication
- ✓ If you must use a family member
 - ✓ Fully brief on your expectations
 - ✓ Debrief them afterwards, especially if children

Interpreters at the Preliminary Hearing

- ✓ Correa v. Superior Court (2002) 27 Cal.4th 444
- ✓ Officer can testify at preliminary hearing to what translator reported the witness said
 - ✓ Translator is a "language conduit"
 - ✓ Translator needs to be generally unbiased and adequately skilled
 - ✓ Not considered multiple levels of hearsay under Proposition 115

Correa Foundation

- First Responder Must Document:
- ✓ Who supplied translator?
 - ✓ Does translator have a motive to lie or distort?
 - ✓ What are translator's qualifications and language skills?
 - ✓ Does investigation corroborate translation?

SLIDE 141 – USE OF INTERPRETERS

There are situations when it is necessary to use a family member. No alternatives may exist for conducting the interview. Also due to a child's unique form of communication, only family members may understand her/him.

If you must use a family member, fully brief them on their role and your expectations. Afterwards, thank them. It is also important to debrief the family member. If the interpreter is a child, return them to their child role before you leave.

SLIDE 142 – INTERPRETERS AT THE PRELIMINARY HEARING

Correa v. Superior Court (2000) 27 Cal. 4th 444

In Correa, the court had to answer the question "when a translator is used by an officer, can the officer testify at the preliminary hearing to the witness's statement, or does the translator have to testify as to what the witness said?"

The opinion only addresses the preliminary hearing, and applies in situations where there is no way to otherwise confirm the accuracy of the translation. The first responder who uses a translator needs to document the four elements (PowerPoint slide #139) of Correa so that the interpreter is not likely to be needed for the preliminary hearing. When possible, the first responder can avoid questions about the accuracy of information through the translator by tape recording (video or audio as appropriate) the interview so that the translation can be confirmed at a later time.

First responders may be expected to testify at a preliminary hearing to the statements of a child victim with a disability who was interviewed through an interpreter. While we most often think of interpreters as translating from a foreign language to English, an interpreter may be translating sign language or some other form of communication. Keep in mind that ASL is the third most common language in the US. It is the responsibility of the first responder to document who supplied the interpreter.

SLIDE 143 – CORREA FOUNDATION (1)

Responders should know that a translator is considered a language conduit translating whatever the victim has communicated/said. The officer can testify to that translation at the preliminary hearing under Proposition 115 so long as foundational information is obtained and documented. The purpose of the documentation is to increase confidence that the translation was accurate.

The officer needs to document (Correa v. Superior Court):

- Who supplied the translator/interpreter? It is preferable if the supplier is not a family member but a neutral third party.
- Does the translator/interpreter have a motive to lie or distort? Ideally the interpreter has no interest in the case, no personal knowledge of the parties,

but is neutral.

- What are the translator/interpreter’s qualifications and language skills in the form of communication and in English? This can be formal training as well as living in an environment where the non-English form of communication is used. For example, if the translation is that the abuser ran into the corner house and was wearing a green shirt, did the officer go to the corner house and did the officer locate the abuser who was wearing a green shirt?

SLIDE 144 – CORREA FOUNDATION (2)

The responder is encouraged to record these interviews on audio or video tape. That way, the information can be confirmed by a neutral translator. If there is doubt about the accuracy of the translation (and it has not been memorialized), the translator may have to testify.

SLIDE 145 – VIDEO CLIPS: VICTIMS WITH DISABILITIES

View the video clip: “*Victims with Disabilities: The Forensic Interview.*” Loren is 16 years of age. She has brain damage as a result of early childhood abuse and neglect, a hearing disability, a seizure disorder, a vision disability, learning disabilities, severe anxiety disorder and Post Traumatic Stress Disorder.

With this background about Loren, the instructor asks the class, Would you feel comfortable approaching the interview?

Video Clip: “*Victims with Disabilities: The Forensic Interview.*” Find the section titled “Victim’s Personality Traits” (first interview of the section). This section begins when interviewer speaks. Length: 1 minute.

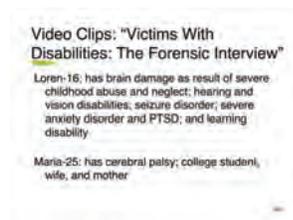
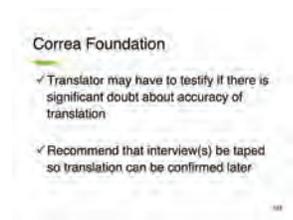
After the video, instructor asks, “Having viewed this interview, how many feel you could successfully interview her? Has your opinion changed since you first learned of her background?”

Teaching Points: Loren has the ability to comprehend, attend to the question, and directly respond.

The interviewer was patient, did not repeat her question while waiting for Loren to answer, did not interrupt, asked clarifying questions, and allowed her to add information as she thought of it.

Initially, it appeared that Loren didn’t understand or respond to the interviewer’s question but when the interviewer remained patient and allowed her to complete her answers it was clear that Loren was tracking and responsive.

Instructor introduces next video, which is Maria Garcia, at the beginning of “*Victims with Disabilities: The Forensic Interview*” Section 5 “Language.” Length: 1 minute.



Maria is 25 years old and has cerebral palsy. She is a college student, wife and mother.

Teaching Points: It is difficult to understand what Maria said. However, the interviewer was able to understand her. Empathetic and attentive listening by the interviewer helps. Also, the interviewer repeated what Maria had said to assure her that she (the interviewer) understands and offered Maria the opportunity to correct any misunderstandings. The interviewer wasn't noticeably intimidated by physical appearance and difficulty in speech production. Maria is clearly a woman who is bright and articulate and it comes through in our communication.

Final overview point: The comfortable, human, informal interaction style, not officious, makes this interview a success.



PERSKE

MODULE 8

The Benefits of a Multidisciplinary Response and Conclusion

THIS 30 MINUTE SEGMENT WILL HIGHLIGHT THE BENEFITS OF WORKING WITH OTHER DISCIPLINES AND PROFESSIONALS TO LOCATE AND SECURE RELEVANT EVIDENCE AND MEET THE NEEDS OF CHILD ABUSE VICTIMS WITH DISABILITIES.

Class participants will:

- Recognize that cases are complex and require the involvement of professionals and a variety of disciplines
- Highlight that law enforcement and child protective service workers are critical in protecting children with disabilities and holding their offenders accountable
- Determine if participant goals for training have been met based on the list created at the beginning of the day

ACCOMPANYING PARTICIPANTS' MATERIALS

- PowerPoint Slides 146 -1 50
- Multi-Disciplinary Team Agency List
- Course Evaluations

FACILITATING THE MODULE

Equipment/Materials

- LCD projector; laptop computer; remote mouse; power point presentation; evaluations; pencils

Video

None

Training Exercises:

Identification of Agencies, Courts and Systems

TIME FRAME:
30 MINUTES

MODULE AT A GLANCE:

Segment	Length	Video	Exercise	Slides	Participant Handbook
<i>Case complexities</i>	<i>15 min.</i>	<i>“Victims with Disabilities: the Forensic Interview,” Clip of Mikel’s Mother</i>	<i>“Jessica” scenario: Interviewing the mother</i>	<i>106-112</i>	<i>74-76</i>
<i>Questions and Evaluation</i>	<i>15 min.</i>			<i>113-116</i>	

BACKGROUND MATERIAL:

None

The Realities

- ✓ Many agencies, courts and systems are involved
- ✓ Overlapping responsibilities, varied roles
- ✓ Sources of needed expertise
 - ✓ Interviewing
 - ✓ MDIT/MDIC
- ✓ Need to work together to
 - ✓ Meet victim needs
 - ✓ Make victims safe
 - ✓ Hold offenders accountable

PRESENTATION OUTLINE:

CASE COMPLEXITIES (15 MINUTES)

SLIDE 146 – MULTIDISCIPLINARY RESPONSES AND WRAP UP TO TRAINING

SLIDE 147 – THE REALITIES

Cases involving crimes against children with disabilities are complex. Many agencies and professionals are involved and each play a vital role. Some of these agencies have overlapping responsibilities, and it is important to have these sorted out. Sources of needed expertise include expert interviewing when the first responder or frontline worker feels they are unable to conduct an interview.

Class Exercise: The instructor should ask the class *what agencies and professionals could be involved*.

Possible answers include:

- *Courts (criminal and civil and juvenile);*
- *Child Protective Services, Developmental and Regional Centers;*
- *Organizations assisting children and adults with disabilities;*
 - ✓ *victim witness assistance programs*
 - ✓ *prosecutor's offices*
 - ✓ *youth programs*
 - ✓ *domestic violence organizations*
 - ✓ *special education schools and programs*
 - ✓ *teachers*
 - ✓ *tutors*
 - ✓ *therapists, among others*

Multidisciplinary Interview Centers (MDIC) and Multidisciplinary Interview Teams (MDIT) are comprised of law enforcement, criminal prosecution and child protective services. These teams are recognized as the most effective way to build cases and conduct interviews of children who are allegedly abused. Where formal centers do not exist, teams of these three critical agency representatives often meet regularly to coordinate their response.

For a list of the centers and teams refer to the Resources section of the Participant Manual.

SLIDE 148 – COORDINATED RESPONSE

This slide shows some of the involved groups and should be displayed during this discussion after the class identifies the possible involved other groups.

Coordinated Response



Instructor highlights that each agency has a particular role, authority, rules on confidentiality and release or sharing of information. However all have shared goals, including:

- Meet victim needs
- Stop the abuse
- Make the child safer
- Hold offenders accountable

QUESTIONS AND EVALUATIONS (15 MINUTES)

SLIDE 149 – CONCLUDING THE SESSION

The instructor should remind the class participants of their critical role: achieving these shared goals requires that they do their work well. Their work truly makes or breaks the case!

SLIDE 150 – WRAP UP AND EVALUATION

Wrap Up and Evaluations

The instructor should ask if there are questions or comments about anything covered throughout the day that hasn't been addressed.

Review the list of learning points created at the beginning of class. The instructors will assure the class that all the vital points have been covered.

Once all questions are answered, the instructor should hand out evaluations and pencils (if required) and write the course control number on a flip chart. Students should be encouraged to complete the evaluation and told where to leave it.

The instructor(s) should thank class for attending and say brief final remarks. After the class participants leave, the instructors should collect evaluations. One instructor is needed to send the POST and other credit sign-in sheets to the accrediting agency, to assure that the students' work is credited.

Concluding the Session

- ✓ You make or break the case!
- ✓ You set the stage for all future contacts with the child and the child's family!

Conclusion

- ✓ Final Questions and Comments
- ✓ Evaluations

POWERPOINT SLIDES (1-150)

Child Abuse Victims with Disabilities

**A Curriculum for
Law Enforcement, First Responders, & Child Protective
Services Frontline Workers**

Introductions



- ✓ Who we are
- ✓ Who you are
 - ✓ Name
 - ✓ Agency
 - ✓ Years in position
 - ✓ One thing you hope to learn from class

Housekeeping Details

- ✓ Please put cell phones and pagers on vibrate
- ✓ There will be 2 breaks in the morning and afternoon and an hour for lunch
- ✓ Please return promptly from breaks
- ✓ Location of restrooms
- ✓ Sign-in sheets for credit (POST or other)

3

Why This Training...

Our Increasing Awareness

- ✓ Heightened vulnerability of the population
- ✓ Recognition of needs of population
- ✓ Improved effectiveness
- ✓ Agency liability
 - ✓ No reason to fear handling these calls

4



The First Responder Can Make or Break a Case!

5

People with Disabilities



United States

- ✓ Total 54 million
- ✓ Children 6 million

California

- ✓ Total 3.5 million (U.S. Census 2002)
- ✓ Children 277,505 (U.S. Census 2002)

6

Course Objectives

- ✓ Improve understanding of disabilities
- ✓ Improve investigative skills for building cases
- ✓ Develop more effective response techniques
- ✓ Increase legal knowledge

7

Today's Agenda

- ✓ Introduction
- ✓ Common Beliefs
- ✓ Understanding Disabilities
- ✓ Legal Review
- ✓ Officer and Worker Safety
- ✓ Conducting the Preliminary Investigation
- ✓ Interviewing Children With Disabilities
- ✓ Developing Multidisciplinary Responses

8

Class Exercise



What Makes These
Cases Difficult?



Commonly Held Beliefs
About Children With
Disabilities Who Are Victims
of Abuse

Class Exercise



What are commonly held beliefs about children with disabilities that may affect the investigation?

Class Exercise



What are your experiences/beliefs?

Common Beliefs



- ✓ Have multiple disabilities
- ✓ Are asexual
- ✓ Are unable to
 - ✓ Understand and learn
 - ✓ Feel
 - ✓ Feel pain
- ✓ Cannot distinguish truth from fantasy
- ✓ Are unable to reliably, effectively communicate

13

Children With Disabilities



- ✓ Most children with disabilities have a single disability
- ✓ Have the same sex drives as their peers
- ✓ Have less information about sexuality
- ✓ Often have no prior sex education

14

Children With Disabilities

Similar to other children:

- ✓ can be accurate historians and reporters
 - ✓ a similar ability as other children to know the difference between truth and untruth
 - ✓ a range of abilities within any disability type
- ✓ We cannot generalize about children with disabilities, or the type, severity, or number of disabilities present

15

Common Reactions to Persons With Disabilities

- ✓ Dread
- ✓ Embarrassment
- ✓ Shame
- ✓ Pity
- ✓ Disbelieve, disregard and discount
- ✓ Dehumanize

16

Significance of Beliefs

- ✓ Can make them more of a target for victimization
- ✓ Can make us less effective in handling crimes against them
- ✓ What may look like illegal conduct may be behaviors associated with a disorder
- ✓ Importance of distinguishing a disability from suspicious conduct

17

Realities for Children with Disabilities

- ✓ Privacy is greatly reduced or does not exist
- ✓ Expectations for life and achievement are reduced
- ✓ Obedience and passivity are rewarded
- ✓ Negative attitudes and being ignored are common
- ✓ Few general friendships
- ✓ Social isolation
- ✓ Difficulty being accepted in activities, clubs, etc.

18

“Victims With Disabilities: The Forensic Interview”

Several adults and children with disabilities

- ✓ Like other children and adults, engage in many activities
- ✓ Able to describe their experiences

19

Overview of Disabilities

- ✓ How prevalent is abuse against children with disabilities?
- ✓ Who are the perpetrators?

20

Prevalence of Abuse of Children With Disabilities

Children with disabilities

- ✓ 1.7 rate of abuse as children without disabilities
(Westat, 1991)
- ✓ 3.4 rate of abuse
(Sullivan, 2001)
- ✓ 4-10 times that of children without disabilities
(Garbarino, 1987)
- ✓ Only about 10% reported

21

Individuals in the Lives of Children with Disabilities

What persons including household members, family, professionals, paraprofessionals and volunteers are part of the lives of children with disabilities?



22

Persons in Children's Lives

- ✓ Family and friends
- ✓ Household members
- ✓ Religious groups, programs
- ✓ Baby sitters
- ✓ Respite care workers
- ✓ Social workers
- ✓ IHSS (personal care attendants)
- ✓ Teachers and aides
- ✓ One on One aide
- ✓ Therapists
- ✓ Coaches
- ✓ Pediatrician and disability specialist health care provider
- ✓ Mental health providers
- ✓ Dentists
- ✓ Regional Center case manager, supervisor, services coordinator
- ✓ Bus and van drivers
- ✓ After school programs
- ✓ Scouts and similar programs
- ✓ Recreational therapists
- ✓ Neighbors, community acquaintances

23

Who Are the Perpetrators?

Usually persons known to and trusted by the child and the child's family:

- ✓ Family and friends
- ✓ Transporters
- ✓ Care providers

Some seek employment or household relationship to gain access to children with disabilities

24

Americans with Disabilities Act

A physical or mental impairment that substantially limits one or more of the major life activities of an individual

- ✓ Includes physical and mental conditions

25

Types of Disabilities

- ✓ Developmental
 - ✓ Mental retardation, autism, cerebral palsy, epilepsy
- ✓ Learning
- ✓ Physical
- ✓ Sensory
- ✓ Communication
- ✓ Mental Illness (Psychiatric)

26

Developmental Disability



- ✓ Significant interference in the typical development of a child
- ✓ Originates before age 18, can be expected to continue indefinitely, and constitutes a substantial disability for that individual
- ✓ Includes mental retardation, cerebral palsy, epilepsy, and autism
- ✓ California Welfare And Institutions Code § 4512

27

Developmental Disability



- ✓ Legal, not medical term
- ✓ Provides standard for eligibility to use Regional Centers
 - ✓ Case management, intervention, and support services for life
- ✓ Each state has it's definition

28

Mental Retardation



- ✓ Affects ability to learn
- ✓ Condition does not change
- ✓ Significant variation within and across categories
 - ✓ Borderline 70-85
 - ✓ Mild 55-69
 - ✓ Moderate 40-54
 - ✓ Severe 21-39
 - ✓ Profound 5-20
- ✓ Many children with mental retardation can effectively communicate and reliably recall

29

Autism Spectrum Disorders



- ✓ Cause unknown, usually diagnosed by age 5
- ✓ Difficulty with social contacts and human interactions
 - ✓ Usually objectify interactions
- ✓ IQ ranges between severe disability and extremely bright
- ✓ Require special assistance with language development, communication skills, learning social interactions, and environmental skills
- ✓ May be “touch toxic”

30

Autism



- ✓ Common Behaviors
 - ✓ Rocking, vocalizing grunts, noises, humming, tics
 - ✓ Hand wringing
 - ✓ Hyperactive, fidgety
 - ✓ Dislike eye contact

- ✓ Behaviors may increase with stress
- ✓ Need consistent and familiar environment

31

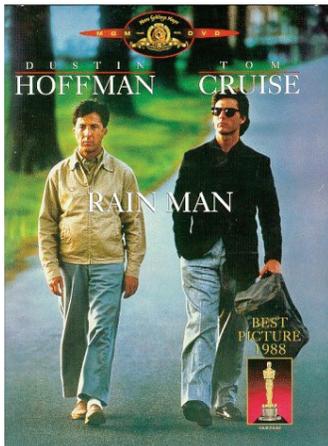
Autism



- ✓ May need more time to process questions
- ✓ May require more distance between themselves and interviewer
- ✓ May repeat what is said to them
- ✓ May respond without emotion
- ✓ May react strongly to being touched

32

Video



“Rain Man”, 1988, MGM

- ✓ Note Raymond’s behaviors with increasing stress and social pressures

33

Cerebral Palsy

- ✓ Caused by brain injury
- ✓ Lack of control of movement
- ✓ Impaired speech
- ✓ May or may not affect intellectual function
- ✓ May need facilitated or assistive communication to be understood

34

Video



“Victims with Disabilities: The Forensic Interview”

✓ Dina

35

Epilepsy



- ✓ Neurological
- ✓ Can begin and end anytime in life
- ✓ Causes seizures
- ✓ Some have seizures even with medication
- ✓ Stress can induce seizure
- ✓ Related to Tourette’s Syndrome

36

Section Summary

- ✓ Children with a developmental disability may be served by a Regional Center
 - ✓ Source of investigative information and witnesses

- ✓ Developmental disability may not affect intelligence, speech, or language

37

Learning Disabilities

- ✓ Hyperactivity and distractibility
- ✓ Affect cognition, memory, communication, and behavior
- ✓ Impaired ability to perceive receptive communication or produce expressive communication

38

Learning Disabilities

- ✓ Not related to intelligence
- ✓ Some forms respond to medications, other do not
- ✓ Most common are dyslexia, ADD, ADHD
- ✓ Can delay response to a question or require that a question be repeated

39

Physical Disability California Government Code § 12926

- Disease, disorder, condition,
disfigurement, or anatomical loss that
- ✓ Affects one or more body systems; or
 - ✓ Limits a major life activity without regard to mitigating measures; or
 - ✓ Other health impairment that requires special education or related services

40

Physical Disabilities



- ✓ Motor
- ✓ Medical
 - ✓ Some children are “medically fragile”
 - ✓ Complex medical conditions requiring extensive care
 - ✓ May suffer serious injury even with careful handling or movement
 - ✓ If child must be moved, must be done by trained professional
 - ✓ Be sure medications and medical equipment accompany them
- ✓ Neurological
- ✓ Orthopedic
- ✓ Sensory

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Sensory Disabilities



- ✓ Visual: Blindness or visual disability
- ✓ Hearing: Deaf or hard of hearing
- ✓ Touch: Touch sensitive or lack of sensitivity to pain
- ✓ Taste: Impaired/heightened sense of taste
- ✓ Smell: Impaired/heightened sense of smell

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Exercise: Sensory Disabilities

You are investigating a call of physical and sexual abuse of 10 year old Harry.

- ✓ Group 1: Harry is blind
 - ✓ Group 2: Harry is deaf
 - ✓ Group 3: Harry does not want to be touched
 - ✓ Group 4: Harry cannot smell or taste
-
- ✓ How will this affect your investigation?
 - ✓ How will you address it?

43

Visual Disability

- ✓ Most have some vision
- ✓ Most have received mobility training
- ✓ Determine how they read
 - ✓ Braille?
 - ✓ Large print?

44

Deaf and Hard of Hearing

- ✓ 90% of deaf children have hearing parents
 - ✓ Most parents do not use sign language at home
- ✓ Most deaf children rely on visual communication and ASL or other sign systems
- ✓ Even under ideal circumstances, only a third of spoken information can be correctly lip read

45

Deaf and Hard of Hearing

- ✓ Some use hearing aids, have a cochlear implant or use a service animal, such as a hearing dog
- ✓ Need to use certified interpreters for interviews

46

Mental Illness



- ✓ Inaccurate perception of surroundings or interpretation of communications
 - ✓ Altered contact with reality
 - ✓ Hallucinations and delusions
- ✓ No relationship to retardation though can co-exist
- ✓ Some conditions, but not all, respond to medication

47

Mental Illness



- ✓ Includes
 - ✓ Schizophrenia
 - ✓ Bi Polar Disorder
 - ✓ Depression
 - ✓ Post Traumatic Stress Disorder (PTSD)

48

Mental Illness



- ✓ Onset age differs by type of illness
 - ✓ Schizophrenia—age 14 to 19
 - ✓ Depression and anxiety—age 7 or older
 - ✓ Others usually before age 10

- ✓ First Responder may be first to recognize

- ✓ Ask if child needs and has taken proper dose of medications at time of incident and prior to interviewing

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Module Summary



- ✓ There are many kinds of disabilities present in children
- ✓ Children with disabilities are especially vulnerable to abuse
- ✓ Suspects are usually people the child and family knows and trusts
- ✓ Most children can assist in an investigation and be interviewed

50

Legal Update



51

Test your legal knowledge!



- ✓ Complete the quiz
- ✓ You have 5 minutes!

- ✓ You will get the correct answers throughout the Module

52

Crawford v. Washington (2004)

United States Supreme Court (124 S. Ct. 1354)

- ✓ Only applies to criminal cases

- ✓ Witness statements which are testimonial in nature, including out of court statements and prior testimony, are inadmissible unless
 - ✓ Declarant is unavailable; and
 - ✓ Defendant had a prior opportunity to cross examine the declarant

53

Crawford v. Washington (2004)

Testimonial includes

- ✓ Structured interviews or interrogations by law enforcement
- ✓ Prior testimony at a Preliminary Hearing, before a grand jury, or prior trial
- ✓ Interviews by other governmental officials if for litigation
 - ✓ CPS
 - ✓ Prosecutors

54

Crawford v. Washington (2004)

Testimonial includes

- ✓ Statements that declarant would reasonably believe to be used in a prosecution

- ✓ Statements made under circumstances that would lead an objective witness reasonably to believe that the statement would be available for use at a later trial

55

Crawford v. Washington (2004)

- ✓ Limited to statements offered for the truth
 - ✓ Not for statements to show implausibility of a defense
 - ✓ Not for statements to show mental state
 - ✓ Not for statements to show defendant could not believe s/he had consent

- ✓ Not to statements to get help or medical care

56

What Is Non-Testimonial?

- ✓ Spontaneous Statements
- ✓ Business records
- ✓ Statements in furtherance of a conspiracy
- ✓ Dying declarations
- ✓ A chance remark overheard by a governmental official
- ✓ Statements to non governmental third parties
 - ✓ Friends, family, acquaintances

57

What Is Legally Unavailable?

- ✓ Dead
- ✓ So ill that the witness cannot be brought to court
 - ✓ Delusional
 - ✓ Legally incompetent
 - ✓ Traumatized
- ✓ With exercise of due diligence, cannot locate the witness

58

Crawford v. Washington (2004)

Inapplicable if the declarant is unavailable because of defendant's misconduct:

- ✓ Intimidation
 - ✓ Has defendant contacted or called since the arrest?
- ✓ Threats
- ✓ Caused victim to hide
- ✓ Killed the victim

59

Class Exercise

How does Crawford v. Washington affect your investigation?

What can you do to strengthen your case in light of Crawford v. Washington?

Impact on Case Development

Cannot rely on victim's hearsay statement even if otherwise reliable

- ✓ Victim must testify more often

- ✓ Need to find other sources
 - ✓ Who else knows?
 - ✓ Who has suspect told?
 - ✓ Corroboration through medical sources, friends, family, financial records, and other non-governmental sources

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Impact on Case Development

- ✓ Should still obtain and memorialize witness's statements
 - ✓ Continue to videotape in case they can be used
 - ✓ Still valuable for review by expert witnesses
 - ✓ Still admissible for non-hearsay purposes such as to prove suspect could not believe there was lawful consent
 - ✓ Rule of forfeiture

62

Legislative Update

- ✓ Child Abuse

63

Child Abuse Reporting Law

- ✓ New mandated reporters
 - ✓ In home Support Services (IHSS)
 - ✓ Court Appointed Special Advocates (CASA) Volunteers
- ✓ Intentional Concealment of Report by Mandated Reporter a continuing offense until discovery by county probation or welfare agency, or law enforcement agency

64

Child Abuse Reporting Law

- ✓ Substantiated report standard “evidence that makes it more likely than not that child abuse or neglect occurred”
- ✓ DOJ required to provide information from the State Child Abuse Central Index to law enforcement, county probation and welfare agencies

65

Legislative Update

- ✓ Criminal Procedure

66

Dependent Person

Dependent Person (EC 177)

- ✓ Any age with physical or mental impairment
- ✓ Substantially restricts ability to carry out normal activities or protect legal rights

- ✓ Special procedures
 - ✓ Courtroom procedures
 - ✓ Jury instructions

67

Right To a Support Person and Advocate

- ✓ At formal interview by law enforcement, prosecutors and defense (PC 679.04)
- ✓ At forensic examination (PC 264.02)
- ✓ Grand jury (PC 939.21)
- ✓ In court – up to 2 support persons at preliminary hearing and trial (PC 868.5)
- ✓ Juvenile court hearing- up to 2 support persons (PC 868.5)

68

Duties to Victims



- ✓ Medical treatment
- ✓ Interpreter
- ✓ Convey a child to out of home placement
- ✓ Victim Notification
- ✓ Victim Compensation

69

Children With Disabilities



- ✓ All laws that apply to children apply to children with disabilities
- ✓ On reaching the age of majority, all contracts, releases, legal documents, and responsibility for decision making rest with the individual and not with their parents

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Summary of Module



- | | | | |
|--------------|-----|---------------|-----|
| ✓ Question 1 | “c” | ✓ Question 6 | “a” |
| ✓ Question 2 | “b” | ✓ Question 7 | “b” |
| ✓ Question 3 | “b” | ✓ Question 8 | “a” |
| ✓ Question 4 | “d” | ✓ Question 9 | “c” |
| ✓ Question 5 | “a” | ✓ Question 10 | “b” |
| | | ✓ Question 11 | “e” |

71

Officer and Worker Safety



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Class Exercise



What are Sources of Danger in Cases of Abuse of Children with a Disability?

- ✓ Location
- ✓ Occupants, including family members
- ✓ Environmental factors
- ✓ Other

Sources of Danger



- ✓ Victim
 - ✓ Child with autism who is stressed
 - ✓ Child with schizophrenia
- ✓ Family member
 - ✓ Especially if fears arrest or removal of the child
 - ✓ May be mentally ill or under the influence
- ✓ Environmental sources
 - ✓ Dangerous animals, weapons, drugs, alcohol, suicidal intent
- ✓ Residents' tactical advantage

Class Exercise



What Can You Do To Enhance Your Safety?

Enhancing Safety - CPS



- ✓ Make sure agency knows where you are and when you plan to return
- ✓ Check with law enforcement
- ✓ Go in pairs, not alone
- ✓ Be aware of your environment
- ✓ Emergency phones or communication
- ✓ If dangerous LEAVE and call Law Enforcement

76

Enhancing Safety



- ✓ Check for mental health flags and address history
- ✓ Determine who is at the location and gather them together
- ✓ Separate parties eye and earshot
- ✓ Keep partner in view
- ✓ Have animals removed
- ✓ Avoid complacency!

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Module Summary



- ✓ Think safety!
- ✓ If a situation seems dangerous for you, do you think the child may be in danger? Is anyone else potentially in danger? Are the pets well cared for?

78

Conducting the Preliminary Investigation

79

First Responders

- ✓ Crime scenes can be complex and the evidence quickly destroyed or lost
- ✓ The first responder sets the stage for others who may have to deal with the child, witnesses, and suspect later on
- ✓ May have to deal with family more than once

80

Look Beyond the Call

- ✓ Other forms of abuse may be present
- ✓ There may be other victims
 - ✓ The child with the disability may be singled out for abuse in the family or may be the only child not harmed
 - ✓ In institutions, there may be a predator
- ✓ The same victim may have been assaulted more than once
 - ✓ Same suspect
 - ✓ Other suspects

81

Class Exercise: Sources of Evidence

Working with your table partners, make the most complete list possible of types of evidence that may exist in a case of possible abuse of a child with a disability

You have 3 minutes!

Sources of Evidence

- ✓ Obtain as much background information as possible before response
- ✓ “Fresh complaint” witnesses
- ✓ Persons familiar with others in living setting
 - ✓ Other victims
 - ✓ Patterns in the home and domestic violence

83

Sources of Evidence

- ✓ Many persons involved with the child
 - ✓ May be witnesses or suspects
- ✓ Sources of information
 - ✓ The child’s strengths and weaknesses
 - ✓ Changes in demeanor or behavior
 - ✓ Documentation of child’s progress, daily records, contacts
 - ✓ The child’s language skill
 - ✓ The child’s developmental achievements
 - ✓ Seen injuries
 - ✓ Heard spontaneous statements
 - ✓ They may have notes, photos, journals

84

Other Sources

- ✓ CPS open cases
 - ✓ Filed under the mother's name
- ✓ Prior calls to law enforcement
- ✓ Van drivers, coaches, child care providers, teachers
- ✓ 911 calls

85

Children in Special Education

- ✓ Special education under the Individuals with Disabilities Education Act (IDEA)
 - ✓ Meetings, plans, experts, and conferences with minutes, agreements, and parental signatures to agreement
- ✓ Child's individualized education program (IEP)

86

Children in Special Education

- ✓ When a child has an IEP, they may have a daily record prepared by the teacher or aide
 - ✓ Sent to child's parent each day
- ✓ Separate transportation system
- ✓ Possible interpreters

87

Regional Centers

- ✓ Maintain and update information on Individual Program Plan (IPP)
 - ✓ Medical issues and diagnosis
 - ✓ School
 - ✓ History
 - ✓ Special incidents
 - ✓ Legal involvement

88

Importance of Complete Documentation

- ✓ Importance of documentation and corroboration

- ✓ All witnesses, including victim

- ✓ Spontaneous statements
 - ✓ What was said and who heard it
 - ✓ Demeanor
 - ✓ Context of statement

89

Is This A Spontaneous Statement?

The suspect told me that his 5 year old niece (Becky) and his 3 year old nephew (Tommy) were present during the incident. I talked with Becky and she told me that 'Johnny (suspect) slapped Mickey on the face'. I talked to Tommy who said "Johnny knocked Mickey down."

90

Is This A Spontaneous Statement?

Officer Smith reported interviewing Marianne, who is 6. “The whole time during my interview with Marianne she appeared frightened. She was shaking at the hands and kept looking at the front door of her house where her uncle, Robert, was. I asked her if she was afraid of Robert and she nodded her head ‘Yes’. She said that ‘...Robert grabbed me by the arm, pushed me into the wall, and said don’t tell anyone or he’d do it again...’”

91

Contact Skills

- ✓ Importance of understanding values and beliefs of children with disabilities
- ✓ Part of your effectiveness in obtaining and assessing information, and interviewing
- ✓ Video: “Jason”
POST, 2002

92

Values and Beliefs of Children With Disabilities

- ✓ Not get others in trouble
- ✓ Obey the rules
- ✓ Not cause trouble
- ✓ Obey those in charge

93

Values and Beliefs of Children With Disabilities

- ✓ Do not get angry
- ✓ Agree with people
- ✓ Other people's opinion are important while yours are not
- ✓ Do not be assertive

94

Differences in Understanding of Basic Concepts

- ✓ Concept of rights generally unknown to persons with developmental disabilities
 - ✓ Do not make their own decisions
 - ✓ Persons in charge of them are...
 - ✓ May need to say that ____ (the person who is in charge of you) wants me to talk with you

95

Differences in Understanding of Basic Concepts

- ✓ The Law is seldom understood
 - ✓ Against the Law may not be fully understood
 - ✓ Child may think that first responder is punishing them for reporting an assault

96

Differences in Understanding of Basic Concepts

- ✓ Abuse or Assault
 - ✓ Concept is unknown
 - ✓ Child can describe what hurt them or made them feel bad
 - ✓ Often unaware that abuse is abnormal

97

Asking About Abuse: Sample Questions

- ✓ How did it make your body feel?
- ✓ Has your body ever felt like that before?
- ✓ If no, what was different this time?
- ✓ If yes, tell me about that time? Where were you?

Such questions can be answered by most children, including those with moderate mental retardation

98

Differences in Understanding of Basic Concepts

- ✓ Taught to be obedient and dependent
- ✓ Reluctant to express negative feelings or a desire for change
- ✓ Reluctant to express any feelings or desires
- ✓ Will not refuse you, or the suspect

99

Body Integrity

- ✓ Body may be touched for hygiene and therapy
 - ✓ May affect sense of ownership of own body
 - ✓ Child may be used to being touched
 - ✓ Cannot set limits on contact
- ✓ May be unaware that sexual contact is unusual when by caregiver but may be able to understand it should not happen

100

Children With Disabilities



Concrete thinkers

- ✓ What a person can touch, see or feel
- ✓ Do not understand abstract concepts such as time, distance, motivation

101



How Can the First Responder
and Frontline Worker Use This
Information?

102

Suggested Strategies to Overcome Resistance or Fear

- ✓ Reassure they have done nothing wrong
- ✓ Encourage them to talk and be honest
- ✓ They are not in trouble with you if they talk to you
- ✓ You are there to help
- ✓ You want the child to be safe

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Suggested Strategies to Overcome Resistance or Fear

- ✓ You are here to listen and want to know what happened
- ✓ They are brave for telling
- ✓ Do not characterize the contact with the child when eliciting information about the contact
- ✓ Educate later on illegal or improper sexual contact
- ✓ Make sure child knows what will happen is because of what suspect did, not their telling you.

104

Suggested Strategies to Overcome Resistance or Fear

- ✓ Ask the child
 - ✓ Where do you hurt?
 - ✓ Where were you touched?
 - ✓ What do you call that part of your body? (Use that term in the interview)
 - ✓ What room were you in when he touched you?
- ✓ Tell child that their parent or other responsible persons wants them to talk to you

105

Interviewing Children with Disabilities

What are barriers and fears of law enforcement and child protective service workers about interviewing children with disabilities?

106

Approaching the Interview



- ✓ Open minded
 - ✓ Don't make assumptions
 - ✓ Supportive, not judgmental
- ✓ Prepared
 - ✓ Review prior information if available
- ✓ When possible, bring “tools” with you in event child is not responding verbally
 - ✓ Crayons and paper
 - ✓ Body diagrams
 - ✓ Anatomically detailed dolls (if qualified)

107

Approaching the Interview



- ✓ Attempt to determine if child has a disability even before arriving so needed assistance can be obtained
 - ✓ Dispatch?
- ✓ Setting may not be within first responder's control
 - ✓ Should consider if it is possible to accommodate everyone's needs for safety and a private interview of the child

108

Approaching the Interview

- ✓ Prior to the child's interview talk to other sources to learn:
 - ✓ Child's communication style and use of interpretive aids
 - ✓ Language for relevant acts or body parts
 - ✓ Suggestions for most effective way to communicate with the child
 - ✓ Type and level of disability

109

Class Exercise

Jessica is 8 years old. She has Down Syndrome. Today she returned from school on her special bus. She was crying, has a red mark on her face, and her outer clothing was disheveled. She was no longer wearing underwear. Jessica told her mother "man hurt me." Her mother called the police.

You have responded

Class Exercise

Working with your table partners, assume that you will interview Jessica's mother.

- ✓ Will you interview her before or after Jessica?
- ✓ What do you want to learn from her?
- ✓ Do you have any concerns about the mother?

Sources Of Information About The Child And Their Disability

- ✓ Parents, teachers, coaches
- ✓ Care providers
- ✓ Disability experts
- ✓ Internet

- ✓ Video: "Mikel's Mother"
 - ✓ Victims with Disabilities: The Forensic Interview

Interviewing Logistics



- ✓ Position yourself across from the child
 - ✓ Some persons lip read
- ✓ Position yourself at the child's level
 - ✓ Consider letting the child decide where to sit and then move to that level
- ✓ Personal space may be different for a child with a disability
 - ✓ Ask care provider

113

Interviewing Logistics



- ✓ Touching is discouraged
 - ✓ May be “touch toxic”
 - ✓ May be similar to suspect's contact
- ✓ Eye contact generally helpful
 - ✓ Cultural issues
 - ✓ Sensitivity with some disabilities such as autism, deaf, hard of hearing, ADD/ADHD

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Interviewing Logistics

- ✓ Speak in a normal voice
 - ✓ Yelling or speaking extremely loudly may distort words for those lip reading
 - ✓ Raising your voice may frighten the child
 - ✓ Avoid “baby talk”
- ✓ Lighting
 - ✓ Can be painful (fluorescent lighting—autism, ADHD, ADD)
 - ✓ Inadequate for persons with visual or hearing disabilities

115

Interviewing Logistics

- ✓ Distractions
 - ✓ May interfere with child’s hearing and concentration
 - ✓ Avoid locations that are too noisy or traumatic
 - ✓ Is location comfortable for the child?
 - ✓ Safe?
 - ✓ Reduce
 - ✓ Noise
 - ✓ Foot traffic
 - ✓ Visual distractions
 - ✓ Law enforcement gun belt

116

Interview Process



- ✓ Initially first responder must
 - ✓ Gain control of scene
 - ✓ Check for weapons and need for medical care
 - ✓ Determine if a crime occurred and who is the perpetrator

- ✓ Protective Services must
 - ✓ Determine if child or other children in danger
 - ✓ What is needed to protect them

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Interview Process



- ✓ First contact with a child is to determine if a crime happened and the suspect's identity

- ✓ Fuller interview of the child usually follows

- ✓ There may be other interviews later (not conducted by the first responder)

118

Interview Process

- ✓ How to First Meet the Child?
 - ✓ Depending on situation, law enforcement or CPS may introduce themselves
 - ✓ If possible, may be preferable for child to be introduced to responder by a trusted parent or other individual
 - ✓ Reassures the child that the responsible person wants the child to talk to the responder

119

Interview Process

- ✓ Interview is like other interviews of children
 - ✓ Get to know the child (rapport building)
 - ✓ Assessing communication and intellectual abilities
 - ✓ Modifying interactions
 - ✓ Direct conversation from general to specific
 - ✓ Acquire needed information if a crime occurred
 - ✓ Concluding the interview

120

Class Exercise: **Presence of a Support Person**

What are the benefits of having a support person present at the interview of a child with a disability?

What are the detriments of having a support person present at the interview of a child with a disability?

Advantages of a Support Person

- ✓ Reassure the child
- ✓ May be only person who can interpret what the child says accurately
- ✓ May be able to identify persons the child mentions in the interview

Disadvantages of a Support Person

- ✓ May be a perpetrator or colluding with a perpetrator
- ✓ Child may be embarrassed or afraid to talk in front of support person
- ✓ Support person may be influence answers
- ✓ Loss of confidentiality

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Support Persons

- ✓ When possible interview the child alone
- ✓ If you include a support person
 - ✓ Set rules for their participation such as no speaking or coaching; do not interpret unless requested
 - ✓ If support person cannot comply or upsets child, remove them from interview

124

Recording the Interview

- ✓ If possible, tape record

- ✓ Tell child why you are taping
 - ✓ Accurately capture what the child says
 - ✓ Create a record
 - ✓ Reduce number of additional interviews by professionals

125

Prior to the Interview

- ✓ Tell children what you expect
 - ✓ Tell the truth
 - ✓ If you do not know an answer, say so; do not guess
 - ✓ Children cannot make up a story for which they lack a base of knowledge (e.g., cannot describe a sexual act unless they have learned about it from personal experience)
 - ✓ As part of effective case development, demonstrate the child's ability to distinguish right from wrong
 - ✓ If child is young or if there is uncertainty

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Class Exercise



Working with your table partners develop, 3-5 questions to ask Jessica about:

- ✓ Group One: The difference between the truth and a lie
- ✓ Group Two: Rapport Building

Building Rapport



- ✓ Identify yourself
- ✓ Your purpose for being there (“Your Mom called for help”)
- ✓ Your job (“Help children be safe”)
- ✓ Your concern that the child is ok
- ✓ “Do you know why I am here?”
- ✓ You want to hear what the child has to say
- ✓ Your opportunity to assess language skills, communication style, ability to understand

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Build Rapport



- ✓ Ask the child to talk about themselves
 - ✓ Their interests
 - ✓ Assess their ability to respond, pacing, speed and delays
 - ✓ Match your pacing and speed to them

- ✓ Use age and developmental level language appropriate to the child
 - ✓ Plain English

129

Interview Flow



- ✓ Give child adequate time to process and respond

- ✓ Non threatening questions before moving to the more uncomfortable; then move to less difficult subjects to end.
 - ✓ Tell me about your uncle
 - ✓ What do you like about him? Not like?
 - ✓ Special things you do with Uncle Max?

130

Interview Flow

- ✓ Consider enhancing the interview by using paper and crayons, anatomically detailed dolls (if available and the officer is trained on their use) or other tools
 - ✓ Can also assist with rapport building (ask child to draw a picture of the family, etc)
- ✓ Thank the child for their help
- ✓ Acknowledge that interview may have been hard for them
- ✓ Discuss what happens next and what to do if they remember more later on.

131

Questioning

- ✓ Open ended questions are preferable
- ✓ If child cannot answer open ended questions, ask more narrowly tailored questions
 - ✓ Later verify responses by asking question again or by asking it in reverse
- ✓ If all else fails, ask yes-no questions
 - ✓ Then attempt to clarify information and add detail

132

Children Who Appear “Non Verbal”

- ✓ Determine what this means

- ✓ Usually have some limited language skills
 - ✓ Can indicate yes or no
 - ✓ May have vocabulary of up to 200 words

- ✓ May not have identifiable method of communication
 - ✓ Rely on reports of others and behavioral changes
 - ✓ May need assistance of an expert

133

Video

“Effective Communication”

“Voices Ignored,” 2002

134

Report Writing

- ✓ People first language
 - ✓ Person with a disability
 - ✓ Person who uses a wheelchair not wheelchair-bound
 - ✓ Experiences not suffers from
 - ✓ Condition not disease
- ✓ Do not use terms like handicapped, crippled, lame, dumb, or retard with or about a child with a disability

135

Report Writing

- ✓ As with all crime reports, describe behaviors and conduct, not conclusions
- ✓ If a person has mental retardation, describe their traits, behaviors, and language as they are observed rather than an assessment (not: “acts like a 2 year old”)
 - ✓ If someone provides an opinion, include that information along with the source and context in which the remark was made

136



Use of Interpreters in Responding to Abuse Against Children With Disabilities

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Interpreters



- ✓ Best to use certified
- ✓ Consider child's confidentiality and if certain persons may compromise it
- ✓ Use of Interpreters
 - ✓ Types
 - ✓ Sign language (American, Universal)
 - ✓ Finger spelling
 - ✓ Facilitated communication

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Facilitated Communication



- ✓ Forms
 - ✓ Communication Boards
 - ✓ Book or Mechanical Device (computer) to point to letters, words, or pictures

- ✓ Some children need a facilitator to use the communication board or keyboard

- ✓ For court, may need 2 separate interviews with a different facilitator who has no contact with other

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Use of Interpreters



- ✓ Do not use people connected to child victim unless emergency situation
 - ✓ May be offender or allied with offender
 - ✓ May also be victim
 - ✓ May inhibit child from complete disclosure
 - ✓ Not familiar with forensic considerations

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Use of Interpreters

- ✓ May use a family member when
 - ✓ Only way to conduct interview (no alternatives)
 - ✓ Child is only understood by family because of unique communication

- ✓ If you must use a family member
 - ✓ Fully brief on your expectations
 - ✓ Debrief them afterwards, especially if children

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Interpreters at the Preliminary Hearing

- ✓ Correa v. Superior Court (2002) 27 Cal.4th 444

- ✓ Officer can testify at preliminary hearing to what translator reported the witness said
 - ✓ Translator is a “language conduit”
 - ✓ Translator needs to be generally unbiased and adequately skilled
 - ✓ Not considered multiple levels of hearsay under Proposition 115

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First Responder Must Document:

- ✓ Who supplied translator?
- ✓ Does translator have a motive to lie or distort?
- ✓ What are translator's qualifications and language skills?
- ✓ Does investigation corroborate translation?

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- ✓ Translator may have to testify if there is significant doubt about accuracy of translation
- ✓ Recommend that interview(s) be taped so translation can be confirmed later

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Video Clips: “Victims With Disabilities: The Forensic Interview”

Loren-16: has brain damage as result of severe childhood abuse and neglect; hearing and vision disabilities; seizure disorder; severe anxiety disorder and PTSD; and learning disability

Maria-25: has cerebral palsy; college student, wife, and mother

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Multidisciplinary Responses and Wrap Up to Training Day

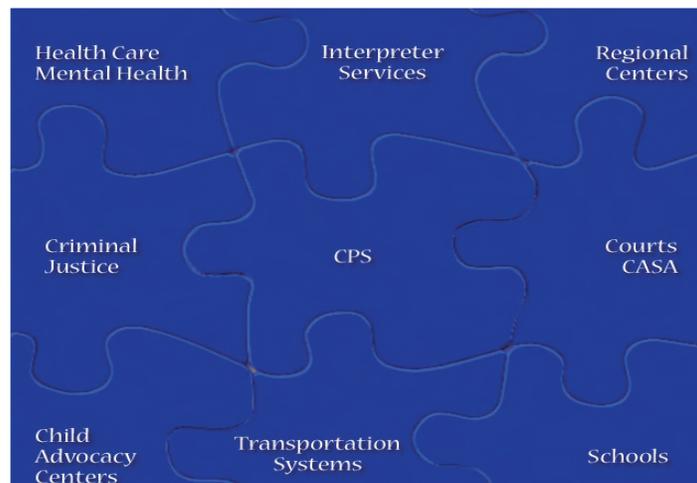
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The Realities

- ✓ Many agencies, courts and systems are involved
- ✓ Overlapping responsibilities, varied roles
- ✓ Sources of needed expertise
 - ✓ Interviewing
 - ✓ MDIT/MDIC
- ✓ Need to work together to
 - ✓ Meet victim needs
 - ✓ Make victims safe
 - ✓ Hold offenders accountable

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Coordinated Response



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Concluding the Session



- ✓ You make or break the case!
- ✓ You set the stage for all future contacts with the child and the child's family!

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Conclusion



- ✓ Final Questions and Comments
- ✓ Evaluations

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