

Intermediary Assessment Report and Recommendations in respect of Carrie Thomas

Prepared by: Dr Cooper

Date of Report: April 2019

Confidential report

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This report has been prepared by an intermediary appointed to the panel by the Secretary of the Department of Justice and Regulation in accordance with s.389H of the *Justice Legislation Amendment (Victims) Act 2018*.

1. About the intermediary

1.1 Summary of qualifications and experience

I am a Registered Intermediary with the Intermediary Pilot Program. I am a Registered Psychologist with a Doctorate in Forensic Psychology. I have 13 years' experience working with children and young people in both clinical and forensic settings. I have worked in child and adolescent community psychiatry, with the Child Witness Service, in private practice and with the Children's Court Clinic. A copy of the intermediary's CV is attached at Appendix 1.

1.2 Role of the Intermediary

The functions of an intermediary are outlined in Sect 389I of the *Criminal Procedure Act 2009*.

The function of an intermediary is:

- a) to communicate or explain to a witness for whom an intermediary is appointed, questions put to the witness to the extent necessary to enable them to be understood by the witness; and
- b) to communicate or explain to a person asking questions of a witness for whom an intermediary is appointed, the answers given by the witness in reply to the extent necessary to enable them to be understood by the person.

An intermediary is an officer of the court and has a duty to act impartially when assisting communication with the witness.

2. Chronology

Event	Person and role	Details (date / time / method / location)	Outcome
Intermediary Request	Instructing solicitor, OPP	24 February 2018	Complainant a 12 year old girl
Intermediary viewed VARE	Intermediary viewed the VARE, no others present	29 March 2018 at WAS	
Contacts with others in the criminal justice system	Solicitor (OPP)	17 March 2018 (Phone)	To introduce self and organise to view the VARE
		21 March 2018 (email)	To organise to view the VARE
		28 & 29 March 2018 (email)	To organise to view the VARE
		29 March 2018 (in person)	The solicitor came to introduce himself when at WAS. Reported that Carrie has diagnoses of ADHD and an Intellectual Disability
	Detective Senior Constable	21 March 2019 (phone)	To introduce self and seek further information regarding the Complainant's communication needs. The DSC stated that he did not interview Carrie and referred me to the Senior Constable.
	Senior Constable	21 March 2018 (phone)	To introduce self, he on leave
		21 March 2018 (email)	To introduce self and seek further information regarding the Complainant's communication needs
	Child Witness Support worker	21 March 2018 (email)	To introduce self as Intermediary, and to discuss scheduling the pre-court assessment
		21 March 2018 (phone)	To discuss CWS worker's impressions of the Complainant's communication needs
Assessment	Intermediary and Complainant's parents	4 May 2018 15 minute face to face conversation at CWS	To introduce self and discuss Complainant's communication needs
	Complainant, Intermediary, CWS worker	4 May 2018 50 minute face to face assessment at CWS	Assessed: expressive and receptive language, as well as emotional and physical needs affecting communication

3. Witness Communication Needs Assessment

3.1 Overview

Background information provided by OPP Solicitor in the intermediary request, was that Carrie is 12 years of age. The OPP solicitor also reported that Carrie has a diagnosis of both Intellectual Disability and Attention Deficit Hyperactivity Disorder (ADHD). These diagnoses were confirmed by the Child Witness Service (CWS) worker, who had spoken directly with Carrie's family. The CWS worker had met with Carrie in person previously, and described her as appearing anxious, being initially reluctant to engage verbally (instead communicating her feelings through pictures she drew), that her attention span was short, and that she struggled to sit still.

3.2 General development and/or disability and cognitive impairment

Carrie is reported by her mother to have a diagnosis of mild Intellectual Disability, following an assessment in September 2017, however she was unable to give further detail about the results of this assessment. Carrie is reported to be attending a Special School from 2019. She is currently in Grade 6 at a mainstream Primary School, where she receives in class support from an Aide.

Carrie's mother reported that Carrie was diagnosed with ADHD by a Paediatrician 'a few years ago'. She has been prescribed Ritalin to manage the symptoms of ADHD, taking two tablets in the morning and requiring another at approximately 12pm.

3.3 Other relevant information for assessment of communication (including social, level of education and other medical conditions)

Carrie's mother reported that Carrie was diagnosed with epilepsy at 3 years of age, for which she is medicated. Carrie has experienced absent seizures, twitching, and grand mal seizures. She is sensitive to flashing lights.

3.4 Attention and listening skills (processing information)

Carrie was observed to maintain attention throughout most of the VARE (28 minutes), remained seated in her chair and did not ask for a break. During the assessment (50 minutes), Carrie was able to maintain attention to most tasks (each of approximately 3-7 minutes duration), as long as the tasks were varied and engaging enough to hold her interest. Carrie struggled to attend to tasks that were primarily verbal. She shifted her focus away from the assessment for short periods of time (2-3 minutes) after attending for approximately 15 minute periods, but was able to be brought back to the assessment. Carrie required more frequent prompting to maintain attention to task in the final 15 minutes of the assessment. Carrie responded to her name being spoken, followed by a clear statement of what the task required of her, at times this had to be repeated twice. Carrie also responded to being told how far through the assessment she was, and was then able to refocus to complete the assessment.

It should be noted that the assessment with Carrie began at approximately 11:15am, and that she would typically take a dose of Ritalin at 12:00pm. Carrie's mother reported that Carrie can have difficulties with attention and hyperactivity just before 12:00pm, and for 30 minutes or so after taking her medication. Carrie's mother also stated that Carrie is better able to maintain attention and moderate her activity levels in the morning, than in the afternoon.

3.5 Understanding of spoken language (receptive language)

- 3.5.1** In her VARE Carrie answered a range of who, what, when and where questions. Carrie didn't answer some questions asked of her in her VARE. It is unclear whether Carrie didn't understand the question, wasn't paying attention to the question, didn't know the answer to the question, or didn't wish to respond to the question. Carrie resumed speaking when the question was re-phrased or a new question was asked.
- 3.5.2** In the assessment Carrie was able to name a range of primary colours, read digital but not analogue time, and count. Carrie could identify seasons of the year, identified the date and day of the week correctly, and understood that her birthday was before Christmas. Carrie's estimation of time was not accurate however, as she estimated that Christmas was "6 months away". Carrie also struggled to estimate numbers, instead counting a number of objects before her one by one. With respect to frequency, Carrie was able to comprehend what and demonstrate what "never", "once", "two times", "a few times" and "a lot of times" represented. A visual representation of these amounts was used to support Carrie's understanding of these terms (see appendix 6.3). Carrie could identify right and left using her own hands, however did not correctly identify right and left from the writer's perspective.
- 3.5.3** Carrie was readily able to identify major parts (e.g. leg, head, arm) and some minor body parts (e.g. neck, ankle) on a body map (see Appendix 6.4). Carrie was able to identify a range of types of action including hit, punch, push and pinch using playdough, however was unable to identify what a poke was. Carrie was able to identify whether an action was gentle or hard, quick or slow.
- 3.5.4** Carrie was able to sequence a simple series of daily events, placing 6 post it notes with words such as 'woke up' and 'came home from school' written on them, in correct order. Carrie was able to understand the concepts of first and next in relation to this sequence. Carrie completed a simple verbal comprehension task, and was able to accurately sequence the 5 events described in the written piece. Carrie was able to follow simple single and two-part instructions asked in order such as "put the green pencil on the table and the blue pencil on the floor?" Carrie also demonstrated an understanding of prepositions of place, such as 'under', 'on', 'in front' and 'next to'.
- 3.5.5** Carrie was able to comprehend and respond to questions posed as statements such as "I am older than you?", although she was initially confused and needed some extra time to process these questions. Carrie was able to comprehend and respond to simple questions posed in the negative e.g. "didn't you go to the zoo yesterday", responding "no I didn't". Carrie struggled to answer more complex questions posed in the negative however, e.g. "is it incorrect that you are a grown up?" Carrie was able to answer some questions phrased in the passive voice e.g. "was breakfast eaten by you this morning?", however she appeared confused and responded with uncertainty. Carrie did not accurately answer more complex questions phrased in the passive voice e.g. "was the train ridden by you this morning to get here?" Carrie was not able to comprehend and respond reliably to two-part questions requiring two separate answers given in order e.g. "do you like to read books and listen to music?", giving a single response. Carrie was not able to reliably respond to questions with an embedded clause e.g. "where did you meet the Child Witness Service worker, who supports young witnesses, for the first time?"
- 3.5.6** Carrie was able to disagree with incorrect assertions put to her in the assessment setting, and was also able to tolerate some challenge to information she had provided during the assessment. Carrie was able to comprehend simple tag questions e.g. "I have red hair, don't I?" and did not acquiesce when the information put to her was incorrect.

3.5.7 Under stress, Carrie's capacity to reliably answer more complex questions may be compromised, particularly when a series of complex questions are used. During the assessment, Carrie did not state that she didn't understand or know an answer to a question, not answering at all and indicating through body language that she was unsure, or shifting her focus to a different activity.

3.6 Spoken expression (expressive language)

In the assessment Carrie struggled to provide a clear, free narrative when she was telling the writer about a movie she had seen recently and enjoyed. Carrie struggled to describe the characters or to communicate the plot of the movie, such that her description was unable to be understood by the writer. Carrie did not appear to know where to begin when describing the movie to someone who hadn't seen it. Carrie was able to provide verbal answers to specific questions about the movie however.

3.7 Speech sound intelligibility

Carrie's speech is fluent, audible and mostly intelligible. During the VARE Carrie held her hands in front of her mouth at times, which made it more difficult to understand her. During the assessment, Carrie was clear with most of her responses, however at times needed to be asked to repeat what she had said. Difficulties with Carrie's intelligibility became more apparent as her attention waned. The breadth of Carrie's vocabulary is limited.

3.8 Reading and writing ability

In the assessment Carrie was able to read and comprehend a simple, short piece of writing, answering questions about the piece correctly. Carrie was able to write, however did so slowly. Carrie's writing was not able to be clearly read. Carrie's drawing of herself was rudimentary.

3.9 Non-verbal communication

In the assessment, Carrie used body language to communicate that she was confused or didn't know the answer to a question, shrugging her shoulders slightly. Carrie's eye contact fluctuated and became less consistent as her attention waned. Carrie's body language was appropriate, however as her attention waned she tended to leave her seat and move around the room.

3.10 Other forms of communication such as augmented communication

Not relevant.

3.11 Emotional state

Carrie's mother stated that when she is anxious or overwhelmed, Carrie can find it more difficult to concentrate, she may not respond verbally to questions, and that she can become agitated.

Carrie stated that when she feels anxious or overwhelmed, she likes to "squeeze something", and remove herself from the stressful situation. Carrie reported no other strategies for self-soothing. During the assessment, Carrie enjoyed manipulating a sensory ball as we spoke.

4. Conclusions and Recommendations

Carrie is a 12-year-old girl with diagnoses of mild Intellectual Disability, ADHD, and Epilepsy. Carrie is able to comprehend and respond reliably to simple questions, however Carrie's cognitive capacity and communication ability are not consistent with a typically developing child of 12 years of age. Carrie's ability to maintain attention to task is also limited, and she finds it difficult to remain seated for extended periods of time, needing regular opportunities to engage in physical activity. Carrie is

anxious about giving evidence, which may exacerbate her difficulty maintaining attention and hyperactivity

4.1 Conclusions

Carrie has the ability to communicate her evidence if questions are phrased simply and clearly. Carrie did not demonstrate the ability to say that she doesn't understand or that she doesn't know the answer to a question asked of her. Additionally, Carrie may be unaware that she doesn't understand a question before giving an answer. To ensure that Carrie can comprehend questions asked of her, question length, sentence complexity and vocabulary should be pitched at the level of a child aged several years younger than her chronological age. Questions should be structured to encapsulate a single main idea per question, be phrased positively where possible (and only in the most simple way if a negative is to be used), use clear language that can be understood literally, refer to concrete constructs (things that can be seen/touched), and use vocabulary that is simple to understand.

More complex questions that use double negatives, have two parts requiring two separate responses, are ambiguous (where there is more than one way to interpret the question), use idiom (a phrase that doesn't make sense if the words are understood literally), use legal jargon, use complex vocabulary or are too long (more than 8-10 words) should be avoided.

Carrie's ability to concentrate and remain seated will be enhanced by being able to physically manipulate sensory toys whilst she is giving her evidence.

Carrie is likely to benefit from the use of an intermediary to assist with the communication of questions to her, and to assist her to communicate through the monitoring of her attention, physical activity and emotional needs.

4.2 Recommendations for questioning

	Recommendation	Rationale based on assessment	Practical Suggestions
1	Ask questions that are confined to a single idea each. Avoid questions with more than 1 part, or that have an embedded clause.	Assessment identified that Carrie may not realise when there are multiple parts of the question to comprehend and respond to, she may only respond to one part, or may comprehend one part but not the other and not make this clear. (refer to Section 3.5.5 of this report)	Questions may need to be broken down into parts e.g. the question "were you in the garden that morning and what happened there?", should be broken down to: "Were you in the garden that morning?" "What happened in the garden?"
2	Use simple, everyday language that is likely to be understood by a child several years younger than Carrie's chronological age of 11 years. Where possible, use Carrie's vocabulary for describing people and things.	Carrie has a mild intellectual disability, and the assessment indicated that her cognitive and language capacity is equivalent to that of a much younger child. Using words that Carrie uses herself will facilitate her understanding of a question. (Refer to Sections 3.2 and 4.1 of this report)	e.g. rather than using a word like "retrospectively" use "in the past". Rather than "wandered" use "walked" Rather than "ajar", use "open".

3	<p>Ask questions that are clear and simple to comprehend.</p> <p>Avoid statements posed as questions, and questions that are ambiguous.</p>	<p>Carrie has a mild intellectual disability and her cognitive capacity is equivalent to that of a much younger child.</p> <p>(Refer to Sections 3.2, 3.5.5 and 4.1 of this report)</p>	<p>Use a question word (who, what, when, where, did etc.) at the beginning of the question, so that Carrie understands that a question has been asked and requires a response.</p> <p>Make sure that questions cannot be open to interpretation e.g. “how did you feel yesterday?” is too vague, and should be rephrased as “how did you feel in your body yesterday when you woke up?”</p> <p>See Appendix 6.5 for a Fact Sheet about the communication needs of children with intellectual disabilities.</p>
4	<p>Avoid complex sentence structure (syntax) such as:</p> <p>Idiom (where the meaning is figurative and cannot be deduced from the literal meaning of the individual words), passive voice, and ‘do you remember?’ questions</p>	<p>Carrie has a mild intellectual disability, and her cognitive and language capacity is equivalent to that of a much younger child. Capacity to comprehend and respond to complex syntax typically develops during adolescence.</p> <p>‘Do you remember’ questions appear to be simple, but in addition to often having more than one part, are complex and require several processing steps to be understood and answered correctly.</p> <p>(Refer to Sections 3.2 and 3.6 of this report)</p>	<p>Use words literally rather than figuratively e.g. avoid a phrase such as “I’m all ears”, and instead say “I am listening”.</p> <p>Use the active voice when structuring questions, using the form subject-verb-object e.g. “Did you drop the ball?” rather than the passive voice “Was the ball dropped by you?”</p> <p>Avoid using the phrase “do you remember” in a question e.g. “Do you remember going for a drive with your family to your grandmother’s house last weekend?” should be broken down to:</p> <p>“Did you go to your grandmother’s house last weekend?”</p> <p>“Did you travel in a car to your grandmother’s house?”</p> <p>“Who else was in the car with you?”</p>
5	<p>Phrase questions in the positive, so that the response is intuitive – where an answer</p>	<p>Carrie has a mild intellectual disability, and her cognitive and language capacity is equivalent to that of a child several years younger in age.</p>	<p>Avoid using the negative form of a word e.g. “did you misunderstand him?” and use “did you understand him?”</p>

	<p>of 'yes' is affirmative and 'no' is negative.</p> <p>Do not use multiple negation in a question, it requires more complex cognitive processing skills again.</p>	<p>Carrie was not able to reliably comprehend and respond appropriately to questions using negatives (except when very simple).</p> <p>(Refer to Sections 3.2 and 3.5.5 of this report)</p>	<p>Instead of "is it incorrect that you are in Grade 4?", use "are you in Grade 4?"</p>
6	<p>Avoid repetitive sequences of questions.</p>	<p>Assessment identified that Carrie struggles to maintain attention, and may not listen carefully to each question in a repetitive series (where the questions sound similar, and require a similar response e.g. yes/no).</p> <p>(Refer to Section 3.4 of this report)</p>	<p>Break up closed questions with open questions, as a sequence of closed questions requiring only a yes or no answer may lead her to fall into a pattern of responding in the positive or negative only.</p> <p>e.g. rather than: "Did you wake up in your bed?" (yes) "Did you eat breakfast?" (yes) "Did you get dressed?" (yes)</p> <p>You could break the repetitive series into: "Did you wake up in your bed?" "Did you eat breakfast?" "What did you eat for breakfast?"</p>
7	<p>Avoid lengthy questions, including those with a long preamble.</p>	<p>Assessment identified that Carrie struggles to maintain attention, especially when information is delivered verbally. Carrie is unlikely to be able to attend to all of the information in a question if it is too lengthy.</p> <p>(refer to Sections 3.4 and 3.5.5 of this report)</p>	<p>Questions should be of no more than 8-10 words each.</p> <p>Long questions should be broken down into shorter questions e.g. "what did you wear when you went to school on the dress up day in Term Two?" should be: "Did you have a dress up day at school this year?" "Was the dress up day in Term Two?" "What did you wear on the dress up day?"</p> <p>Alternatively, the advocates could briefly signpost an event/period of time that the child has previously spoken about e.g. "we are going to talk now about the dress up day you had at school in Term Two. What did you wear on that day?"</p>

8	If using fixed choice questions, include the option “or something else”.	Assessment identified that Carrie does not typically say when she doesn’t understand or know an answer to a question. Additionally, Carrie may not understand that she is able to disagree with both options put to her. (Refer to Sections 3.2, 3.5.1 and 3.9 of this report)	The question “was the car black or white?” should be rephrased “was the car black, or white, or something else?” More simply, the question could be asked as “what colour was the car?”
9	Ask questions about concrete constructs (things that can be directly experienced using the senses), and avoid asking questions about abstract concepts (such as another’s state of mind, what is truth? etc.)	Carrie has a mild intellectual disability and her cognitive and language capacity is equivalent to that of a much younger child. The capacity to think abstractly typically develops during adolescence. (Refer to Section 3.2 of this report)	Carrie will struggle to comprehend, process and respond appropriately to a question like “can you describe what truth means?”, or “what do you think your mum wanted you to do?” Avoid asking questions beginning with ‘why’ as they typically require the capacity to think abstractly.
10	Remind Carrie that she is able to say if she doesn’t understand a question, needs a question repeated, or doesn’t know an answer. Allow a visual prompt of these options to sit on the table in front of Carrie (see Appendix 6.2) If Carrie uses body language (e.g. shrugging her shoulders) to communicate an answer, check with her if she is confused or doesn’t know the answer to the question.	Assessment identified that Carrie does not typically state when she doesn’t understand or know an answer to a question. Carrie is likely to benefit from a visual prompt her of these options. (Refer to Sections 3.5.1 and 3.9 of this report)	Remind Carrie of the response options available to her. If Carrie is observed to use body language to communicate a lack of understanding, or that she doesn’t know an answer, say: “Carrie I saw you shrug your shoulders. Is that because you don’t understand the question? Or do you not know the answer? Or something else?”
11	Give Carrie the opportunity to use a visual aid to support her in answering questions asking her to estimate frequency, by having the aid in front of her to view (see Appendix 6.3)	Assessment identified that Carrie had difficulty estimating number. Carrie was able to reliably estimate the frequency of certain events occurring in her life using the visual aid and its vocabulary. (Refer to Section 3.5.2 of this report)	If Carrie is asked to estimate the frequency of something occurring, she should be able to refer to the visual aid.
12	Give Carrie the opportunity to use body maps (see Appendix	Assessment identified that Carrie was able to use a body	In Appendix 6.4 are a male and female body map, both

	<p>6.4) to support her in communicating her evidence.</p> <p>Carrie should not be asked to show what happened or indicate where, using her own body.</p>	<p>map to identify major and minor body parts.</p> <p>It can be distressing for a child/vulnerable person to communicate where and how something happened using their own body.</p> <p>(Refer to Section 3.5.3 of this report)</p>	<p>wearing underwear, showing the front and back orientations.</p> <p>If Carrie is reluctant to name some body parts, or her language is unclear, she could be asked to point to them using the body maps.</p>
13	<p>Allow Carrie time to process and answer questions</p>	<p>Assessment identified that Carrie did not respond to some questions, and took some extra time to answer others. Carrie responded to this style of prompting.</p> <p>(Refer to Section 3.4 of this report)</p>	<p>Count to 5, before stating Carrie's name in a neutral tone and asking if she would like the question repeated or asked in a different way.</p>
14	<p>Advocates could put their case to Carrie, however they should use plain language rather than legalese, and questions should be brief and clear.</p> <p>In putting the case, advocates should use a neutral tone and body language.</p>	<p>Assessment identified that Carrie is able to disagree with questions asked of her when she identifies the proposition as incorrect.</p> <p>(Refer to Section 3.5.6 of this report)</p>	<p>Instead of asking "I put it to you that?", the question should be rephrased as:</p> <p>"Manfred says"</p> <p>"Do you agree or disagree with what Manfred says?"</p>

4.3 Other recommendations to assist communication

1. The intermediary is available to meet with prosecution and defence counsel separately to provide assistance and recommendations on how to phrase questions to best meet the communication needs of the witness.
2. At the Ground Rules Hearing the judicial officer directs the intermediary on how they want the intermediary to alert the court when a witness needs a break, a question is not appropriate for the witness' communication needs, the witness appears confused, the pace of questioning is too fast or the tone of the questioner is not appropriate.
3. The Special Hearing should be scheduled to take place as early in the day as possible, and be of relatively short duration. Assessment identified that Carrie is better able to maintain attention and regulate her hyperactivity earlier in the morning, declining toward midday. Carrie takes a second dose of her ADHD medication at 12pm, and it takes approximately 30 minutes to take effect.
4. Carrie should be given the opportunity for brief break (approximately every 15-20 minutes), giving her a chance to get out of her chair and move around. These breaks may be in the room, but will likely require some active movement. The writer can bring some toys/equipment for this purpose. If Carrie does not indicate that she needs a break, the Intermediary should be permitted do so on her behalf if her concentration is waning or she becomes increasingly restless. If Carrie requires a break because she is distressed or overwhelmed, she should be given the opportunity to leave the remote witness room to settle.
5. Carrie should be given the opportunity to manipulate a sensory/fidget object whilst she gives her evidence. This could aid her communication by helping her to concentrate, to calm her, and to serve as a less disruptive way for her to be physically active.

5. Intermediary declaration

I solemnly and sincerely declare that I will well and faithfully communicate questions and answers and make true explanation of all matters and things as may be required of me according to the best of my skill and understanding and I will not reveal the content or topics of proposed questions of counsel to any third party including the prosecution or defence, except as ordered by the court.

Signed:

Dated:

6. Appendices

6.1



You got that wrong.



I don't understand.

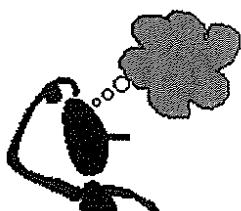


Can you say that
again?




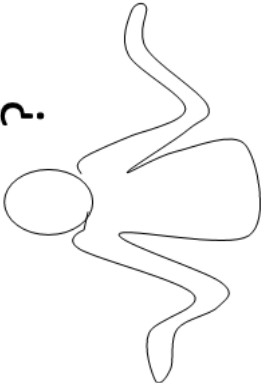

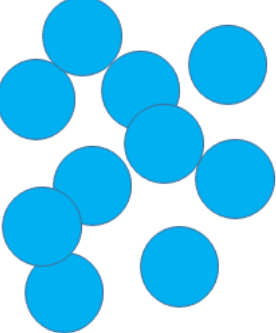
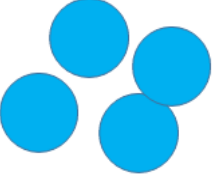
I don't know.

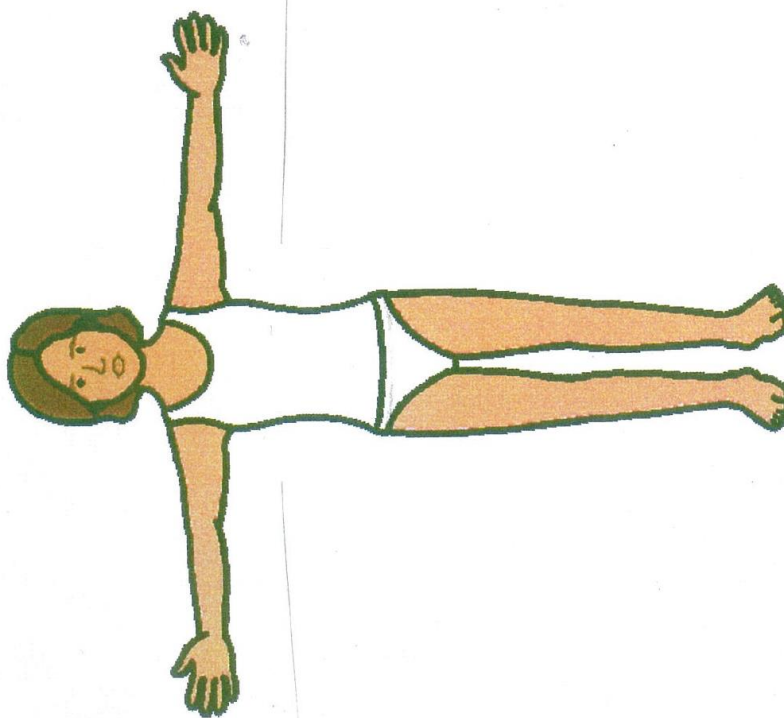
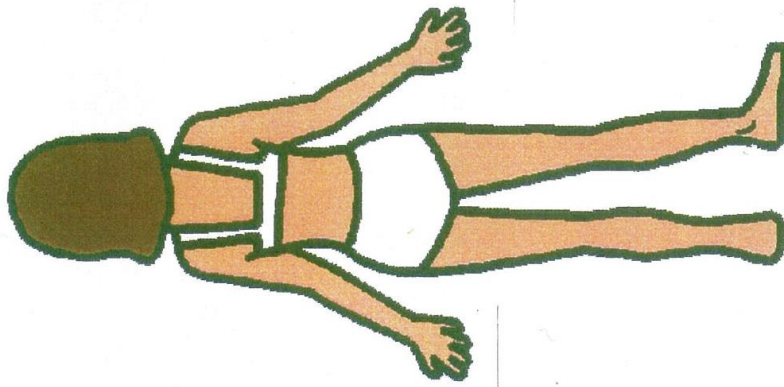
(Don't guess)

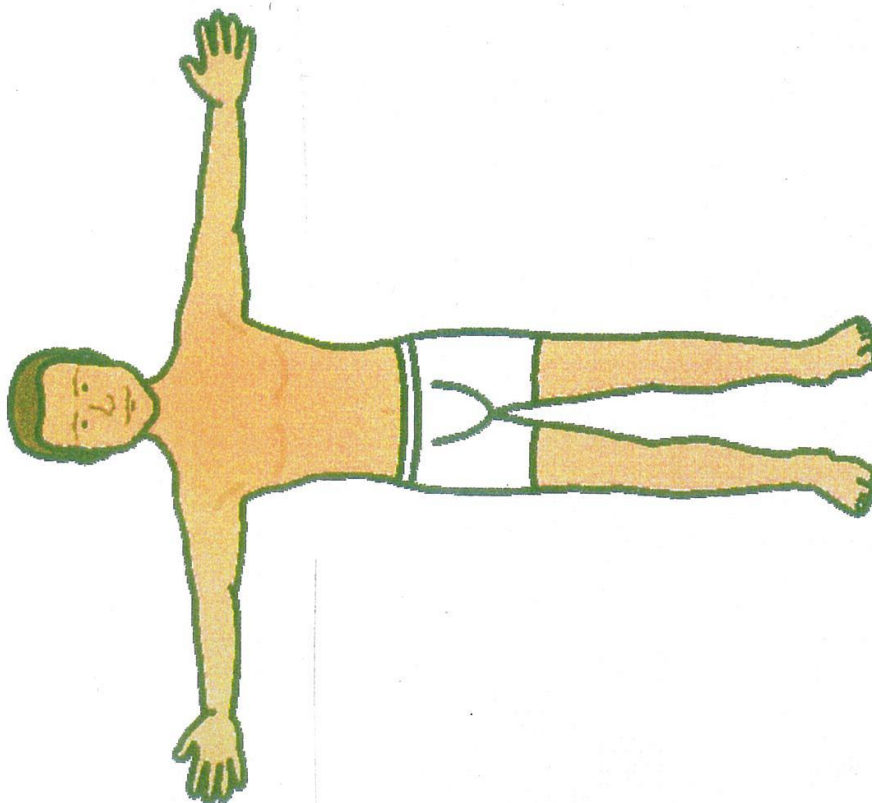
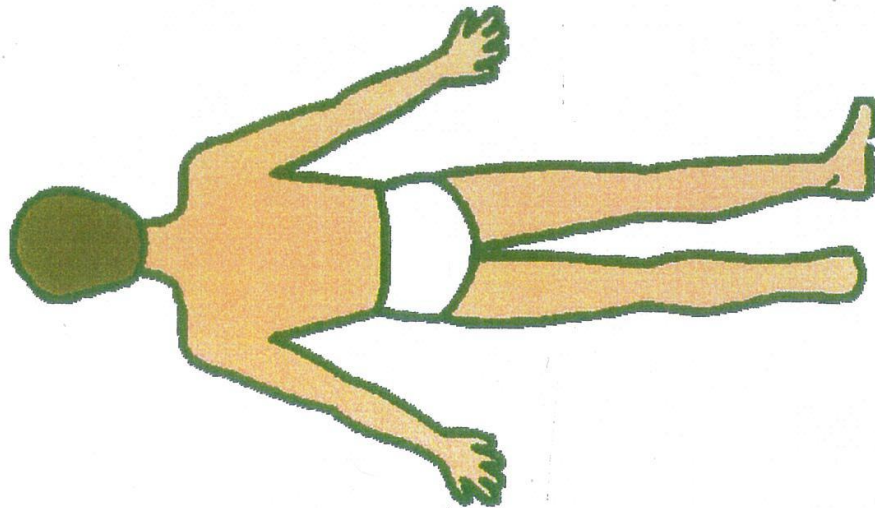


I can't remember.

Images provided by Moretalk

 <p>Two Times</p>	 <p>I don't know</p>
 <p>One Time</p>	 <p>A lot of Times</p>
<p>Never</p>	 <p>A few times</p>





Children with Intellectual Disabilities Factsheet

Prepared by Child Witness Service

A child with an Intellectual Disability (ID) has reduced cognitive capacity as measured by a standardised Intelligence Quotient (IQ) test, and concurrent difficulties in adaptive functioning (i.e. self-care, communication, social development and interpersonal skills). Health professionals use IQ classification to assess the presence and degree of learning disability. A person with an IQ of less than 70 has an ID; 50-69 constitutes a mild ID; 35-49 a moderate ID and 25-35 a severe ID. Scores of 20-25 or below indicate a profound ID. (DSM-IV¹)

A child or young person with an ID will often have other medical issues or problems that may interact with, and exacerbate communication difficulties. These include mental health problems, developmental disorders (i.e. Autism Spectrum Disorder, Downs Syndrome), learning difficulties, or physical disabilities. *Ask your Child Witness Officer about Factsheets on ASD and Learning Difficulties.*

A child's mental (rather than chronological) age is useful as an approximate guide to their current level of functioning. Mental age can be determined by 'comparing IQ scores with the norms derived from samples of other age groups'ⁱⁱ. A child's school, special needs school and/ or family will usually have an assessment by a medical practitioner, psychologist or speech therapist, which can assist with understanding how the individual child or young person communicates, and other information relevant to them giving evidence. *You should also refer to the child development Factsheets for the child's mental age.*

Words and Language

- Some children and young people with an ID may be hard to understand due to speech and language difficulties.
- Some question types carry a high risk of being misunderstood or producing unreliable answers such as tag, statement and closed questions.
- The accounts of witnesses with ID are generally shorter.
- Children with ID are prone to changing their initial answer when a closed/ leading/ specific question is repeated.
- Children with ID provide the most accurate (albeit sparse) responses to open-ended requests for 'free recall', followed by clarification questions to elicit free narrative.

Cognitive

- Children and young people with an ID have weak listening and processing skills. They will need time to process information.
- Children with an ID are prone to suggestion and leading questions.
- Unfamiliar people and environments, being misunderstood and unexpected delays will increase stress and anxiety in children with ID.
- Children with ID require clear and unambiguous directions, commencing with their name: "Sally, I want you to tell me what Johnny did in the kitchen?"
- A child with an ID will be unable to answer questions that require complex processing: "Do you remember...", or complex syntax: "At any time before or after this event did you trying to move to another room or away from Damien?"
- Children with ID may have difficulties with inferring the intentions or emotions of others and identifying their past emotions or intentions.

Time and Measurement

- People with ID have 'well documented problems with remembering names, numbers, times and dates and these may be highlighted in cross examination'ⁱⁱⁱ.
- The child or young person's capacity to answer questions about time and measurement will depend on their mental age. Some children with specific developmental disorders will have marked strengths and weaknesses in these areas.

Other things to avoid

- Hypothetical, tag, statement, why and closed questions.
- Questions containing more than one negative.
- Multiple questions in one question.
- Questions suggesting the child is lying or confused.
- Questions that jump around in time.
- Jargon and legal terms.
- Frowning, loud or cross voice/ tones.
- Figures of speech, metaphors or sarcasm.

Other things that are helpful

- Using open questions followed by clarification questions.
- Use of visual communication aids to assist with communication such as pictures, maps, photographs, a sign to indicate a request for a break.
- Pre-court introductions.
- Starting on time and having regular planned breaks.
- Speaking slowly and allowing the child enough time to give a full answer.
- Repeating names, places and objects often and following a logical, chronological order.
- Checking up on a child's understanding throughout questioning.
- Signposting a change of topic: "Now we are going to talk about".

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