

Forensic Interviews of Children in the Deaf Community

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Microsoft's Copilot AI software assisted with formatting Table 1.

Abstract

This article highlights key considerations for forensic interviewers when interviewing a child in the Deaf community. These considerations concern how to prepare for the forensic interview; how to select, prepare, and use interpreters; and how to conduct the forensic interview. The article then discusses next steps in improving research and practice on forensic interviewing of children in the Deaf community.

Keywords: *Deaf children, forensic interview, child abuse, interpreters*

When preparing for a forensic interview, a child's cultural background is important to consider, as it can greatly impact their perspective and narrative. Adequate training and preparation are necessary for forensic interviewers to be able to interact with children in the Deaf community in an affirming way. It is also important to give attention to linguistic concerns to improve accuracy in a child's narration. This can be done through interpreter selection and preparation and the use of appropriate questions.

Preparing for the Forensic Interview

A forensic interview is a developmentally appropriate, research-informed method of eliciting reliable information regarding allegations of abuse or exposure to violence conducted by a trained, neutral interviewer (APSAC Taskforce, 2023; Newlin et al., 2015). Forensic interviews of children should take place at a Children's Advocacy Center or other neutral, supportive, and trauma-informed location that is comfortable, private, child-friendly, and

both physically and psychologically safe. (APSAC Taskforce, 2023; National Children's Alliance (NCA), 2025; Newlin et al., 2015). The forensic interview is one component of a child abuse investigation and should be conducted in coordination with a multidisciplinary team (MDT), which typically includes law enforcement, child protection investigators, victim advocates, prosecutors, medical practitioners, mental health practitioners, and Children's Advocacy Center staff (NCA, 2025; Newlin et al., 2015). An MDT is important, as collaboration among disciplines may help reduce anxiety for children, assist in information-sharing, improve criminal justice outcomes, and increase family participation in the criminal justice process (Herbert & Bromfield, 2019; NCA, 2025).

When a forensic interviewer receives a referral from law enforcement or child protective services to conduct a forensic interview with a Deaf child, there are special considerations in preparing the interview. Phone scheduling and phone intakes often do not

work for the Deaf population. It is important that the person who is responsible for scheduling the interview be familiar with Video Relay Service (VRS) and teletypewriters (TTY) and their operations before it becomes necessary. Some families will only have VRS, as TTY is now considered outdated (Harrell, 2017), or they may prefer to communicate via text message.

The person scheduling the interview should also be aware that an interview with a Deaf child may take much longer than an interview with a hearing child and should be scheduled accordingly. Interpreters extend the length of the interview, and a child may need to take more breaks as they may not be used to signing for that length of time. Forensic interviewers should allow at least twice as much time as is usually given to ensure that the interviewer and the child are not rushed.

Before an interpreter is secured and the interview is conducted, an MDT member should reach out to the child's caregiver to determine the child's communicative abilities. Many children in the Deaf community will use a signing language. Use of American Sign Language (ASL) is common in the United States, but its use should not be assumed. Native Americans and Indigenous people and those from other countries may use sign languages specific to that culture or country (Moers, 2017). The MDT representative should determine if the child uses a different language at home versus at school, and if the child uses "home signs" specific to a child's home or family (Mylander & Goldin-Meadow, 1991). Some children may use written English at home or rely solely on lip-reading and oral communication. Some Deaf children may not know a signing language and instead use real-time captioning, e-mail, or text messaging (Child et al., 2011). Knowing a child's preferred method of communication will help ascertain what type(s) of interpreters may be required.

Finding a qualified interpreter is essential. Lip-reading is not always a method of communication for Deaf persons and should not be assumed (R. Garcia,

personal communication, April 13, 2020). Even if children can lip-read, much can be lost in translation. Deaf people typically only understand 43% of words through lip-reading alone (Gregory, 1987). The more context someone has in the conversation, the more they can interpret through lip-reading (Gregory, 1987). However, when engaging in a forensic interview, the interviewer must be cognizant of the risks of suggestion, as providing too much context could create suggestibility issues and affect the accuracy of the interview.

A child's racial, ethnic, cultural, and geographical background may also affect the type of interpreter needed. Signing languages have regional and cultural dialects (Toliver-Smith & Gentry, 2017). In the United States, African American members of the Deaf community may utilize Black American Sign Language, which has a distinctive structure and grammar, and includes signs that are different from those of the ASL used by many White members of the Deaf community (McCaskill et al., 2011; Sellers, 2012). This is due in part to segregation in America's past and the influence of African American English (also called Ebonics) and Black culture (McCaskill et al., 2011; Sellers, 2012; Toliver-Smith & Gentry, 2017). Interpreters need to be aware that their understanding of a sign could differ from the child's to avoid accidentally changing the child's meaning (Sellers, 2012). For example, the sign "bad" in ASL can mean "really good" in Black ASL, and the sign "word" in ASL can mean "That's the truth!" to Black signers (Sellers, 2012). Many Black Deaf signers take pride in using signs that originate from African American English (Toliver-Smith & Gentry, 2017). If possible, the interpreter should be familiar with Black ASL if a child uses it. If an interpreter with knowledge of Black ASL is not available, the interviewer should be prepared to seek clarification from the child if a sign does not make sense or fit with the narrative. Black ASL is also more expressive, and may have additional or different "facial grammar," which can be easy to misinterpret if an interpreter is not used to that aspect of the language (Sellers, 2012).

Forensic Interviews of Children in the Deaf Community

A child may be accustomed to friends or other family members interpreting for them. This is undesirable for several reasons. For example, the child may not feel comfortable discussing details of abuse in their presence, the family member or friend could be an abuser or be allied with an abuser, and the family member or friend may not interpret verbatim (Hiltz & Anderson, 2002). Additionally, interpretation by someone known to the family could be suggestive or biased (or seen as such), creating potential court challenges.

Interpreting the Forensic Interview

A qualified interpreter should be certified. To receive a National Deaf Interpreter certification with the Registry of Interpreters for the Deaf, the individual must pass a knowledge exam and a performance exam, as well as meet educational requirements (Registry of Interpreters for the Deaf, 2026). The interpreter should also be engaged in Deaf culture but have no pre-existing relationships with the child or alleged offender. The interpreter should be willing, able, and prepared to interpret potentially difficult subject matter (Smith & Hope, 2015). In addition, the interpreter should have a clear understanding of confidentiality to avoid a child being re-traumatized by information being shared with others in the community. ASL interpreters who interpret in legal contexts, or who interpret for victims of domestic violence, abuse, or sexual assault, may have specialized training to interpret effectively (Green et al., 2015; Smith & Hope, 2015). This training includes vocabulary specific to domestic violence and sexual assault, and information about trauma and communication, ethics, safety planning, and self-care (Smith & Hope, 2015).

When interviewing a child who is hard of hearing and knows ASL, it is better to have an interpreter available even if the parents and child say one is not needed. A child may need sign language support in unfamiliar or stressful situations (Cassady et al., 2005). Language used in the interview could be unfamiliar to the child, which, if the child lip-reads, could make lip-reading more difficult. In cases

in which a child is having trouble understanding the interviewer or there are words not understood well through lip-reading, the interpreter should be available to help facilitate communication. The stress of the interview may also make it difficult to focus on lip-reading. In these situations, children may find ASL translation and support from an ASL interpreter helpful. An interpreter should be available in the room, though the child may decide not to utilize their services (Hiltz & Anderson, 2002).

When talking to someone who is Deaf or hard of hearing, it is imperative that a person maintains eye contact with them (Green et al., 2015; Hall, 1983; Holcomb, 2013; Smith & Hope, 2015). This will increase the child's comfort and help build rapport (Cassady et al., 2005; Green et al., 2015; Hall, 1983; Holcomb, 2013; Smith & Hope, 2015). When utilizing an interpreter, it is considered polite to have the attention of the individual being interviewed before speaking (Cassady et al., 2005) and offensive to talk to the interpreter instead of the person being interviewed (Green et al., 2015), which can make the interviewee feel ignored or dismissed (Harrell, 2017). If someone looks away from a person who is signing, this can be seen as interrupting the signer (Hall, 1983) and be perceived as rude and uninterested. Deaf individuals "listen" with their eyes (Green et al., 2015). Turning away from a deaf person during conversation essentially silences them, as visual contact is necessary for communication (Hall, 1983). People in the Deaf community rarely turn away from each other during a conversation except in anger (Hall, 1983). If it is necessary to turn away from someone while speaking, it is important to say, "Just a minute," and explain what is happening to avoid being offensive (Hall, 1983).

Everything said in the presence of a Deaf person should be interpreted, as it is considered rude in the Deaf community—and in many other communities—to have a conversation in front of someone that excludes them (Holcomb, 2013). The interpreter should be directed to interpret everything said, even if it is to someone other than the Deaf person.

Some signs in ASL, such as the sign for touch, can be leading or suggestive if used incorrectly (A. Greer, personal communication, May 7, 2020). An unethical or unaware interpreter could make assumptions about what the child is trying to convey without verifying it with the child. When the child's guardians or caretakers are Deaf, forensic interviewers should consider conducting interviews with them separately from each other or having a different interpreter for each parent (A. Greer, personal communication, May 7, 2020). This is especially important when parents have a hostile relationship or begin arguing with one another when being interviewed or debriefed after their child's interview. In situations where emotions run high, the interpreter may lose control and miss information if parents do not participate well or take turns signing (R. Garcia, personal communication, April 13, 2020).

Several types of interpreters may be utilized in a forensic interview. Certified Interpreters for the Deaf (CID) are hearing and fluent in ASL. They interpret between spoken English and ASL. For some children and teens, a Certified Interpreter for the Deaf will be sufficient. However, some youth may also require a Certified Deaf Interpreter (CDI). A Certified Deaf Interpreter is Deaf as well as immersed in the Deaf community. They can translate standard ASL into an ASL dialect that is easier for the child to understand. In addition to general interpreter training, they may also have specialized training and experience in a variety of communication aids, including gesture, mime, props, drawings, and other tools (Bridenbaugh et al., 2017; Cassady et al., 2005).

When a child requires a Certified Deaf Interpreter (CDI), a Certified Interpreter for the Deaf (CID) will likely also be required. Most commonly, the two interpreters work together as a team. The hearing Certified Interpreter for the Deaf interprets the message from spoken English to ASL. Then, the Certified Deaf Interpreter will process the information to make it more accessible for the child. In some instances, the CDI and CID work together to understand what a Deaf person is seeking to convey by discussing the message, arriving at an

interpretation they believe is most accurate, and then conveying it to the interviewer (Registry of Interpreters for the Deaf [RID], 1997).

Some Certified Deaf Interpreters may work by themselves, rather than as a team with a Certified Interpreter for the Deaf. In those cases, the CDI will use sign language or other forms of communication to communicate with the deaf individual, and then use speech, lip-reading, residual hearing, and/or written communication to communicate with the hearing interviewer (RID, 1997). However, when possible, it is best to have a CDI work as a team with a CID in forensic interviews to minimize loss of information from the child.

Children for whom a CDI is indicated include children who use "home signs," which are unique to a family; children who use signs particular to a given region, ethnic, or age group; children with limited communication skills; and children who are relaying information that is emotional, traumatic, or confusing (Cassady et al., 2005; RID, 1997). Many topics that are discussed in a forensic interview may be confusing or emotionally taxing for the child, so when in doubt, it is good practice to utilize a CDI in the forensic interview.

CDIs make up a small percentage of an already small community, and they may not be available in some places, including rural areas (Harrell, 2017). Unfortunately, CDIs are often especially needed in rural areas because children there are frequently taught home signs (Harrell, 2017). The available CDIs in an area may have conflicts of interest because of knowing or being related to the victim or offender. Because there are fewer CDIs, it can be difficult to secure a different interpreter if the one available has such a conflict.

Some Deaf persons will prefer to use lip-reading and speech as their primary forms of communicating. In these cases, an oral interpreter (or oral transliterator) may be needed. An oral transliterator silently mouths words for a Deaf person who relies on lip-reading and speaking and uses facial expressions and gestures to help relay meaning (Salem State University, 2005). An

Forensic Interviews of Children in the Deaf Community

oral transliterator is utilized in settings where lip-reading is not effective, the speaker is on a voice-only telephone call, the hearing individual's speech is difficult to lip-read, or the Deaf person's oral abilities make them difficult to understand (Cassady et al., 2005).

If the child uses lip-reading and understands cues (through hand shapes and positions), they may prefer a cued speech transliteration specialist. A cued speech transliterator uses mouth movements of speech combined with visual cues to help the individual differentiate between different phonemes, or sounds (Laurent Clerc National Deaf Education Center, 2015). For example, if an interviewer said the word "mat", the cued speech transliteration specialist would know that the words "mat," "bat," and "pat" may all look similar to someone who lip-reads, so they would sign the handshape for "m" by their mouth to indicate to the child that the first letter is "m."

As mentioned above, children who come from other countries, or are Native American or Indigenous, may utilize other sign languages specific to their culture (R. Garcia, personal communication, April 13, 2020). Some interpreters are fluent in International Sign Language, but many international children do not understand International Sign Language and are more likely to use the sign language specific to the region in which they live (Moers, 2017), affecting the types of interpreters required.

If a child communicates primarily in ASL, but is accustomed to reading, writing, or lip-reading in another language, a trilingual interpreter may be necessary (New Mexico Commission for Deaf & Hard of Hearing [NMCDHH], 2017). A trilingual interpreter interprets between ASL, English, and another spoken language. Trilingual interpreters are especially useful in areas with a high population of Hispanic, Asian, or Russian people (National Consortium of Interpreter Education Centers, 2016). Most interpreter agencies can provide a trilingual interpreter if one is specifically requested (NMCDHH, 2017).

According to Cassady et al. (2005), hard of hearing children may be accustomed to a family member, such as a parent or sibling, serving as a broker. A broker is someone who alerts the hard of hearing person that someone is talking and helps them identify the sources of the sound. If a child requires a broker, it is best for maintaining neutrality to utilize someone not related to the child or to the case. The child should be informed before the interview that family members will not be helping with communication during the interview, and that they should inform the interviewer when they are having difficulties understanding. Even with those instructions, the interviewer should be aware of signs that the child is not understanding, such as looking confused, giving answers that do not make sense, or not answering at all. The interviewer should also be mindful of the pace, volume, and terms used in the interview.

The forensic interviewer should meet with the interpreter prior to the interview to prepare them (Hiltz & Anderson, 2002). Interpreters should be made aware of the type of information they may hear, and informed about the non-leading, specific nature of the questions asked in forensic interviews so that they can interpret as accurately as possible. The interpreter should not change the format of the question. If the question cannot be interpreted directly, the interpreter should inform the interviewer so the interviewer can rephrase it, rather than the interpreter rephrasing the question themselves (Hiltz & Anderson, 2002). The interpreter should be cautioned against trying to comfort the child through physical touch, such as rubbing the child's back, stroking their hair, and allowing the child to sit on their lap (Hiltz & Anderson, 2002). Some touch may be required in the context of interpreting (to get the child's attention, for example), but it should be used sparingly.

The interpreter should be informed that there will be a break if the interviewer plans on leaving the room, and what the interpreter should do during the break. If the interpreter stays in the room with the child, they should sit quietly and not engage in any conversation. If they do, nevertheless,

engage in conversation, the conversation should be completely neutral, and the interpreter should inform the interviewer about the conversation when the interviewer returns. The interpreter should also be made aware of any pre-interview and post-interview meetings that may take place and their role in those meetings. The interviewer should give the interpreter time to ask questions they have regarding the interview process (Hiltz & Anderson, 2002).

If the parents of the child are also deaf, an interpreter should be scheduled to arrive at the CAC about fifteen minutes prior to the interview, so that the family is able to check in for their appointment with the interpreter's assistance. Because of the collectivist nature of Deaf culture, it is not uncommon for Deaf families to bring additional support with them to the interview, such as friends or family.

ASL does not have a vocal or written component and is grammatically different from English, so learning to read and write in English is considered a second language (National Institute on Deafness and Other Communication Disorders, 2019; Padden & Ramsey, 1999). English is a language many Deaf individuals learn, but fluency should not be assumed (Child et al., 2011). On average, Deaf ASL users read and write English at or below a sixth grade reading level (Commission on Education for the Deaf, 1988; McKee et al., 2015). When a CAC staff member attempts to communicate by writing notes, these families may become frustrated or embarrassed. However, if the person gestures for a pen and paper, or if they hand a staff member a written note, professionals should follow their lead.

Front desk personnel and advocates could benefit from knowing basic signs to make a family feel more comfortable if they happen to arrive prior to the interpreter. Examples of these basic signs are: WANT, WRITE, BATHROOM, WATER, HELP, SOON and INTERPRETER. Personnel may also want to know signs specific to their local center—for instance, the sign “DOG” if the center has a therapy or facility dog.

The interview room should be large enough to give the child and interpreter space to communicate

adequately. All participants should be able extend their arms in all directions comfortably. Three feet apart is generally enough distance to sign, see the other person's movements, and be able to lip-read (Green et al., 2015).

Since the COVID pandemic, face masks may be utilized. When conducting an interview with a Deaf or hard of hearing child and who may rely on facial expressions and lip-reading to understand communication, the interviewer and interpreter should consider wearing a mask that has a transparent opening over the mouth to assist the child in understanding what is communicated (Vieth et al., 2020). If a child is hard of hearing and is not utilizing an interpreter, it would be prudent to include an instruction about why face masks are used and emphasize that the child should inform the interviewer if they are unable to understand what is said (Vieth et al., 2020).

If there is a table or other furniture between the interviewer and child, the forensic interviewer should ensure that nothing on it (such as a flower vase) forms a visual barrier (Cassady et al., 2005). Also, the interviewer should not have their hands near their mouth or their head down, as hard of hearing children may also watch mouth movements to help them understand (Cassady et al., 2005). The interviewer should ensure that children are able to see their mouth if the children try to gain additional meaning and context through lip-reading (Bridenbaugh et al., 2017; Cassady et al., 2005). The lighting of the interview room should allow everyone to see well, but not so bright that light is shining in anyone's eyes (Cassady et al., 2005). The interviewer should be aware of potential glare that could affect visibility (such as sunlight from a window) (Green et al., 2015) and minimize it through covering its source or rearranging seating positions.

Each person should be seated against a background that contrasts with their skin tone, making it easier to see what signs are used (Cassady et al., 2005). Furniture, wallpaper, and art should be simple and not have distracting or high-contrast prints, designs, or patterns. If the interview room has high-

Forensic Interviews of Children in the Deaf Community

contrast patterns, the interviewer should consider temporarily removing them or covering them with furniture covers when interviewing a child who uses sign language. If the wallpaper or other aspects of the physical environment are distracting, and the Children's Advocacy Center anticipates seeing a number of children who use sign language, consideration should be given to redecorating.

The child should sit across from the interviewer, with the interpreter sitting next to the interviewer so that the child can see both individuals. If both a CID and CDI are utilized, the CDI should sit next to the interviewer and the CID across from the interviewer. Often, when both a CDI and CID are utilized, the child will watch both interpreters and the interviewer to discern meaning. It will be essential that the CDI sees what the CID is signing. For recording purposes, the CAC should consider having a camera pointing at everyone who is signing—one camera on the child and CID and one camera on the CDI and interviewer (Cassady et al., 2005). This will assist if there are any concerns later in the investigation or in court about how the CDI interpreted the questions.

Conducting the Forensic Interview

The forensic interviewer should not exaggerate words or expect the child to lip-read. However, children who prefer to lip-read should be given the opportunity to see the interviewer clearly. Since eye contact, facial expressions, and body language are important in Deaf culture, children will likely make eye contact with the interviewer and try to receive some meaning from the interviewer's facial expressions and body language. Forensic interviewers should make sure that expressions and body language are unbiased and correspond with what is said, while avoiding suggestive language and behaviors.

Minimizing distractions in the interview room is especially salient (Bridenbaugh et al., 2017). Visual distractions, such as a flickering light, require special attention, but auditory distractions should also be minimized. Deafness is a spectrum, and even though a child identifies as Deaf, it does not necessarily mean that the child has absolutely no hearing.

Auditory distractions can still affect the child. Sometimes, hearing aids can amplify background noise, even noise outside the interview room.

An example of auditory distractions comes from a recent interview with a teen named Megan (name is changed to protect the teen's privacy). Megan attends a residential school for the Deaf, and wears hearing aids. Because of logistical and transportation issues, the interview took place in an empty classroom at her school. Both a CID and a CDI were utilized, and the child had an advocate with her at her request. A few minutes into the interview, another child began screaming in the hallway. The screaming was not addressed because the interviewer mistakenly thought Megan could not hear it. After a few questions, Megan started answering "I don't know" to every question. She was asked by the interviewer if there was something that would make it easier to communicate. She slowly nodded her head and indicated that the noise in the hallway was very distracting. She then asked if a quieter location was available so she could focus on the conversation. The interview was moved to another office and was much more successful. Megan needed the noise to be acknowledged, identified, and resolved.

Interviews with a Deaf child should proceed in the same stages as those with a hearing child, progressing through rapport, instructions, narrative event practice, open invitation, substantive details, and closure. Interviewers may be tempted to skip or gloss over certain aspects of the interview such as rapport-building and narrative event practice in the interest of time and because it can be difficult to communicate each element through one or two interpreters. However, spending time building rapport may be even more important with Deaf children than hearing children, because Deaf children in a child abuse investigation are thereby involved in a system outside of their community and culture (Riechers, 2020).

The child may not have relationships with hearing people and may not know what to expect from their interactions with the forensic interviewer. They could fear going into the interview, not just because

of the interview process, but also because they must interact with the interviewer as a hearing person. Children may perceive the interviewer as an authority figure, which could add to their fear or distrust. The interview may also be the child's first experience of using an interpreter, so additional time to become comfortable with the interview process may be needed (Cassady et al., 2005). A Deaf child may need more information about the interviewer's role and what to expect during the interview (A. Blades, personal communication, May 7, 2020). The child should also be made aware in the beginning of the interview that the interviewer will be taking a break if that is part of the interviewer's standard practice.

If extensive rapport-building is needed, the child's trauma is extensive, and/or there are significant communication concerns, the interviewer should consider providing an extended forensic interview with the child conducted over multiple sessions (Cordisco-Steele, 2011). Having the option to conduct an extended forensic interview allows for flexibility around the additional time needed for an interview with a Deaf child. The interviewer should be alert to signs that the child is fatiguing or becoming frustrated and be willing to offer breaks or continue another day (Bridenbaugh et al., 2017), if the immediate safety of the child is not a concern. Signs of frustration could include shortened answers, closed-off body language, a change in demeanor, or facial expressions such as eye-rolling or glaring.

When both a CDI and a CID are utilized, only one person is signing at a time. The interviewer will speak, then the CID will interpret to the CDI. After that, the CDI will interpret to the child. The child will respond, and the CDI will interpret to the CID, who will then interpret to the interviewer. This process requires patience because everything is said three separate times. It is essential to give children every opportunity to communicate accurately. During this process, interviewers are advised to use shorter sentences with only one idea per sentence (Bridenbaugh et al., 2017). It is important to be considerate of eye fatigue and provide enough of a pause for the child to shift their attention between the interviewer, the interpreters,

and any media that is utilized (A. Blades, personal communication, May 7, 2020). It is common for hearing people to use pointing and gestures when they talk, even unintentionally. Refraining from using gestures will help the child maintain their focus and not have to unnecessarily shift their eye gaze to the gestures being made. Shifting eye gaze too frequently can cause confusion and eye fatigue (A. Blades, Personal communication, May 7, 2020).

A Deaf child may need multiple ways to access communication, such as ASL, written language, pictures or drawings, and spoken language (A. Blades, personal communication, May 7, 2020). The Deaf child may not be able to recognize and speak up when the communication is not working (A. Blades, personal communication, May 7, 2020). If a Deaf child has limited language abilities in both ASL and spoken English, it may be beneficial to have a trusted adult such as a counselor present to recognize when the child is not understanding the questions and when a different method of communication may be necessary (A. Blades, personal communication, May 7, 2020).

Formulating questions is a key part of the interviewer's role. When conducting an interview with a Deaf child, the interviewer should be mindful of the direct nature of ASL. ASL is a blunt, concrete language and interpreters sometimes have trouble interpreting the vague way questions can be asked in forensic interviews. There may be some situations in which a question is asked that is too vague to effectively interpret, and the interpreter should then ask that the question be rephrased. The interviewer should be prepared and try to avoid this situation by asking questions that are more specific without being leading, suggestive, or too direct. Deaf children are just as capable as hearing children of providing accurate reports of events. However, as questions become more direct (such as yes/no questions or questions about a specific object), Deaf children become substantially less accurate in their answers as compared to hearing children who are asked similarly direct questions (Porter et al., 1995). This could be due to their increased desire to please adults by

Forensic Interviews of Children in the Deaf Community

providing information even if they do not remember specific details, or it could be due to the potentially suggestive nature of ASL when asking more direct questions (Porter et al., 1995).

Interviewers should avoid acronyms, sarcasm, and words with multiple meanings, as the interviewer’s meaning is more likely to be lost in translation (Riechers, 2020). Preschool and elementary school-age children may not have a good grasp of ASL yet, so they may require more explanation or more visual communication (K. Walker, personal

communication, June 9, 2020). In these cases, a CDI will be especially important.

When engaging in a forensic interview with an interpreter, it is important to understand how questions are phrased in ASL to plan how to phrase spoken questions. This knowledge is crucial to understanding a child’s experience and what they may or may not understand from the questions being asked. Common phrases and questions used by interviewers and their interpretations are in Table 1 (K. Walker, personal communication, June 9, 2020).

Table 1
Examples of English Forensic Interview Questions and ASL Translations

English Question	ASL Translation
I heard you told your teacher about something that happened.	SOMETHING HAPPEN TEACHER YOU INFORM (eyebrows raised to indicate a question; INFORM directional to teacher placement)
Did something happen that made you uncomfortable?	YOU (shakes head no) COMFORTABLE WHY SOMETHING HAPPEN (eyebrows raised)
Is there anything else you think is important for me to know?	ANYMORE IMPORTANT INFORMATION LETMEKNOW NEEDTO (affirm with eyebrows up)
What did his hand look like when he hit you?	HE HIT YOU, HIS HAND LOOKLIKE WHAT? or HE SLAPS HE FIST HIT YOU?
Do you feel safe at home?	HOME YOU FEEL SAFE HOME (negate or affirm depending on answer anticipated)
What are you here to talk about today?	YOU HERE FORFOR TALK WHAT? (eyebrows down to show question)
Do you promise you will tell the truth?	TODAY YOU PROMISE TELLME TRUTH (eyebrows up to indicate yes/no question)
Did someone tell you what to say to me?	OTHER PERSON TELLYOU TELLME? (eyebrows up for yes/no question)
What part of your body did he touch?	YOUR BODY YOU SHOWME BOY/MAN TOUCH WHERE (can use TOUCH on palm, or more visual sign: middle fingers bent “touch your own body”)

Differentiating between past, present, and ongoing events can be challenging. Past tense may be interpreted into ASL by adding the sign “FINISH” (K. Walker, personal communication, June 9, 2020), which can be problematic if the abuse is ongoing. Another way to indicate past tense is by adding a time frame such as “YESTERDAY” (K. Walker, personal communication, June 9, 2020). However, that requires interviewer knowledge of when the abuse allegedly occurred and assumes it only happened in that time frame.

When a Deaf person is engaging in a long narrative, it is not uncommon for that person to ascertain comprehension at various points by asking, “UNDERSTAND?” This ensures that the person they are talking to is following the conversation and gives the other person a chance to respond after they make an important point (Hall, 1983). Deaf children are often aware that they are misunderstood, so even with an interpreter, they provide more succinct, non-narrative responses to alleviate frustrations regarding the communication barrier (Cassady et al., 2005).

According to Green et al. (2015), the individual being interviewed may also nod, not to indicate an affirmative answer or even understanding, but instead to show that they are engaged in the conversation. When interviewing a Deaf child, a nod should not be taken as a “yes”; instead, the interviewer should wait for a signed response. A nod should also not be taken as a sign of understanding or even that the child is following the conversation. When in doubt, the interviewer should ask if the child understands.

Deaf children may not know the vocabulary for particular body parts, and it can be a challenge for them to indicate what occurred with specificity. When expressing what occurred, a Deaf child may sign what the perpetrator attempted or asked to do versus what actually happened (A. Blades, personal communication, May 7, 2020). Consider the following example: a boy asks a girl on a bus if she would like to see his private parts. The girl says no, and he does not show her his private parts. However, when the girl is interviewed, she signs “BOY PRIVATE SHOW ME.” Because of limited language, she may unintentionally

leave out that the boy asked to do it but did not do it. The girl’s statement could be construed as communicating that he did show her his private parts. Another example of challenges with specificity is that someone may gesture, “I want to have sex with you” using a pelvic thrusting motion. When interviewed, the victim may repeat the gesture the boy used, which could then be misconstrued by the interviewer or interpreter to appear as if the person did engage in intercourse with her.

Many children who are hard of hearing use context to figure out what someone is saying. It is preferable to use an interpreter, if possible, but if an interpreter is not utilized, it is important to put as much context as possible into questions to enable the child to better discern meaning. Certain words look the same when lip-reading (for instance “bat” and “mat”), so context is important (Cassady et al., 2005). It is not necessary to exaggerate mouth movements, as that actually makes lip-reading more difficult.

Because lip-reading relies heavily on context, there is significant room for misunderstandings, even if a child believes they understand what is being said (Cassady et al., 2005). These misunderstandings can make a child’s narrative seem inconsistent or confusing. It could also cause the interviewer to ask questions that the child believes they have already answered, which increases the possibility of the child feeling they answered incorrectly and then changing their answer (Walker, 2013). The interviewer may also have to ask questions in several different ways if the child does not understand, lengthening the interview process.

Utilizing writing, human figure diagrams, and drawing in an interview can be helpful. It is appropriate to use writing as a method of communication if the child prefers, as in an interview with any child, but it should not be relied upon unless the child routinely utilizes written communication. Writing can be tedious and time consuming. Even if the child usually communicates via writing, it is best to have an interpreter on hand in the event the child begins signing or discontinues their use of written communication. Even if a child’s main form of

Forensic Interviews of Children in the Deaf Community

communication is not writing, the child may prefer to write things down, and writing can be offered as a tool if a topic is difficult for a child to discuss (APSAC, 2023). However, the child's literacy level should not be assumed. ASL does not have a written component, therefore reading and writing English is considered a second language, not a branch of ASL (Smith & Hope, 2015). Written English is a separate language that many but not all Deaf people learn. Writing can also be inefficient, and an interpreter may be needed to clarify what is written if spelling or handwriting is illegible.

When a child does not have words to adequately explain their experiences, they may attempt to show the interviewer what happened on their own bodies, which is not preferable and could be perceived as exploitative (Hlavka et al., 2010). Human Figure Diagrams (HFDs) can be a helpful tool to use with Deaf children to prevent pointing or demonstrating aspects of abuse on their own bodies. Diagrams can be especially helpful when a child does not have words for private parts or uses home signs or other words to refer to them. Some jurisdictions do not support the use of HFDs, so whether they are an appropriate tool will depend on the determination of each jurisdiction's MDT. Anatomical dolls can also be extremely beneficial because they allow the child to visually demonstrate events. Human figure diagrams and anatomical dolls should only be utilized if the forensic interviewer has received specific training on their use (Farrell & Vieth, 2020; Hlavka et al., 2010).

When a layout of a room or location of an incident is in question, it may be beneficial to ask the child to draw a map or top-down view of the room or area. However, top-down views and maps are difficult for younger children to produce, as it requires them to reconstruct the room from a viewpoint different than their own. Even if they do not have literacy skills, they may be able to draw the location and point to aspects of their map and sign what each image symbolizes to give MDT members a better understanding of the suspected abuse location.

Drawing pictures can also be helpful when a child is attempting to describe something for which they

do not have signs or when they utilize signs with which the interpreter is not familiar. If a child utilizes home signs and is having trouble explaining what a particular home sign means, it may be beneficial for them to draw it. Also, drawings of objects can help a child describe an item important to the disclosure when they struggle with descriptive words. Drawing can also provide visual cues to help children produce additional relevant information (Gross et al. 2009; Gentle et al., 2014; Barlow et al., 2011). When a child is drawing, looking at a picture or map, or reading information, interviewers should not ask the child questions or speak. They should wait until the child is looking at the interviewer or interpreter before continuing (Cassady et al., 2005).

Next Steps

Further research is needed specific to Deaf children and their experiences with victimization. Unfortunately, research on this topic is slim, and much of the information relies on anecdotes and experiences of professionals and others working with Deaf children. Important topics for new research include the similarities and differences between Deaf culture and mainstream culture on the dynamics of abuse and on the impact of new technologies such as social media platforms and texting on those dynamics. Research should also examine how translation of common forensic interviewing questions into ASL can impact the interview and how those questions can be modified to increase accuracy with Deaf or hard-of-hearing children.

Deaf children should be given opportunities to enhance their ability to report if victimized. This includes providing information on violence, abuse, sexuality, and names for body parts. Deaf children should also have an opportunity to identify safe and supportive adults that they can access if they feel unsafe or are in a confusing or challenging situation. Collaborations between the Deaf and hearing communities and between CACs and local Deaf organizations can be helpful in providing education and support for Deaf victims.

Forensic Interviews of Children in the Deaf Community

There is significant misinformation about Deaf children's capabilities and Deaf culture, which could negatively affect the investigation and prosecution of child abuse crimes. Further research is needed to address the implicit biases that investigators, interviewers, prosecutors, and jurors may have when a Deaf child makes allegations of abuse. Research on this topic would be invaluable to create new and effective training for those who work with victims of abuse and to address any inaccurate opinions that may be held by members of a jury.

When all Deaf children have access to ASL from a young age, regardless of the hearing status of their parents, it provides the child with the tools to adequately communicate if an incident occurs that makes them uncomfortable. Deaf schools and mainstream schools with Deaf students should provide culturally sensitive education regarding appropriate and inappropriate touching, boundaries, and consent. If possible, this education should be conducted by other Deaf people, to maximize its

effectiveness and ensure the information is accessible and understandable by the Deaf students.

Creating and maintaining effective collaborations is crucial. Collaborations between Deaf organizations and community victim service organizations can help ensure victim advocacy services are inclusive and culturally appropriate. As word spreads within the Deaf community that supportive resources are available, more people will seek out services. Children's Advocacy Centers should provide training for all staff members that focuses on working effectively and competently with Deaf victims and their families in a way that honors their culture. CACs should maintain positive relationships with their local Deaf schools, Deaf victim service organizations, interpreters, and other advocates to best serve the Deaf community and children within the community. By establishing relationships with people in the Deaf community, trust can be built between the local MDT and the Deaf community within its jurisdiction. ■

About the Author



Deedee Pegler, BS, graduated from Washington State University with her Bachelor of Science in Psychology. She then was a victim advocate for four years, a lead victim advocate for four years, and a forensic interviewer for eight years. In all her roles, she has worked with a diverse population, including several Deaf families, and has helped to develop policies and procedures within a Children's Advocacy Center. She has also provided trainings for other professionals on a local, state, and national level regarding a variety of topics related to child abuse and forensic interviewing.

Forensic Interviews of Children in the Deaf Community

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