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Victims with disabilities in the Norwegian criminal justice system. Addressing and understanding the judicial process in cases involving physical and sexual abuse

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Sammendrag

Det er lite forskning og manglende kunnskap om kriminalitet rettet mot personer med nedsatt funksjonsevne. Det er behov for å utvikle denne kunnskapen slik at det kan utarbeides retningslinjer og prosedyrer som bidrar til å øke rettsikkerheten til denne sårbare gruppen. Tema for denne avhandlingen er knyttet til vold og overgrepssaker hvor det antatte vitne har en funksjonsnedsettelse og belyser hvordan slike saker behandles i deler av rettssystemet i Norge. Studiene i avhandlingen og hovedområdene som diskuteres beskriver hva som karakteriserer disse sakene, hvordan politiet gjennomfører avhør av personer med nedsatt funksjonsevne og hvordan deres eventuelle behov for helsetjenester ivaretas i etterkant av et avhør.

Det er gjennomført tre studier som har resultert i tre artikler og disse er inkludert som egne kapitler i avhandlingen. Den første studien har benyttet data fra straffesaksregisteret i Norge. Denne studien er den første i Norge, og en av få studier internasjonalt som har benyttet slike data for å analysere og beskrive volds- og overgrepssaker mot personer med nedsatt funksjonsevne. Studien viser at det i straffesaksregisteret er en overvekt av seksuelle overgrep mot unge voksne jenter med nedsatt funksjonsevne. Videre viser studien til at det er få volds- og overgrepssaker der det antatte offeret er under 16 år og det er relativt få saker som omhandler vold mot personer ned nedsatt funksjonsevne. Den andre studien i avhandlingen belyser hvordan politiet gjennomfører avhør av personer med utviklingshemming og autisme. Studien analyserer spørsmålstyper og benytter en internasjonalt anerkjent metode for å belyse kvaliteten på avhørene, og hvorvidt disse er i tråd med de anbefalinger som finnes. Analysen viser at det er stor variasjon i avhørene som er analysert. En utfordring som kommer tilsyne er at politiet i for liten grad benytter åpne spørsmål som tilrettelegger for frie fortellinger.

Den tredje og siste studien i avhandlingen belyser hvordan vitnenes eventuelle helseutfordringer blir ivaretatt i krysningspunktet mellom rettsvesenet, i denne sammenhengen Barnehusene, og helsetjenestene. I Norge har Barnehusene et uttrykt ansvar for at eventuelle behov for helsetjenester kartlegges og ivaretas. Studien retter søkelyset mot manglende prosedyrer og retningslinjer for samarbeidet mellom Barnehusene og helsetjenestene. Dette bidrar til stor variasjon knyttet til hvordan behovene for helsetjenester til personer med nedsatt funksjonsevne blir ivaretatt i etterkant av et avhør.

Avhandlingen er en av veldig få som belyser hvordan rettsvesenet i Norge møter mennesker med nedsatt funksjonsevne og tilrettelegger for deres behov i straffesaker knyttet til vold og overgrep. Det avdekkes ny og viktig kunnskap som kan bidra til å øke rettsikkerheten og menneskerettighetene til personer med nedsatt funksjonsevne i volds- og overgrepssaker.

Summary

Crime against people with disabilities is under-researched. More knowledge is therefore needed to develop guidelines and procedures to secure the rule of law for this vulnerable group. This thesis illuminates how people with disabilities who are alleged victims of physical and sexual abuse, proceed through the criminal justice system in Norway. The main issues discussed include the characteristics of the criminal cases and of the investigative interviews conducted with alleged victims with a disability, and their need for health services after the investigative interview.

Three studies were conducted. The research papers that report these are included as separate chapters in the thesis. The first study is based on register data from the criminal justice system. This is one of few studies in the world that has been given access to such data to analyze and describe case characteristics. The results show that sexual offenses against young females are the most common crime investigated by the police in Norway for victims with a disability, and that the number of cases investigated that involve children under the age of 16 and involve violence were few. The second study analyzed question types and how best-practice recommendations for interviewing vulnerable witnesses were mirrored in practice. The analysis revealed a considerable variation. The main conclusion shows that interviewers need to increase the use of the recommended open-ended questions and cease using suggestive questions. Our final study aimed to address the meeting of victim health care needs at the interface between the criminal justice system and the health care sector. The small data set analyzed raises questions around the lack of guidelines and practices for securing the required health care services by the criminal justice and health care collaboration. The study shed light on a phenomenon which needs much more research.

This thesis is one of the very few that addresses critical issues in how the criminal justice system in Norway meets people with disabilities as alleged victims of physical and sexual abuse. The topics discussed add new and essential information to this field. This enables us to move our knowledge forwards and to secure the rule of law and the human rights of victims with disabilities.

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Table of Contents

Chapter 1. Introduction **4**

The aim of the thesis 5

Central terms and definitions 6

Disability 7

Violence, physical and sexual abuse 8

Methodological challenges in research into the physical and sexual abuse of people with disabilities 9

Structure of the thesis 11

Chapter 2. Physical and sexual abuse of people with disabilities **14**

Physical and sexual abuse of people with disabilities in Norway 15

The criminal justice system and victims with disabilities 17

The Norwegian criminal justice system and people with disabilities 18

Crime statistics, the criminal justice process and victims with disabilities 19

Chapter 3. Sexual abuse and violence against people with intellectual disabilities and physical impairments. Characteristics of police investigated cases in a Norwegian national sample **21**

Chapter 4. Investigative interviews of people with disabilities **29**

Memory in people with intellectual disabilities and autism 31

Suggestibility 32

Language and communication skills 33

Best practice recommendations when interviewing people with disabilities 34

Protocols when interviewing people with disabilities 36

Special measures for victims with disabilities in physical and sexual abuse cases 38

Regulations for investigative interviews of people with disabilities in Norway 41

The Sequential Interview model 42

Chapter 5. Interviewing alleged victims with intellectual disabilities and autism: A field study of police-investigated cases of physical and sexual abuse in a Norwegian national sample 44

Chapter 6. Physical and sexual abuse and health care services for people with disabilities 56

Inter-organisational collaboration 57

Chapter 7. Between the criminal justice and health care system. Responsibilities in securing health care services for people with intellectual disabilities after an investigative interview 59

Chapter 8. Methodological strengths and limitations 74

Analysing case characteristics based on registry data 74

A quantitative analysis of real-life investigative interviews 76

A case study using document analysis and qualitative interviews 81

Ethical considerations 84

Chapter 9. General discussion 86

Sexual abuse of young females with intellectual disabilities and prevention programs 86

How to acquire and maintain interviewer behaviour 88

Using intermediaries to facilitate interviewer behaviour 90

Are diagnosis and IQ scores useful in measuring people’s abilities? 91

Changed understandings of people with intellectual disability 92

What can hinder people with intellectual disabilities participating in research? 95

Absence of knowledge about services to adults with intellectual disabilities at Barnahus 97

Suggestions for future research 98

Concluding Remarks 99

Appendix 1. **Interview guide (chapter 7)** **101**

Appendix 2. **Information and consent form for persons with intellectual disabilities (chapter 7)** **102**

Appendix 3. **Information sheet and consent form (chapter 7)** **108**

Appendix 4. **Information sheet mapping services (chapter 7)** **112**

References **118**

Chapter 1. Introduction

Male (32) sentenced to three years in prison for sexual abuse of woman with Down syndrome. This is a headline from a Norwegian national news site in January of this year (Sveen & Eriksen, 2020). The story continues with the public prosecutor explaining that the case is rare and that very few cases with victims with disabilities reach the court. The public prosecutor states that he is glad the jury believed the woman, and underscores that she provided a consistent and credible account when telling about her experiences. The story also points out that she, after the assault, suffered from physical and mental ailments. The abuse, in this case, was uncovered and ended with a conviction. The woman hopefully received adequate and professional treatment to cope with the abusive experience.

This news story illustrates the topic of this thesis. In the chapters that follow I lay out an understanding that can explain why the public prosecutor can state that such cases are rare, why he highlights that the woman with Down syndrome provided a consistent and credible account, and the services that are required to cope with negative health effects of abusive experiences.

People with disabilities (PWD) encounter a number of challenges in their meetings with the criminal justice system (CJS) (Cederborg & Lamb, 2006; Crane et al., 2016; Gardner et al., 2018; Niehaus et al., 2013; Olsen et al., 2018; Petersilia, 2001). PWD are at heightened risk of being victims of crime, particularly physical and sexual abuse (Harrell, 2017; Hughes et al., 2012; Jones et al., 2012; Nixon et al., 2017). We know that people with disabilities often have language and communication deficits, have reduced social competence and are dependent on others. These challenges can make a police investigation demanding (Henshaw & Thomas, 2012; Petersilia, 2001). Specialised skills are required to meet the special needs of PWD and secure their legal and human rights in a judicial process (Cooper & Northon, 2017). The provision of adequate help requires documented knowledge of all parts of the process from basic information such as who the victims are, and how the cases proceed through the system, to potential obstacles during an investigation. Few studies in Norway have addressed crimes against PWD. The available studies do, however, suggest that PWD are at a heightened risk of being victims of physical and sexual abuse (Grøvdal, 2013; Kvam, 2000, 2004; Vik et al., 2019). There is a lack of valid knowledge on the magnitude of crimes against PWD in Norway, and of the characteristics of cases that are investigated. We do, however, know that PWD encounter many challenges throughout the criminal justice system (Lundberg & Simonsen, 2011; Olsen et al., 2018).

The investigation of a crime is a multifaceted process that progresses along a pre-determined course. A case is first reported to the police, an investigation being initiated if the reported incident is a criminal act. An investigative interview, which is one of the most important investigative steps in a criminal case, is then conducted (Bjerknes & Fahsing, 2018). The investigative interview is a conversation that aims to achieve specific goals. These goals are centred on obtaining as much relevant, reliable and accurate information as possible (Bjerknes & Fahsing, 2018). The investigative interview is considered to be important evidence. How these interviews are conducted in Norway with victims with disabilities has not, however, been previously investigated. It is therefore very important that we obtain more knowledge on this. Investigative interviews of PWD in cases of physical and sexual abuse are, in Norway, conducted at Barnahus (Children's house). Barnahus is a part of the judicial system, their responsibilities including facilitating investigative interviews, and ensuring that victims' support and health care needs are met during and after an investigation. We have, until now, lacked information on how services are provided to PWD. This thesis therefore aims to improve our understanding of investigated criminal cases of the physical and sexual abuse of PWD, to develop our knowledge of this part of the Norwegian judicial process.

I will first outline, in this introduction chapter, the aim of the thesis and the research questions addressed. Then I will define some central key terms, and discuss the general methodological challenges faced in nearly all research into the physical and sexual abuse of PWD. Finally, I will provide an overview of the thesis structure and briefly present the content of the chapters.

The aim of the thesis

The goal of this thesis is to provide new knowledge by analysing and discussing selected parts of the judicial process in physical and sexual abuse cases that involve victims with disabilities. The overarching research question addressed is: *How can we understand parts of the Norwegian judicial process in physical and sexual abuse cases involving alleged victims with* *disabilities?* Three research studies were developed to answer this question. We first collected and explored register data, and then a national sample of transcriptions of real-life investigative interviews of PWD. Finally, we conducted a case study by using documents from real-life cases, to illuminate how health care services are considered at the criminal justice and health care sector interface. The studies aim to provide an understanding of the phenomenon, and the challenges confronted by people with disabilities in the criminal justice system today.

I provide, in table 1, an overview of the papers included in the thesis, which explains how the papers are related to the overall aim of the thesis.

Table 1

Overview of the research articles in the thesis

Aim for the thesis	**Describe and discuss case characteristics, qualitative aspects of investigative interviews and health care needs subsequent an investigative interview when people with disabilities have experienced physical and\ or sexual abuse.**		
Articles included in the thesis	***Sexual abuse and violence against people with intellectual disabilities and physical impairments. Characteristics of police investigated cases in a Norwegian national sample***	***Interviewing alleged victims with intellectual disabilities and autism.*** ***A field study of police-investigated cases of physical and sexual abuse in a Norwegian national sample***	***Between the criminal justice and health care system. Responsibilities in securing health care services for people with intellectual disabilities after an investigative interview***
Aim	Describe case characteristics of criminal cases involving people with disabilities who are victims of sexual abuse or violence in a Norwegian national sample	Analyses transcribed real-life investigative interviews with people with disabilities as victims of physical and/or sexual abuse	Describe collaboration between the justice and the health care sector and discuss how health care needs are assessed and taken care of in the interspace between the two sectors.
Research question	What are the case characteristics of violence against and sexual abuse of people with disability registered in the Norwegian Electronic Registration System? What characterises the judicial process and the formal sanctions in these cases?	What characterises physical and sexual abuse cases investigated by the police in a Norwegian national sample of alleged victims with intellectual disabilities and autism? What question types do the police in Norway use in these cases when interviewing people with intellectual disabilities and autism?	What services or treatment are victims with intellectual disabilities offered after an investigative interview? How are the criminal justice and the health care sector collaborating to ensure that the victims receive necessary support or treatment to cope with their abusive experiences?
Emipircal data	Registry data from the Police Electronic registration system, N = 175 victims	A national sample of N = 96 transcribed investigative interviews in physical and sexual abuse cases involving victims with intellectual disabilities and autism	Document study of N = 10 journals from police investigated cases involving physical and\or sexual abuse against people with disabilities. Structured interviews with n = 5 professionals
Publishing process	Published in Journal of Applied Research in Intellectual Disabilities	Published in Journal of Intellectual Disability Research	Published in Nordic Social Work Research

Central terms and definitions

The terms disability, intellectual disability and autism are used throughout the thesis and papers, to describe the target groups involved in the phenomena discussed. These terms are defined, understood and used differently across research studies and research approaches, such as across sociological, psychological or medical perspectives (Grue, 2016). The terms have been debated for decades (e.g., Vehmas & Shakespear, 2014). A brief description of the different definitions of disability, violence, physical and sexual abuse are therefore presented to form a foundation for the understanding used within this thesis.

Disability

Different models have been used to theorise and define disability, and to provide a clearer understanding of the term (Grue, 2016). The perception of disability has moved from a medical understanding, which exclusively explains disability in terms of bodily impairment, to an understanding that explains disability as the interaction between impairment and the social and physical environment (Grue, 2016; Palmer & Harley, 2011). Theoretical changes influence how we understand and define the term. There is, however, no accepted universal definition of disability (Palmer & Harley, 2011). The understanding of the term disability is, in this thesis, built on the World Health Organization's (WHO) definition; 'Disability refers to the negative aspects of the interaction between individuals with a health condition (such as cerebral palsy, Down syndrome, depression) and personal and environmental factors (such as negative attitudes, inaccessible transportation and public buildings, and limited social supports)' (World Health Organization, 2002 p.7) Disability is understood to be an umbrella term which describes limitations in human functioning, where human functioning is recognised as being a term for all life activities (Palmer & Harley, 2011; World Health Organization, 2012). Understanding disability as an umbrella term means that people with intellectual disability (PWID) and people with autism (PWA) are included in the term. People with intellectual disabilities (PWID) are characterised by significant intellectual functioning and adaptive behaviour limitations, per definition before the age of 18 (Carr & O'Reilly, 2016). PWA are characterised by developmental deficits that relate to social interaction, patterns of communication and by a restricted, stereotyped, repetitive repertoire of interests and activities that cause clinically significant impairments in everyday functioning (World Health Organization, 2019). The terms people with disabilities (PWD), people with intellectual disabilities (PWID) and people with autism (PWA) will be used in this thesis and the papers in line with the definitions given above.

Violence, physical and sexual abuse

The challenges I describe for the term disability, are also found within the research literature for definitions of violence, and physical and sexual abuse (e.g., Vanderminden, 2017). The World Health Organization (WHO) has emphasised that these terms need to be defined, if the impact of violence on a person's life and society is to be measured and understood. The WHO has therefore introduced violence as an umbrella term, and defined it as 'the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either result in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.' (World Health Organization, 2002 p.5) .

The WHO has suggested a typology of violence that can be used to describe the different types of violence and the links between them. The typology aims to differentiate between violence towards oneself, self-directed violence (e.g. self-abuse), violence inflicted by other persons, interpersonal violence (e.g. domestic violence and community violence) and violence inflicted by large groups - collective violence (e.g. war and terrorist acts committed by terrorist groups) (Krug et al., 2002; World Health Organization, 2002). The typology defines the types of violence and the relation between the alleged perpetrator and the alleged victim. Four modes are used to describe the nature of the violent acts. They are physical, sexual, psychological and deprivation or neglect. All four violent acts can occur within each of the three broad categories that describe types of violence (see World Health Organization, 2002 for illustration of typology p.25).

A different understanding of the term violence is presented in the paper 'Sexual abuse and violence against people with intellectual disabilities and physical impairments. Characteristics of police investigated cases in a Norwegian national sample', reproduced in chapter 3. The Norwegian General Civil Penal Code (§217-288) definition of violent crime is used to define the term violence in this paper. This definition specifically relates violence to the criminal acts of murder, assault, aggravated assault, abuse, and aggravated abuse in close relations. The terms physical and sexual abuse are used in the remaining chapters in line with the modes suggested by WHO, which furthermore separate physical and sexual abuse from psychological attack and deprivation.

Methodological challenges in research into the physical and sexual abuse of people with disabilities

I discuss, in this section, some general methodological challenges faced by nearly all research into the physical and sexual abuse of people with disabilities (PWD). These challenges relate to sampling procedures and inconsistencies in the definition of core terms, these being recurring issues in studies of the physical and sexual abuse of PWD (e.g., Byrne, 2017; Vanderminden, 2017). Methodological challenges are identified in many of the research studies conducted in this field. These challenges influence our understanding and interpretation of study results, and of comparisons and conclusions drawn across studies. I will briefly discuss these general methodological issues in this introductory chapter. A more specific method discussion is given in chapters 3, 5 and 7 in which the research papers are presented. Chapter 8 provides a more in-depth discussion of the methodological strengths and limitations affecting these findings.

General methodological challenges into the research of the physical and sexual abuse of PWD, centre on inconsistencies in the use of definitions of disability and physical and sexual abuse. This makes comparisons across studies difficult (Northway et al., 2013; Vanderminden, 2017). The definition of the term disability is, as described above, influenced by a number of perspectives. The lack of a universal definition leads to differences in definitions, and in the measurement of disability across service agencies and studies. For example, some studies define disability by answering questions (often yes/no) on specific personal traits, e.g. difficulty in hearing or seeing, or ability to complete physical tasks such as climbing stairs or shopping at a grocery store (Harrell, 2017). Other studies use formal diagnoses or IQ scores (Hershkowitz et al., 2007; Wissink et al., 2017). Some studies only include specific groups such as deaf persons (Kvam, 2004).

The definition of the terms violence and physical and sexual abuse also present challenges. Some studies include physical, sexual, and psychological abuse in the term violence. Other studies only include physical abuse in this term (Hughes et al., 2012; Jones et al., 2012; Northway et al., 2013; Vanderminden, 2017). Understandings of what the term violence includes also vary between countries. For example in Norway, all kinds of physical harm of children is prohibited by Norwegian law, and are therefore considered to be forms of violence. Other countries, however, accept minor physical harm such as slapping a child’s hand as a normal part of child raising (Krug et al., 2002). The differences between countries' legal definitions and cultural norms for the terms violence and physical and sexual abuse, further complicate our understanding of terminology across studies.

Studies that discuss the physical and sexual abuse of PWD often use small and selective samples. This is often due to a lack of information on PWD in criminal and health registries, or the difficulties associated with recruiting PWD research participants. (Beckene et al., 2017; Cederborg & Lamb, 2008; Van Den Bergh & Hoekman, 2006). Some scholars have described the guidelines that have been developed to protect vulnerable groups in research, as challenging PWD research (Iacono & Murray, 2003; Northway et al., 2013). One challenge discussed in these guidelines relates to informed consent. A person's ability to consent to participating in a study is affected by personal traits such as cognitive impairment. The researcher's obligation to obtain informed consent from people with a cognitive impairment, may therefore require special procedures to ensure that informants have understood the information. Such procedures may be time and cost demanding, and can so hinder a methodologically robust sampling procedure (Iacono & Murray, 2003). Sampling procedures such as convenience and self-selected samples are therefore often used in studies that involve PWD and physical and sexual abuse.

Methodological issues relating to inconsistencies in definitions and biased sampling are evident in literature reviews, and in the meta-analysis of the risk and prevalence of violence towards and sexual abuse of PWD (Byrne, 2017; Hughes et al., 2012; Jones et al., 2012). For example, prevalence rates based on information from hospital medical records only include people with a hospital record. Cross-sectional studies are, on the other hand, sensitive to response rates and the definition of the population included in the study. These definitions, as discussed, also vary from study to study, prevalence rates for physical and sexual abuse of PWD therefore also varying and being hampered by the biases related to these methodological issues (for a review see Byrne, 2017; Hughes et al., 2012).

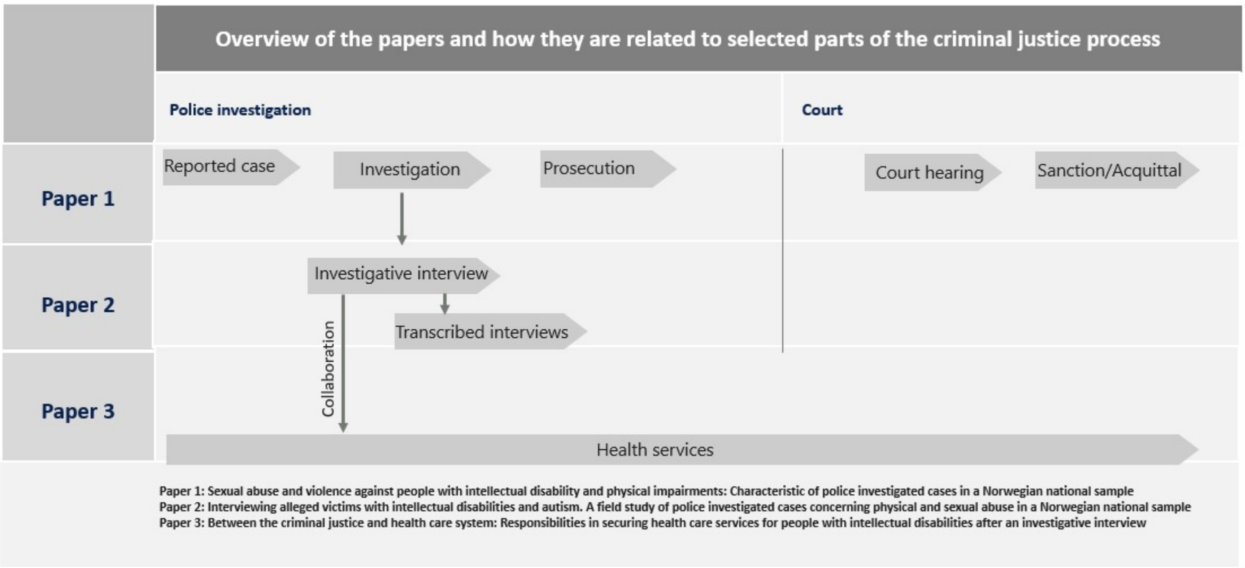
The methodological weaknesses of definition inconsistencies and inadequate sampling threaten the development of new and robust knowledge on the physical and sexual abuse of PWD (Northway et al., 2013; Vanderminden, 2017). Some scholars have repeatedly called for more research and for methodologically stronger studies in this field (Hughes et al., 2012; Jones et al., 2012; Petersilia, 2000). More robust studies would strengthen the foundation upon which knowledge-based interventions, policies, and procedures for preventing the physical and sexual abuse of PWD are built. It is therefore crucial, despite methodology concerns, to continue to bring this research field forwards and to gradually work to overcome some of the limitations discussed in the research.

Structure of the thesis

The investigation of a criminal case is a process that involves a number of investigative steps before a decision is made on whether to prosecute. The case, if prosecuted, may finally be brought before the courts, who will reach a formal decision on the case (Bjerknes & Fahsing, 2018). Figure 1 provides a simplified overview of the processing of a criminal case, from being reported to a final decision, and of the link between the criminal justice system and the health sector. It also shows how the three articles in this thesis address and discuss different parts of the judicial process.

Figure 1

Overview of how the papers relate to selected parts of the judicial process



Paper 1: Sexual abuse and violence against people with intellectual disability and physical impairments: Characteristic of police investigated cases in a Norwegian national sample
Paper 2: Interviewing alleged victims with intellectual disabilities and autism. A field study of police investigated cases concerning physical and sexual abuse in a Norwegian national sample
Paper 3: Between the criminal justice and health care system: Responsibilities in securing health care services for people with intellectual disabilities after an investigative interview

The overall structure of the themes presented in this thesis reflect the judicial process of a physical or sexual abuse case as it passes through the criminal justice system, as illustrated in figure 1. The research papers are therefore included in separate chapters, which are between chapters on central theoretical topics in the research of PWD and physical and sexual abuse.

Chapter 1. *Introduction.* The chapter outlines the thesis aim, and how the research articles relate to this aim. The chapter also presents an overview of how a case proceeds through the criminal justice system, and how the papers address parts of the process. Central terms are finally defined and general methodological challenges relevant in the research of PWD are presented.

Chapter 2. *Physical and sexual abuse of people with disabilities.* I provide, in this chapter, an overview and discuss the prevalence of the physical and sexual abuse of PWD, and of the vulnerability of PWD to becoming victims of this abuse. The chapter highlights the barriers that PWD are confronted with when encountering the criminal justice system, and the need for more knowledge on crimes against this group.

Chapter 3. *Sexual abuse and violence against people with intellectual disabilities and physical impairments. Characteristics of police investigated cases in a Norwegian national sample*. This chapter contains the first research paper of the thesis, which has been published in the Journal of Applied Research in Intellectual Disabilities. The paper aims to fill parts of the gap formed by the absence of information on violence and sexual crime against PWD, by presenting a register study of the sexual abuse and violence of PWD in a Norwegian national sample.

Chapter 4. *Investigative interviews with people with disabilities.* This chapter provides an overview of the judicial process and the investigative interview of alleged PWD victims. It also presents an overview of a number of research topics that are central to investigative interviews of PWD, including memory features, suggestibility, language and social skills, and how these affect a PWD's performance as an eyewitness. I present, in this chapter, the Norwegian interview model and include a discussion of best-practice recommendations when interviewing vulnerable witnesses, and special measures that should be implemented to meet special needs of PWD in the judicial process.

Chapter 5. *Interviewing alleged victims with intellectual disabilities and autism. A field study of police-investigated cases of physical and sexual abuse in a Norwegian national sample*. This chapter contains research paper 2, which has been published in the Journal of Intellectual Disability Research. The paper uses a quantitative method to analyse the question types used in real-life investigative interviews in Norway.

Chapter 6. *Physical and sexual abuse and health care services for people with disabilities.* This chapter presents a brief overview and a discussion of the negative health effects PWD can experience after physical and sexual abuse. The chapter also addresses issues that relate to inter-organisational collaboration between the health care and justice sector.

Chapter 7. *Between the criminal justice and health care system. Responsibilities in securing health care services for people with intellectual disabilities after an investigative interview.* This chapter presents the third research paper, which has been accepted for publication in Nordic Social Work Research. The paper aims to illuminate collaboration between the CJS and the health care sector, through analysing case records and structured interviews of health professionals.

Chapter 8. *Methodological strengths and limitations.* This chapter provides a more general discussion of methodological choices, and a more in-depth discussion of methodological strengths and limitations.

Chapter 9. *General discussion*. In this final chapter I discuss the key findings of the presented research. The chapter addresses issues such as the preponderance of the sexual abuse of young females with intellectual disabilities, how to establish and maintain interviewer behaviour, and the negative impact of insufficient measures of a person's abilities on the research of adults with intellectual disabilities. Chapter 9 ends with some reflections on possible implications of the research findings, suggestions for future research and a concluding remark.

A reference list is provided at the end of the thesis. The reference lists for the published papers are included with the papers in chapters 3, 5 and 7.

Chapter 2. Physical and sexual abuse of people with disabilities

Research indicates that people with disabilities (PWD) are at a greater risk of becoming victims of physical and sexual abuse than the general population (Byrne, 2017; Fogden et al., 2016; Hershkowitz et al., 2007; Hughes et al., 2012; Jones et al., 2012; Wilson & Brewer, 1992; Wissink et al., 2015). In this chapter I will provide an overview of physical and sexual abuse against PWD, the criminal justice system (CJS) and victims with disabilities and finally, illuminate crime statistics and the judicial process and PWD.

Studies that estimate risk factors and the prevalence of the physical and sexual abuse of the general population are reported to be challenging (World Health Organization, 2002). For example, estimates of violence against females in close relations are reported to be from 10% to 69% (World Health Organization, 2002). Prevalence studies of the physical and sexual abuse of PWD are often focused on either children or adults, many studies addressing only one type of abuse. This further complicates the picture. The risk and prevalence of victimisation therefore varies depending on population and type of abuse studied.

Literature reviews that address the sexual abuse of children with disabilities report a prevalence rate of between 14% and 32% (Byrne, 2017; Wissink et al., 2015). Estimates of the risk of children with disabilities being sexual abused when compared with the risk for typically for developing children vary across studies, this ranging from children with disabilities being at no heightened risk (Kvam, 2000) to being nearly 11 times more likely to be abused (Spencer, 2005). Risk estimates in a meta-analysis, however, reported the risk of children with disabilities being sexually abused to be 2.9 times higher than for typically developing children (Jones et al., 2012).

A meta-analysis that assessed physical violence against children with disabilities, showed a prevalence rate of 20.4%, the risk of physical violence being estimated to be 3.56 times higher than peers without disabilities (Jones et al., 2012). The study by Jones et al. (2012) corresponds with the registry study conducted by Sullivan and Knutson (2000), which concludes that children with disabilities are three to four times more likely to be victims of both physical and sexual abuse than their non-disabled peers.

Prevalence rates among adults with disabilities show a similar pattern. The prevalence of sexual abuse of adults with disabilities is reported to be between 7% and 34% (Byrne, 2017). Estimates of risk vary from no risk (Khalifeh et al., 2013) to a six times higher risk of sexual abuse (Fogden et al., 2016). Physical abuse, however, is estimated to have a prevalence rate of up to 21.4% depending on the type of disability (Hughes et al., 2012), while the risk of an adult with disabilities being a victim of physical abuse is suggested to be 3.6 times higher than for adults without disabilities (Nixon et al., 2017).

The variations in risk and prevalence rates described above challenges our understanding of the magnitude of the problem. There is, nevertheless, agreement and consensus across studies and researchers that disability is a vulnerability factor which increases the risk of becoming a victim of physical and sexual abuse.

Physical and sexual abuse of people with disabilities in Norway

Greater awareness of the need to fight physical and sexual abuse in Norway has improved our knowledge of this phenomenon and of areas such as the magnitude and risk factors of victimisation (e.g., Mossige & Stefansen, 2016; Thoresen & Hjemdal, 2014). Less knowledge has been developed and fewer studies have been conducted into the physical and sexual abuse of PWD, the few studies conducted in Norway describes vulnerability factors, case characteristics and prevalence rates.

Kvam (2000) reported that children with disabilities (age range 0-16 years) constituted 6.4% (n = 83) of the total sample of 1293 children examined at a Norwegian hospital for possible sexual abuse. This study suggests that vulnerability to abuse is related to the severity of the disability. Children with severe disabilities such as intellectual disabilities and deaf children are more vulnerable to being sexually abused than typically developing children. The greater risk of the victimisation of children with disabilities in Norway was further explored and described in a later study conducted by Kvam (2004). This retrospective study of deaf adults used a questionnaire, and the respondents were asked to report sexual abusive experiences in their childhood (Kvam, 2004). The response rate was 43%, and the results revealed that deaf females experienced childhood sexual abuse more than twice as often as hearing females. Deaf males experienced sexual abuse more than three times as often as hearing males.

An increased sexual abuse vulnerability is also found in the adults with disabilities population. A retrospective study of vulnerability factors such as disabilities was conducted for sexual offences in a sample of 573 women (mean age 23, age-range 12-61) who had contacted a sexual assault centre (Vik et al., 2019). At least one vulnerability factor was present in 59% of the cases and one of these vulnerability factors was intellectual and/or physical disabilities. Out of 573 women, 5% (n = 24) had an intellectual disability, 4% (n = 22) had a physical disability while less than 1% (n = 2) had both vulnerability factors present. This study also reported that the characteristics of the sexual assault were different between patients with and without vulnerability factors. Vulnerable victims were more often abused by a friend, family member or an acquaintance compared to the group with no vulnerability factor present. We have a powerful understanding of vulnerability factors and the risk of sexual abuse against PWD. The knowledge of prevalence is, however, still developing.

There are currently very few studies on the prevalence of the sexual abuse of PWD in Norway. One study, however, reports an increased risk for women with visual impairments to be sexually abused (Brunes & Heir, 2018). The study shows that the prevalence rate for sexual abuse was significantly different between women with (17.4%) and without visual impairments (10%). The prevalence rate among men with visual impairment was 2.4%. No significant differences were found for men with and without visual impairments (Brunes & Heir, 2018). The few studies that address the sexual abuse of PWD in Norway coincide with the literature that shows a relationship between disability, the increased risk and a higher prevalence rate for the sexual abuse of PWD.

Turning our attention towards the physical abuse of PWD, we note that this type of physical is much less studied, and that PWID are often not included or identified in the samples (Grøvdal, 2013; Olsvik, 2010). A Norwegian study of violence against females with disabilities included persons with intellectual disabilities (Olsvik, 2006). The study, however, focused on females with physical and sensory impairments, and the results therefore do not report findings across different groups of disabilities. The study showed that females with disabilities are twice as vulnerable to physical abuse than females without disabilities (Olsvik, 2006). The study furthermore reports estimates of risk that are very similar to international studies (Hughes et al., 2012), reporting that females with disabilities are at a greater risk of experiencing physical abuse than females without disabilities. There is a lack in Norway of studies that explicitly address the prevalence of the physical abuse of children and males with disabilities.

The few Norwegian studies that discuss the physical and sexual abuse of PWD and the estimated prevalence rates, share the same methodological challenges that were addressed at the start of the thesis. Studies and reports rarely include variables that identify PWD and, if they do, participants are often persons with physical impairments (e.g., Mossige & Stefansen, 2016; Thoresen & Hjemdal, 2014). A lack of studies, particularly those that involve PWID, leaves a grave knowledge gap which leaves PWID invisible as victims of physical and sexual abuse.

The criminal justice system and victims with disabilities

PWD encounter challenges when in contact with the criminal justice system (CJS) (Bailey & Barr, 2000; Cederborg & Gumpert, 2009; Petersilia, 2001; Pillay, 2012; Søndenaa, 2019). These challenges relate to barriers in the CJS and a lack of knowledge of PWDs' special needs (Henshaw & Thomas, 2012). Inadequate education, lack of expertise and lack of procedures for police officers when encountering PWD are, for example, common (Bailey & Barr, 2000; Bailey et al., 2001; Powell & Browne, 2004). Studies have shown that police officers, judges, prosecutors and lawyers have stereotypical views of people with intellectual disabilities. They think they are incompetent as witnesses and question their credibility (Cederborg & Lamb, 2006; Manzanero et al., 2015). Studies that address the barriers PWD encounter in their contact with the CJS are mainly qualitative. They use explorative approaches to collect information from professionals in CJS, and from lawyers or judges. The obstacles identified in these studies are, however, all related to practical, procedural and attitudinal aspects of the CJS. They furthermore seem to be similar across jurisdictions across the world (Agnew et al., 2006; Cederborg & Lamb, 2006; Pillay, 2012; Spaan & Kaal, 2018). The voices of the crime victims further echo these findings, as described in a study conducted by Beckene et al. (2017). Four females with intellectual disabilities who were victims of sexual abuse were interviewed about their experience of being questioned in court. They describe the judges and lawyers as rude, aggressive and as not show any understanding of their disability. The language used in court was also complex and questions were suggestive, manipulative and challenging to comprehend. In sum, the experience of going to court left the victim with a feeling of injustice.

The Norwegian criminal justice system and people with disabilities

In Norway, the miscarriage of justice against Fritz Moen and his acquittal early in 2004/2006 revealed grave incompetence within the CJS with respect to PWD. Fritz Moen, who was deaf and had limited verbal skills, was wrongfully convicted of rape and murder. The case was later examined by an official commission to assess what went wrong and to suggest changes to the CJS to avoid wrongful convictions in the future (Justis- og politidepartementet, 2007). Suggested changes included the video recording of the investigative interview, which is now mandatory when questioning PWD. The commission also addressed the need for improved knowledge on disabilities, the use of interpreters and how this can affect an investigation (Justis- og politidepartementet, 2007).

Despite the Fritz Moen case aftermath and new regulations on the investigation of crimes that involve PWD, the CJS in Norway is still struggling to adapt procedures to ensure equal rights for PWD (Lundberg & Simonsen, 2011; Olsen et al., 2018; Olsen et al., 2016; Søndenaa, 2019). Olsen et al. (2018) conducted a study to shed light on the legal situation for PWD in Norway, irrespective of the reason for their encounter with the CJS. The study used a questionnaire to collect information from the police (e.g., police investigators, police prosecutors), the court (e.g., judges, lawyers) and the state prosecuting authorities. Individual and group interviews were also conducted with specialists from relevant areas. Information from interviews of 388 respondents was analysed. The results revealed a lack of competence and procedures for handling and detecting PWD throughout the CJS. The few guidelines that existed, such as the adaption of questioning and video recordings of investigative interviews seem, however, to work satisfactorily and contribute to the improvement of PWDs' legal situation (Olsen et al., 2018). Furthermore, a qualitative study interviewing deaf people's experience with the CJS describes communicative barriers (Olsen & Kermit, 2015). The CJS lack competence in deaf people's needs for special measures and is not addressing communicative barriers appropriately, for example by using an interpreter when conducting an investigative interview (Olsen & Kermit, 2015). Challenges described in terms of barriers and lack of competence regarding PWD throughout the CJS in Norway arise from a limited amount of research. The findings on PWD’s special needs in their encounter with the CJS are, however, congruent to challenges reported in international studies (Bailey & Barr, 2000; Beckene et al., 2017; Cederborg & Lamb, 2006; Spaan & Kaal, 2018).

Crime statistics, the criminal justice process and victims with disabilities

Crime statistics and information on the prevalence and nature of crime is required to understand, prevent and protect people from being victimised. Specific information on crime against PWD is vital, due to their vulnerability (Petersilia, 2001). However, few jurisdictions provide crime statistics which allow crimes against PWD to be identified. Information on crimes against PWD is therefore limited. In the US, the Bureau of Justice Statistics publishes an annual overview of crime against PWD based on a National Crime Victimization Survey. The numbers show that PWD were victims of serious violent crime (rape, sexual assault, robbery and aggravated assault) at a rate that is three times higher than for people without disabilities. The percentage of perpetrators who violated PWD that the victim knew was higher for PWD than for victims without disabilities. Despite that, PWD was reported to be more exposed to serious violent crime, the total number of criminal incidents reported to the police by PWD and by people without disability were similar (Harrell, 2017).

Crime against PWD is also reported in a study from Australia. This links data from a health registry with the police law enforcement registry, to allow crime against PWD to be identified and described (Nixon et al., 2017). The results reveal that the risk of being a victim of physical or sexual abuse was more than three times higher for PWD than for the general population. The statistics from the USA and Australia depict the occurrence of crime against PWD. Neither the statistics from the USA nor the study from Australia, however, describe the case characteristics of criminal justice processes that involve victims with disabilities.

Van Den Bergh and Hoekman (2006) conducted a case-file study to provide insight into the judicial process in cases involving PWD. The study examined sexual offences in police reports and court dossiers that involve victims or perpetrators with disabilities. A total of 75 police reports and court dossiers were analysed. The results show that the mean age of the victims was 20 years, that 75% of the victims had an ID, and that 63% were female. Almost twofifths of the perpetrators were a friend or an acquaintance of the victim. The police investigation took an average of 2.4 months, 45% of cases being shelved or charges were dropped, 15% leading to a formal sentence. The cases included in the study were identified by manually searching the archives. This was due to the lack of information on crimes involving PWD in the police regions studied. The results are, therefore, based on a selective sampling procedure (Van Den Bergh & Hoekman, 2006). Despite limitations relating to the sample, Van Den Bergh & Hoekman's (2006) study is one of the very few studies published that describes the judicial process in crimes against PWD. There is, moreover, a lack of studies from Norway that address the judicial process in cases involving victims with disabilities.

Crime statistics are, in Norway, reported on a regular basis. It is not, however, possible to identify crimes against PWD in the statistics published, despite a political focus on preventing, reporting and investigating violence against vulnerable persons in Norway (Justis- og beredskapsdepartementet 2013). The lack of statistics on the physical and sexual abuse of PWD makes it challenging to document the nature and magnitude of the problem. This, in turn, makes it difficult for the CJS to develop the guidelines and procedures required to meet PWD's special needs.

Scholars have, since the early 1990's, repeatedly called for more research into and knowledge on the violence and sexual abuse of PWD (Hughes et al., 2012; Jones et al., 2012; Olafson, 2012; Petersilia, 2000). Research in this area, however, still struggles with methodological challenges such as sampling procedures and small and unrepresentative samples (Byrne, 2017; Vanderminden, 2017). Some of these challenges might be able to be overcome if registries from the CJS reported statistics for crimes against PWD. Hence, the next chapter contains of the first study presented in the thesis which use data from the Norwegian Criminal data registry to analyse investigated cases with physical and sexual abuse against PWD.

Chapter 3. Sexual abuse and violence against people with intellectual disabilities and physical impairments. Characteristics of police investigated cases in a Norwegian national sample

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Chapter 4. Investigative interviews of people with disabilities

The witness testimony of an alleged victim is an important and influential piece of evidence in a criminal case (Bjerknes & Fahsing, 2018). Testimonies can be particularly crucial in cases of physical and sexual abuse, as these crimes often lack physical evidence and eyewitnesses (Pipe et al., 2013). Scholars have for decades questioned how well a person can recall memories and provide accurate information about past events. A witness's competence to tell the truth and provide an accurate account is even more complicated where the witness has a disability, particularly a cognitive impairment. In this chapter I will present an overview of topics that are central to investigative interviews of people with disabilities (PWD). These include memory features, suggestibility, and language and social skills, and how these affect PWD performance as an eyewitness. An outline of best-practice recommendations, the use of protocols, special measures and regulations in the Norwegian jurisdiction is given at the end of the chapter.

One of the first studies addressing people with intellectual disabilities (PWID) as witnesses is Gudjonsson and Gunn (1982). They published a case report of a young girl who had an IQ score in the moderate intellectual disability range (IQ score 39-49), who had been sexually abused. The judge referred her to a psychological examination to assess her capability to report the incident accurately. Tests carried out during the examination assessed whether she was able to respond correctly to open-ended questions (e.g. tell me what happened) and whether suggestive questions (e.g. you didn't say no, did you?) influenced her report. She provided a reasonably accurate report when asked open-ended questions, but was heavily influenced by suggestive questions that anticipated or suggested an expected answer. This study, even though it was a case study and was conducted nearly 40 years ago, indicated that PWID could provide accurate accounts where asked the right type of questions. Studies published since then have brought further optimism to PWIDs' ability to provide an accurate and reliable account.

A prejudiced understanding of PWIDs' credibility has led to increased research into their competence as witnesses. Studies published in the late 1990s, for example, examined the performance of children with intellectual disabilities (CWID) in recalling witnessed events (Dent, 1986; Henry & Gudjonsson, 1999; Jens et al., 1990). These studies assessed the relation between question types and accuracy, and revealed that CWID provided less complete and less accurate accounts than chronological age-matched control groups. No consistent pattern of question and report accuracy was, however, found across these early studies, this inconsistency leading to discussions on research design (Henry & Gudjonsson, 1999). Scholars argued that studies should, to provide a better understanding of the factors that can influence CWIDs' ability to provide accurate accounts, be based on children participating in or observing an event, and include both mental age-matched and chronological age-matched control groups (Agnew & Powell, 2004; Henry & Gudjonsson, 1999). Later studies used both mental age-matched and chronological age-matched control groups when assessing accuracy and question types, more robust research design achieving more consistent patterns. CWID, when responding to open questions in interviews, are shown to be as accurate as their mental age-matched and chronological age-matched peers on a witnessed event (Agnew & Powell, 2004; Gudjonsson & Henry, 2003). They, however, often provide less information than their chronological age-matched peers (Agnew & Powell, 2004; Brown et al., 2017; Brown et al., 2015; Gudjonsson & Henry, 2003; Hershkowitz, 2018).

The consensus today is that PWID can be reliable witnesses and that their accuracy is comparable to that of mental age-matched peers (Hershkowitz, 2018; Lamb et al., 2018a). Disabilities that involve cognitive impairments such as intellectual disabilities (ID) and autism will, however, require developmentally sensitive communication strategies if accurate accounts are to be secured (Brown et al., 2017; Maras & Bowler, 2014). The psychological factors that affect the accuracy of eyewitness performance are related to cognitive functioning. These include memory capacity, language skills, personal traits (suggestibility, compliance, acquiescence) and mental state (anxiety, depression, post-traumatic stress disorder) (Gudjonsson, 2003). Psychological factors that affect accuracy are debated in all studies that examine how the credibility of a witness is perceived. Assessing a person's credibility is even more complicated when the witness has a cognitive impairment. Areas which represent a challenge for people with cognitive impairments, as witnesses in criminal cases, include memory, suggestibility, language and social skills. These are briefly presented below.

Memory in people with intellectual disabilities and autism

Knowledge about a person's ability to accurately remember experienced events is an important aspect of witness accounts, and has been studied and debated. A person's memory, in terms of their ability to remember and to report accurate information about experienced events, is referred to as *episodic memory*. Episodic memory relates to a number of other memory processes (Baddeley et al., 2009), and is discussed explicitly in the context of an investigative interview (LaRooy et al., 2011). Episodic memory is, in turn, related to other processes such as *working memory*, this memory described as being a model of three components, 1) the phonological loop, 2) the visuospatial sketchpad and 3) the central executive (Baddeley et al., 2009). These three components can be explained as involving the storage and encoding of information, and as controlling and regulating the processes involved (Baddeley et al., 2009; Schuchardt et al., 2010). Working memory is important in language and comprehension skill learning processes, and is a core component in the development and adaption of investigative interview techniques for PWID (Brown et al., 2017). Henry and MacLean (2002), for example, tested and compared working memory in three groups of children. One group had mild to moderate intellectual disabilities (General Conceptual Ability = 57.2, SD = 11.7, range = 40-70) and ages of 11-12. The next group was made up of chronological age-matched peers with average intellectual ability (General Conceptual Ability =103.8, SD = 9.3, Range = 84-123). The third group was made up of mental age-matched peers of 7-8 years of age and average intellectual abilities (General Conceptual Ability = 101.0, SD = 12.3, range 82 – 136). The results revealed that the performance of children with intellectual disabilities was significantly lower than the chronological age-matched group. Children with ID, however, performed as well as their mental age-matched peers. Another study assessed working memory functions in children with different degrees of intellectual disability (Schuchardt et al., 2010). This showed a relation between working memory and degree of intellectual disability. Children with mild ID performed better than children with moderate ID. Both groups, however, performed as well as the mental age-matched control group, but less well than children with average intellectual abilities (Schuchardt et al., 2010). Such studies have shown that PWID have impairments in the central memory processes that are involved in the recall of experienced events, and that these impairments are not found in the general population. They also show that mental age is a suitable parameter when discussing PWID memory capacity (Henry, 2001; Henry et al., 2010; Henry & MacLean, 2002; Schuchardt et al., 2010).

People with autism (PWA) may have a different memory profile than PWID. The memory processes that are considered to be diminished in PWA are memory of faces, and prospective and associative memory of names and people (Bordignon et al., 2015). Autobiographical memory of personally experienced events, including episodic memories, also seem to be impaired in PWA (Bordignon et al., 2015; Soper et al., 2018). Impairment of autobiographical memory is, to some degree, explained by PWAs' lack of understanding of social communication and interaction, and by a diminished understanding of self-identity (Crane & Maras, 2018). All these factors are key elements in the diagnostic criteria for autism (World Health Organization, 2019).

Memory deficits found in PWID and PWA that relate to language, communication and social competence will affect their ability to report experienced events. Such deficits are challenging when PWD are being questioned as witnesses in criminal cases. These also are an essential element of research, into the development of knowledge on PWDs' ability to be a credible witness.

Suggestibility

One reason why PWD are seen to be unreliable witnesses is suggestibility and the inability of PWD to resist interrogative pressure such as negative feedback and suggestive questions. This includes the interviewer presenting information not revealed by the interviewee (Ridley et al., 2013). Studies have, however, shown inconsistency in the suggestibility findings and differences between typically developing children and children with intellectual disability. Some studies report no differences between the groups (Henry & Gudjonsson, 1999; Robinson & McGuire, 2006). Others show a greater risk of suggestibility for children with ID than chronological age-matched children (Henry & Gudjonsson, 2003, 2007; Young et al., 2003). There are, in general, few studies of adults with disabilities. One study that compared children and adults with disabilities found that adults with disabilities were slightly more vulnerable to suggestibility due to a significantly poorer immediate recall task score (Gudjonsson & Henry, 2003). There were large differences in the suggestibility scores of the adults who participated, which indicates that immediate recall varies among adults with ID.

A recent meta-analytic review found PWID to be more susceptible to suggestibility and false memories than the general population (Griego et al., 2019). It also found that PWA with average intellectual functioning showed a lower suggestibility and were less likely to develop false memories than the general population (Griego et al., 2019). This study supports the notion that PWID are susceptible to interrogative pressure, while PWA might be more resistant.

More recent research includes social and psychological factors into the definition of suggestibility, which are in addition to cognitive mechanisms such as memory (Ceci et al., 2016). Social and psychological factors can include the application of pressure to misreport despite unaffected memory processes. This can be due to an eagerness to please others and agreeing or saying yes to a question regardless of content. Explanations of PWID and PWA eagerness to please and to agree with suggestions, are based on arguments such as dependency on others, lack of conversational experience, inadequate or poor social skills and a desire to hide one's limitations (Clare & Gudjonsson, 1995; Finlay & Lyons, 2002; Sigelman et al., 1981). The detrimental effect of social and psychological factors such as these can, however, be reduced. Research has demonstrated that using specific question types, such as open-ended questions, diminishes the risk of reporting inaccurate information during an interview (Berg et al., 2019; Brown et al., 2017; Brown et al., 2015).

Language and communication skills

Language and communication deficits are a vital part of the PWID and PWA diagnostic criteria (World Health Organization, 2019). One of the main components of language is receptive language, which relates to understanding and comprehending speech. Another main component is expressive language, which relates to the production of speech and communication (Sigafoos et al., 2016). Communication is a general term which involves the sending and receipt of a message. It can also include other communication modes such as sign, picture and body language (Braithwaite & Thompson, 2000; Sigafoos et al., 2016). Participants in PWID and PWA investigative interview studies have verbal language and communication skills. The challenges that language and communication impairments present in interviewing PWID and PWA and that have been discussed, relate to verbal language. More knowledge on investigative interviews that use other language modes are required, but is beyond the scope of this thesis.

PWID and PWA have a range of language and communication deficits. Each PWID or PWA entering an investigative interview therefore may have a unique set of strengths and weaknesses. Mental age is often used to understand the level of PWID and PWA language and communications skills (Carr & O'Reilly, 2016), which is a feasible measure. Studies of PWID and PWA language and communication profiles, however, show a large variability within a diagnostic group (Abbeduto et al., 2007; Matson et al., 2012; Roberts et al., 2007). This variability includes differences in receptive and expressive language skills, and the ability to use advanced vocabulary but not understand the meaning of what is being communicated (Sigafoos et al., 2016). Using mental age as an indicator of language abilities may not, however, reveal these discrepancies. Highly developed expressive language skills combined with poor receptive language skills may, for example, lead an interviewer to use language that is too complicated. Studies that assess the linguistic complexity used when questioning children show that complex language influences children's accounts (Andrews & Lamb, 2017). This includes children being more uncertain, having fewer responses and giving more self-contradictory answers (Andrews & Lamb, 2017). There are no studies that explicitly examine linguistic complexity when questioning PWID and PWA. There is a relation between intellectual functioning, language and communication skills, and we therefore anticipate similar challenges in these groups (Sigafoos et al., 2016).

Best practice recommendations when interviewing people with disabilities

Investigations of violence against and the sexual abuse of people with disabilities face the same challenges as any other physical and sexual abuse case. Medical evidence is often inconclusive, and there is a lack of other technical evidence (Pipe et al., 2013). This means that the investigative interview and the information revealed in this interview may be the most important evidence on which a decision to investigate further is based. A fair amount of research has therefore been conducted into how investigative interviews of PWD are performed, to allow recommendations to be made and procedures to be developed that can enhance the quality of an account, and strengthen it as evidence in the legal context.

The consensus today among researchers and practitioners is that PWD can provide accurate accounts (Lamb et al., 2018a). The type of questions used in interviews, however, affects the credibility of the information revealed (Brown & Lamb, 2015; Brown et al., 2017). Gudjonsson and Gunn (1982) suggested, as described earlier, that open-ended questions produce more reliable answers that contain fewer errors. Suggestive questions that, for example, introduce the witness to information and then ask a question related to that information, were difficult for the witness to answer and resulted in incorrect answers. Later studies have elaborated on these assumptions and the relationship between types of question, the accuracy of the information revealed and the level of intellectual functioning.

Agnew and Powell (2004) assessed the influence of intellectual functioning on a child's recall of an experienced event, when asked free-recall and cued-recall questions (e.g. Tell me more about the car) and forced-choice questions (e.g. Was the car red or blue). They compared the accuracy of the responses of children with moderate and mild ID with those of typically developing children, matched by mental age and chronological age. The results showed that children with moderate ID recalled less correct information than the other groups when asked cued-recall and forced-choice questions. Children with mild ID recalled more correct information than children with moderate ID, but less correct information than the typically developing children, all children being asked the same questions. These results suggest that intellectual functioning influences the accuracy of the information revealed. The accuracy of the information was not, however, significant across groups when free recall or open-ended questions were asked.

The relationship between intellectual functioning, question types and children's recall in an interview has been more recently addressed in a study conducted by Brown et al. (2017). The results reveal that children with moderate ID were asked more questions. They were also asked more option-posing questions than typically developing children and children with mild ID. This indicates that intellectual functioning affects the type of questions asked during an interview. Studies have reported that PWID recall less information and are asked more suggestive questions such as option-posing questions. Several studies have, however, shown that response accuracy to open-ended questions is high regardless of intellectual functioning (Gudjonsson & Henry, 2003; Henry & Gudjonsson, 1999, 2007). One of the first studies that reported a high level of accuracy regardless of intellectual functioning was Henry and Gudjonsson (1999). They interviewed children with moderate and mild ID and typically developing children who were their mental age and chronological age-matched peers. All the children who participated watched a staged event, accuracy being assessed in terms of the proportion of correct information and total recall. This revealed that children with ID were as accurate as their peers when responding to open-ended questions. The children with ID, however, performed less well than other groups when asked misleading questions (closed yes/no questions). This indicates that children with ID were more vulnerable to suggestibility. Similar results (high level of accuracy to open-ended questions and vulnerability to suggestive questions) has been seen in later studies that assess investigative interviews of people with ID (Bowles & Sharman, 2014a, 2014b; Brown et al., 2017; Brown et al., 2015; Gudjonsson & Henry, 2003; Henry & Gudjonsson, 2007; Lamb et al., 2018a; Morrison et al., 2019; Ternes & Yuille, 2008; Wyman et al., 2018).

These studies form the research knowledge on which best-practice recommendations for interviewing PWID are based. It is furthermore recommended that PWA are questioned in a similar way to PWID, even though they may not have an intellectual disability. This recommendation is based on research into PWA witness testimonies that indicate high PWA accuracy to open-ended questions, and a PWA vulnerability to inaccurate responses when asked misleading or suggestive questions (Almeida et al., 2018; Maras & Bowler, 2014). The recommendation to use open-ended questions and avoid suggestive questions also apply to the interviewing of people in general. The interviewer, however, needs to know how disability and intellectual functioning affect communicative interaction, and the information revealed in an interview. One variable is an awareness of question types. Other aspects include the use of simple language, shorter sentences, lengthy pauses and a focus on one concept in each question. These may play an even more crucial role in increasing the ability of PWD to report accurately (Cooper & Northon, 2017; Lamb et al., 2018a).

Protocols when interviewing people with disabilities

Protocols have been developed based on the research described above, to enhance interviewer behaviour. Studies have shown that following a protocol helps the interviewer employ recommended interview practices, this leading for example to an increase in the use of open-ended questions and a reduction in the number of suggestive questions (Benia et al., 2015). A protocol can also help the interviewer follow general recommendations such as introducing themselves, building rapport with the interviewee, outlining ground rules and explaining the purpose of the interview (Lamb et al., 2018e). A number of protocols have been developed such as, Achieving Best Evidence (Home Office, 2011), Extended Forensic Interview (Carnes et al., 1999) and The National Institute of Child Health and Human Development (NICHD) protocol.

The NICHD protocol is (to date) the only protocol that is based on extensive research conducted across a number of countries and jurisdictions. It is considered to be the ‘gold standard’ of child and PWD interviews (La Rooy, 2015). The NICHD protocol was developed for questioning children. Several studies have, however, shown that it is equally beneficial in interviewing PWD (Almeida et al., 2018; Brown et al., 2018; Brown et al., 2017; Brown et al., 2015).

Interview protocols have been shown to improve the use of recommended questioning strategies (Lamb et al., 2018e). A criticism that has been raised of protocols is, however, the sole focus on enhancing cognitive processes, and the lack of social support during the interview (Gamst, 2005; Langballe, 2007; Saywitz et al., 2015). Focusing too much in an investigative interview on cognitive processes, can be at the expense of other variables that influence the interaction between the interviewer and the interviewee (Saywitz et al., 2015). This includes factors such as body-language, empathy, eye contact, tone of voice and personality. Interviewer personal characteristics such as emotional intelligence, agreeableness, cognitive abilities and self-control are also shown to have an effect on interviewer behaviour (Lafontaine & Cyr, 2017; Melinder & Gilstrap, 2009). Emotional intelligence seems to improve adherence to best practice recommendations and to protocols in interviews of children in a sexual abuse context. This is, in turn, relates to emphatic behaviour (Lafontaine & Cyr, 2017). Empathy in terms of the interviewer’s ability to build rapport and provide support during an interview, has recently been in focus (Dando & Oxburgh, 2016; Jakobsen, 2019; Risan et al., 2020; Saywitz et al., 2019). It has also been implemented with success in the revised NICHD protocol (Ahern et al., 2014; Blasbalg et al., 2018; Blasbalg et al., 2019; Hershkowitz et al., 2017). The revised NICHD protocol now includes recommendations on how to provide support during an interview (Hershkowitz et al., 2017; Lamb et al., 2018b). The recommendations involve the use of strategies such as using the interviewee’s name, offering help and acknowledging that the conversation is challenging. Studies in which the revised NICHD protocol is used show that increased supportiveness can reduce reluctance and increase informativeness (Blasbalg et al., 2019). Similar supportive strategies are described in studies of how Norwegian police officers encounter traumatised victims (Jakobsen, 2019; Risan et al., 2016; Risan et al., 2020). Studies show that securing the witness’s well-being by acknowledging the witness’s emotions is important in an interview, and facilitates communication between the witness and the interviewer

(Saywitz et al., 2019). It seems clear that supportive interviewer behaviour is as important in a qualitatively good interview as the well-established notion of question types.

Another challenge that is evident in studies of the benefits of using protocols, is that interviewers can increase the level of recommended questions, but that their skills levels drop over time (Dion & Cyr, 2008; Lamb et al., 2018d; Lamb, Sternberg, et al., 2002a). Studies suggest that ongoing feedback and supervision is therefore necessary if a high level of recommended questioning strategies is to be maintained (Lamb, Sternberg, et al., 2002b; Powell, 2008). I will therefore provide a broader discussion of this topic in chapter 9, based on the complexity of conducting investigative interviews of PWID and the low maintenance of interviewer skills after training and supervision.

Special measures for victims with disabilities in physical and sexual abuse cases

Special measures to secure the rule of law for vulnerable witnesses such as people with disabilities (PWD), are implemented world-wide. Measures include the use of video-recorded evidence in-chief, the use of organisations such as Barnahus, giving evidence in private, the use of special communication aids and the presence of a supportive adult during legal processes. Special measures vary across jurisdictions. They are, however, all designed to improve the reliability of the evidence and the experience of the complainant within the judicial process, without this compromising the fairness of the trial for the accused (Home Office, 2011; Westera et al., 2020). Structural changes and new regulations that describe and implement special measures have raised some concerns (Westera et al., 2013). One concern, based on data from New Zealand, is whether measures such as the use of video-recorded evidence of chief, secures the adversarial justice system (Westera et al., 2013). Legal professionals were concerned that video-recorded evidence would limit the defendant’s right to question the information revealed in the recorded video. A study from Australia, however, shows that legal professionals are today satisfied with and have accepted the implementation of video-recorded evidence in investigative interviews of children (Westera et al., 2020). They furthermore recognise that this reduces witnesses stress, and enhances the completeness of the account. Similar opinions on video recorded evidence in the judicial process of vulnerable witnesses are reported by legal professionals in Norway (Olsen et al., 2018). Few studies have assessed special measures, and even fewer have addressed special measures for PWID. We can, however, anticipate that the use of video-recorded evidence is considered to strengthen both children's and PWID's rule of law, as jurisdictions around the world use this type of measure today.

The most ground-breaking special measure implemented in Norway is the use of Barnahus (Children's House). Barnahus is a part of Norway's judicial system, its designated aim being to facilitate the investigation process in cases of sexual abuse and violence that involve vulnerable witnesses. Such a large structural change, which includes the involvement of other professions such as social workers and health professionals in the investigative processes, raised discussions of who were best suited to conduct investigative interviews of children and PWID (Justis- og beredskapsdepartementet, 2012). Psychologists advocated that they were trained to talk to children and so, based on their knowledge of developmental psychology, had the skills required to conduct such interviews (Justis- og beredskapsdepartementet, 2012). Police officers, on the other hand, were concerned that the goals of an investigative interview are different from those of a therapeutic conversation. Knowledge of previous criminal cases had also revealed that false testimonies had been obtained from children where therapeutic techniques had been used in interviews (Justis- og beredskapsdepartementet, 2012; Lamb et al., 2018c). A broad examination lead by experts in this field concluded and recommended that specially trained police officers should conduct investigative interviews of children and PWID in Norway (Justis- og beredskapsdepartementet, 2012). Other countries such as Finland have chosen another approach, such interviews being conducted by specially trained psychologists (Korkman et al., 2017). Evaluation reports today show that there is a fruitful cooperation between police officers and Barnahus employees in Norway, and that Barnahus is a well-functioning part of the justice system in cases involving children (Stefansen et al., 2012). PWID needs are not known, as evaluation reports and studies that assess how Barnahus has affected investigation processes in Norway, have not included information about this specific group (Bakketeig et al., 2012; Stefansen et al., 2012).

Other special measures such as special communication aids, which includes the use of intermediaries and supportive adults, can be used in Norway. These measures are, however, far more common in countries such as the UK (Olsen et al., 2018; Wurtzel & Marchant, 2017). There have, so far, only been a few studies that have addressed the use of intermediaries as a special measure in investigation processes that involve PWD (Henry et al., 2017; Hepner et al., 2015). The role of an intermediary is to ensure that communication with vulnerable witnesses in a police interview is as ‘complete, accurate and coherent as possible’ (Cooper, 2014). Intermediaries are psychologists, speech therapists or those with a similar education. Evaluations carried out in England and Wales have shown that the use of intermediaries has had a positive effect, and therefore are widely used (Cooper, 2014). Other countries such as Australia have argued for the need of a similar Intermediary Scheme to support PWID during investigative interviews (Hepner et al., 2015). One study compared the affect of the use of intermediaries on the accounts of children with autism with the accounts of typically developing children (Henry et al., 2017). This study did not support the positive affect found in evaluation reports on the witness accounts of children with autism. Typically developing children, however, seemed to benefit in this study from the use of an intermediary (Henry et al., 2017). This may indicate that the intermediary scheme may be beneficial to some extent. More research into this is, however, needed. There is a lack of studies that assess how this special measure affects the PWID’s ability to provide a more complete, accurate and coherent account.

Another language and communication aid used to facilitate memory and the completeness and accuracy of PWID accounts, is the use of drawings. There are few studies that assess drawings as an aid to PWID in investigative interviews, but also in the field in general. Some studies have assessed drawings as enhancing witness information retrieval in typically developing children and children with autism, the results also showing that this technique may be beneficial for children with autism (Mattison et al., 2015; Mattison et al., 2018). The results, however, also show small differences in mean accuracy scores between drawing conditions and control conditions, and can be a reason why other studies do not report the same benefits for children with autism (Henry et al., 2017). We can anticipate that PWID will also benefit from such aids, despite the lack of studies of PWID. Studies of PWA and older witnesses have, however, shown that drawing can assist memory retrieval (Dando, 2013; Dando et al., 2020; Mattison et al., 2018). A question that remains to be answered is whether the so far small positive benefits of using such aids outweighs the negative aspects of the quality of testimonies as judged in a court of law. Despite the lack of robust evidence and scholarly discussions of the special measures implemented for PWID, the increased focus on their special needs must be said to have had a positive effect (Cooper, 2018).

Regulations for investigative interviews of people with disabilities in Norway

Jurisdictions in countries such as England and Wales acknowledged, as early as 1999, that vulnerable witnesses such as children and people with disabilities (PWD) required special measures when progressing through the judicial system (Cooper & Northon, 2017). The new Penal Code introduced in Norway in 2015 therefore also introduced major changes to the judicial process, in sexual abuse and violence cases that involve vulnerable witnesses. Important changes included changing responsibility for investigative interviews from the court to the police, and implementing mandatory use of Barnahus (Children's house) when interviewing children and PWD. Barnahus is a part of Norway's judicial system, and is responsible for facilitating the legal process in investigative interviews of children and PWD who are suspected victims of physical or sexual abuse. Barnahus staff are responsible for ensuring that children and PWD receive the support they require before, during and after an interview. This support includes providing adapted information to the interviewee, cooperating with the police during the interview to ensure that the questions asked are at an appropriate cognitive level, and assessing the provision of necessary health care services to the alleged victim (Politidirektoratet et al., 2016).

Additional changes implemented by the new penal code include that interviews of vulnerable witnesses are required to be conducted by specially trained police officers, and that video-recorded interviews are accepted in court as evidence-in-chief. The Criminal Procedure Act stipulates that vulnerable witnesses must be interviewed by specially trained police officers, and acknowledges the complexity of interviewing children and adults who require special measures. In Norway, a specially trained police officer has a Bachelor degree in Police Studies, and has completed a two-level formal education in police interviewing called KREATIV (based on the British Peace Model for investigative interviews) and a special educational program that specifically addresses investigative interviews of children and PWD (Jakobsen et al., 2016). A model called The Sequential Interview model (SI) has been developed in Norway for interviewing vulnerable witnesses, and was implemented in 2015 (Langballe & Davik, 2017).

The Sequential Interview model

All investigative interviews of alleged victims in vulnerable groups, including preschool children and PWD, use an investigative interview method that was developed in 2012 by a group that included police investigators from the National Criminal Investigation Service (NCIS), a psychologist, and a leader of one of the Barnahus (Justis- og beredskapsdepartementet, 2012; Langballe & Davik, 2017). The Sequential Interview (SI) model is, according to the developers (Langballe & Davik, 2017), a revised version of the Extended Forensic Interview model (EFI) which was developed by the National Children's Advocacy Center (Carnes et al., 2001; Carnes et al., 1999), and was designed to meet the needs of children who are reluctant to reveal abuse where there are strong physical indications that abuse has occurred (Carnes et al., 2001; Carnes et al., 1999). The SI model emphasises preparation prior to the interview, including interdisciplinary collaboration and meetings with legal participants and other professionals. The use of extensive breaks between sessions and the use of props and toys during the interview, are also highlighted as being important features of the SI model (Langballe & Davik, 2017).

The SI model was inspired by the EFI model, but is also based on the Dialogical Communication Method (DCM), which is the standard model for the investigative interviewing of children in Norway (Gamst, 2017; Gamst & Langballe, 2004). Table 2 shows that DCM is divided into seven phases and shows the specific aims or objectives of each phase (Gamst, 2017).

Table 2

The Dialogical Communication Model

Phase	Aim/objective
1.The preparatory phase	Reduce stress and prepare the interviewer and the interviewee for the interview
2. The rapport phase	Establish contact between the interviewer and the interviewee
3. The preliminary phase	The interviewer starts to motivate the child to talk. Explains the rules for the conversation
4. Introduction to the focused subject	Introduces the focused theme
5. Free narrative	Obtain as much information as possible based on the interviewee's spontaneous speech
6. The Probing phase	Collect more details about the interviewee's experiences
7. Closing the interview	End the interview in a positive manner

Note. The illustration of the model is adapted from Gamst 2017.

The SI model and the DCM model use the same structure. The SI model, however, features breaks and facilitates collaboration between the interviewer and Barnahus staff during breaks. The description of the SI model shows that interviews should consist of three sessions with breaks during and between each session. The number of sessions and breaks is flexible in the SI model, and are set by the interviewer in consultation with the police lawyer and Barnahus counsellor. The first scheduled break takes place after the third phase of the interview and usually lasts for 45-60 minutes. A final break of five to ten minutes is taken before the interview ends, to provide the legal representatives with time to formulate any remaining questions that the interviewer wishes to ask the interviewee. The SI model also encourages the use of props such as puzzles, drawings, books and other objects, to draw the interviewee into talking. The props can also be used to determine the interviewee's knowledge of abstract concepts such as colours, shapes and quantities (Langballe & Davik, 2017). The Norwegian SI model appears to have no written protocol. One recent publication analyses investigative interviews of typically developing preschool children in which the SI model was used (Baugerud et al., 2020). No studies in Norway have, however, analysed investigative interviews of PWD. Nor have any studies been carried out to evaluate whether the SI model can improve questioning strategies in the interviewing of this group. The study in the next chapter therefore was designed to address these questions. It is the first study in Norway to analyse real-life investigative interviews of PWD.

Chapter 5. Interviewing alleged victims with intellectual disabilities and autism: A field study of police-investigated cases of physical and sexual abuse in a Norwegian national sample

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Chapter 6. Physical and sexual abuse and health care services for people with disabilities

After the investigative interview, Barnahus in Norway has a stated responsibility to assess, offer or secure possible healthcare needs regardless of further investigation steps in the criminal case. Due to the responsibilities related to healthcare needs, in Norway, this is a mandatory part of the process during an investigation of a criminal case related to physical and sexual abuse cases. In the current chapter, I will provide an overview of literature addressing healthcare services to people with disabilities (PWD) who have experienced physical or sexual abuse and present the Barnahus mandate in such cases.

The guidelines that specify the responsibilities of Norwegian Barnahus in investigative physical and sexual abuse case interviews include the assessment of the interviewee's need for health care services and the responsibility to coordinate and cooperate with the health care services (Politidirektoratet et al., 2016). This is due to the close relation between experiencing physical and/or sexual abuse and subsequent negative health effects (Byrne, 2017).

Studies have reported negative health effects in people with intellectual disabilities (PWID) who have experienced sexual abuse. PWID suffer, after such abuse, from depressive and traumatic symptoms that are in the same range as that experienced by the general population (Sequeira et al., 2003; Soylu et al., 2013). PWID also, in general, exhibit a greater risk of psychopathology, including conduct disorder, anxiety and depression (Hassiotis & Turk, 2012; Strømme & Diseth, 2000). There are therefore good grounds for believing that PWID who have experienced abuse will require health care services. Making Barnahus responsible for assessing the need for and then securing such services may help ensure that PWID receive adequate help from the health care sector.

There is limited knowledge today on the health care services that PWID require to adequately help cope with abusive experiences. Some studies have addressed how Post-Traumatic Stress Disorder (PTSD) is treated within this population. Abusive experiences do not, however, necessarily lead to PTSD. Detecting and diagnosing PTSD in PWID is, due to a lack of diagnostic tools, a challenge. Assessments therefore often depend on diagnostic interviews of family or professional carers (Kildahl et al., 2019; Mevissen et al., 2016). It is, however, relevant despite these limitations to provide a brief insight into the existing but limited knowledge on the treatment of PTSD in PWID exposed to physical and sexual abuse. PTSD is reported as being associated, in the general population, with abusive experiences (Krug et al., 2002). Investigations of such cases are furthermore described by PWID questioned in such cases as being a second trauma (Beckene et al., 2017).

A literature review of the treatment of PTSD in PWID identified nine studies. These studies covered a wide range of interventions that include medication, psychotherapeutic treatment (e.g. Cognitive-Behavioural Therapy, Eye Movement Desensitization and Reprocessing) and milieu therapy (e.g. establish environmental changes through staff training) (Mevissen & de Jongh, 2010). The studies included in the literature review suggest the participants experienced a positive effect of treatment, irrespective of treatment method. A more recent study of the use of Trauma-Focused Cognitive-Behaviour Therapy (group therapy) to treat complex PTSD in PWID showed a decrease in self-reported PTSD symptoms (Kroese et al., 2016). Participants furthermore stated, in post-treatment interviews, that they valued being listened to, being taken seriously and being supported by people who had suffered similar experiences. These studies lead us to be optimistic about the treatment of traumatic experiences in PWID. Case studies and single-subject designs, however, dominate the research published. All the treatment methods described lack robust empirical evidence. There is a positive change in the treatment of trauma in PWID, despite the methodological challenges and sample sizes of these studies, and in research involving PWID (Vanderminden, 2017). The treatment effect for PWID has been assessed, described and reported (Bakken et al., 2014; Gilderthorp, 2015; Kildahl et al., 2019; Mevissen et al., 2012). Assessment criteria and treatment methods that are thoroughly described in case studies (e.g., Mevissen et al., 2012) can be replicated and gradually build a broader understanding of how traumatic experiences in PWID can be treated.

Inter-organisational collaboration

Barnahus is a governmental agency that has been developed to facilitate inter-organisational collaboration between the CJS, and the health care and welfare services during a police investigation into criminal cases that involve violence towards and the sexual abuse of children and vulnerable adults (Johansson, 2017). Barnahus' objective is twofold. The first is to make the judicial process more efficient and better adapted to the special needs of children and vulnerable adults. The second is to secure witnesses the protection, support, health care and treatment they need (Politidirektoratet et al., 2016). A premise of these Barnahus objectives being met is collaboration between professionals from different disciplines, such as in CJS and the health care system.

Collaboration between professionals and how this operates is addressed in a small number of studies and evaluation reports from Norway and Sweden. These studies indicate that there is an unequal power balance between professionals from CJS and the health care and social welfare sector (Johansson, 2017; Stefansen et al., 2012). The power balance discussed in a Swedish study (Johansson, 2011) seems to favour a criminal law-oriented focus. This may result in less emphasis on the health and social welfare aspect in the cases handled by Barnahus (Johansson, 2017). The Swedish study and the evaluations from Norway discuss collaboration between professionals working at Barnahus in cases involving typically developing children. Collaboration across sectors in cases of physical and sexual abuse (e.g. Barnahus and the health care sector) and in cases involving adults with disabilities were not addressed (Stefansen et al., 2012). Collaboration in cases that involve adults with disabilities differs from collaboration in cases that involve typically developing children, because they receive services from different parts of the health care and social service. There is no knowledge on collaboration between professionals at Barnahus and the health care and social welfare services. This is particularly so for collaborative practices in cases that involve adults with disabilities. The next chapter presents a study which explores how these practices are handled in the interface between the justice and health care sector.

Chapter 7. Between the criminal justice and health care system. Responsibilities in securing health care services for people with intellectual disabilities after an investigative interview

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Chapter 8. Methodological strengths and limitations

The studies presented in this thesis use quantitative and qualitative methods, the methods used being quantitative analysis of register data, quantitative text analysis of transcribed investigative interviews, case analysis of documents and structured interviews. These methods enabled us to illuminate selected parts of the judicial process in violence and sexual abuse cases that involve alleged victims with disability. This has not been previously studied in Norway. The methods used in the three studies are described in chapter 3, 5 and 7. In this chapter I will, however, provide a broader discussion of methodological strengths and limitations than is given in the papers.

Analysing case characteristics based on registry data

We in the first study (chapter 3) used register data. This is a well-suited data source for studies that aim to provide an understanding of phenomena in a population. Register data provides us with access to previously collected information. This reduces costs and the time required to collect data, as the information already exists. Being granted an approval to use register data in research can, however, be challenging due to the sensitive nature of the information and that the information is not collected for research purposes (Fekjær, 2011; Olsen, 2011). Our study aims to analyse investigated criminal cases that involve alleged victims with disabilities using register data from the Norwegian Criminal data registry. This data is probably currently the best available data for addressing this issue, because the register has been developed to compute crime statistics in Norway.

Chapter 3 describes the case characteristics of police investigated cases that involve violence and sexual abuse against people with intellectual disabilities (PWID) and physical impairments. Studies that analyse crime against this group are lacking in Norway, and this work therefore fills a gap in the research field. Access to the Norwegian Criminal data registry therefore allowed us to present a national overview of such cases, in a specific period of time. Studies have documented a lack of knowledge of criminal acts such as physical and sexual abuse against PWID in Norway, and in other countries (e.g., Grøvdal, 2013; Hughes et al., 2012; Jones et al., 2012; Petersilia, 2001). Our understanding of such crimes is therefore today primarily based on data from observational and survey studies.

Observational and survey data is often used because registers lack important information, so making it challenging to identify persons with disabilities (PWD). This is a common methodological challenge in this field (Vanderminden, 2017). Using register data to address this topic has, however, its strengths. A clear strength of our study is access to the police database. This allowed us to present a national sample of the complete cohort of cases registered by the police in the designated period within the specified inclusion criterion (i.e. alleged victim with a disability, in physical and/or sexual abuse cases). Register data limits the well-known challenge of low response rate and drop-outs in observational and survey studies (Olsen, 2011). This data may, however, contain other biases such as missing information in the registries, limited information for example on disability criteria (as seen in our study), and discrepancies over time in how specific variables are recorded. For example, changes in the Norwegian Penal Code in 2015 led to new definitions in paragraphs of the code that describe sexual offenses. These new definitions made it challenging to compare crime statistics before and after the new code, and is why we included information recorded after October 2015 and to December 2017. How the results are presented in this paper is influenced by variables computed by the police at the time we received information from the criminal data registry and decisions made when determining how register data should be presented. For example, one person who has been subjected to a number of criminal acts at the same time, would be registered multiple times one for each criminal act. Our research question reflects our wish to determine the number of alleged victims, as opposed to the number of criminal cases. We therefore decided to present each victim as one case, and not multiply up the number of victims by presenting each criminal act they have been subjected to.

A goal of using register data in quantitative studies, such as the paper in chapter 3, is to present a valid and representative understanding of the research question addressed. Biases in the sample such as missing information in the register, missing criteria for registering disability and the limited time span, affect the representativeness of the results in this study. One interesting finding of this study is the high number of cases (74%) moved forward to prosecution, the limitations mentioned being taken into consideration. The aim of the study was to describe and discuss investigated criminal cases. Such a high number of prosecutions may therefore indicate a bias in the sample. As discussed in the paper, a study conducted in the Netherlands shows a similar rate of cases (71%) being sent to the public prosecutor (Van Den Bergh & Hoekman, 2006). The authors in this study used a selective sampling procedure, due to missing information in the registries. This affects the validity of the results. They also did not present a national sample, as in our study. Despite this, the results for several variables such as gender distribution, mean age of the alleged victim and number of cases sent to prosecution, are similar between their and our studies. This may indicate that the Norwegian police's selection of cases for investigation in sexual abuse and violence cases that involve a victim with disability, are affected by issues that are similar to those that can be expected when using a selective sampling procedure. Issues that might affect the results of both studies include that the cases that are pushed forward in the judicial process are the criminal cases that are most grave, cases that include evidence that is considered to have been approved in a court hearing, and victims with the ability to tell about the incident in an investigative interview. Such biases therefore affect the representativeness of the results and must be considered when interpreting them. The biases and limitations of this study therefore indicate that a replication is needed, to obtain a stronger and more valid understanding of investigated cases of sexual abuse and violence against PWD in Norway.

A quantitative analysis of real-life investigative interviews

Quantitative text analysis using documents as our empirical data, was the method used in the paper presented in chapter 5, *Interviewing alleged victims with intellectual disabilities and autism*. Documents are like registers, in that the data already exists, but was developed for another purpose than research. This data therefore requires a number of aspects to be taken into consideration in the analytic process. This includes the type of document, where they are developed and for what purpose. The strengths and limitations should be taken into consideration when deciding which analysis methods are used (Asdal & Reinertsen, 2020). Different document analysis methods, such as text analysis, conversation or discourse analysis, are suited to different purposes (Asdal & Reinertsen, 2020; Bowling, 2014). Our aim, in the chapter 5 study, was to provide a detailed understanding of the question types used in actual investigative interviews of people with intellectual disabilities (PWID) and people with autism (PWA). A quantitative text analysis of verbatim transcriptions of actual interviews was therefore well-suited to this research question.

Coding schemes that have been developed to identify and quantify predefined categories of questions, are used in the methods for analysing question types in investigative interviews. These coding schemes are widely used in this field of research (e.g., Agnew & Powell, 2004; Baugerud et al., 2020; Brown et al., 2017; Hershkowitz, 2018; Lamb, 1996). Using a well-established coding scheme with predefined categories enhanced the comparability of our data with previously reported data (Bordens & Abbot, 2018). Quantifying text, as in paper 2, enabled us to use statistical tests (i.e. Repeated measurement ANOVA) to analyse the data and search for possible relations between different variables, for example the relation between type of disability and number of open-ended questions asked. The use of question types as a quality measure is based on research that shows that there is a relation between question types and account accuracy (Agnew & Powell, 2004; Cederborg & Lamb, 2008; Lamb, 1996; Morrison et al., 2019; Ternes & Yuille, 2008). An analysis of question types in investigative interviews is, furthermore in Norway, still used to diminish or strengthen a witness' ability to report accurate information during a court hearing (e.g., Helmikstøl, 2017). The use of question type analysis in court hearings further emphasises the need for research that can document how real-life interviews in Norway are conducted with PWID and PWA, to illuminate whether this analysis can affect the judicial process. I will, in the following, provide a broader discussion than has been given in chapter 5, of the strengths and limitations of the study, and how possible biases can affect the interpretation of the results.

A strength of our study is that all 12 police districts in Norway responded and collaborated in data collection. This can indicate that the whole population of transcribed interviews that meets the inclusion criteria i.e. victim with disability and subject to a criminal act registered as a sexual offense or violence, in the designated period was included. The validity of the study results is strengthened by using a national sample, given the inclusion criteria. Comparisons with similar studies from other jurisdictions must, however, be made cautiously, as the Norwegian police use the SI model, which is not used elsewhere. Collecting real-life transcripts of interviews of alleged victims with intellectual disabilities (ID) or autism and a confirmed diagnosis is, however, challenging and required permissions and access to information rarely granted to researchers. The permission to use information from the Norwegian Criminal data registry is an advantage in our study. It enabled us to use register data to identify cases. This contrasts with similar studies that use other more selective sampling procedures due the study not being granted access to or a lack of information on variables such as disability in the registers (Cederborg et al., 2008; Cederborg & Lamb, 2008; Hershkowitz, 2018; Van Den Bergh & Hoekman, 2006). Cases involving alleged victims with ID or autism are registered in the Norwegian criminal data registry and in information documented at Barnahus. This makes identification based on disability possible. This contrasts with other countries where information about disability seems to be missing (Cederborg & Lamb, 2008; Nixon et al., 2017; Van Den Bergh & Hoekman, 2006). The Norwegian Barnahus furthermore bears a specific responsibility in judicial processes for PWID and PWA (Politidirektoratet et al., 2016). To date, Barnahus in other countries such as Sweden and Iceland do not bear responsibility for this group (Johansson et al., 2017). The use of the criminal data registry and information from Barnahus were a clear strength in our data collection procedure. It allowed us to analyse qualitative aspects in a national sample of real-life transcripts of investigative interviews. Knowledge on the qualitative aspects of interviews have so far been based on considerable experimental studies of typically developing children or children with ID (e.g., Agnew et al., 2006; Brown et al., 2017). Studies that analyse real life transcripts of adults with ID, such as this, therefore represent a unique opportunity to address how best-practice recommendations are mirrored in actual interviews.

Conducting a field study such as this gave us the opportunity to address how the Norwegian police use question types in real-life interviews of PWID and PWA. Field studies do, however, come with constraints, the limitations in our study being related by a number of variables. These are variations in registration procedures across police districts, lack of guidelines on how to define disability, missing data in the register and a possible skewness in determining which interviews meet the criteria for transcription. These are biases that can potentially affect the validity of the result. In the Norwegian context, a prosecuting attorney decides whether an interview should be transcribed or not based on information disclosed in the interview (i.e. information that indicates that a criminal act has taken place). As far as we know, this is a decision that is primarily based on the prosecuting attorney’s interpretation of the information revealed in the interview. We can assume that, despite the legal framework, the penal code, and guidelines on how to assess such information, that there are differences in what information is considered to reveal a criminal act. This may have caused a bias in the sample studied in paper 2, leading to a sample of cases that may contain a different questioning pattern than interviews in which such indications of a criminal act were not revealed. There is a documented relation between question type and the validity of information revealed during an interview (e.g.,Brown et al., 2017; Lamb, 1996; Lamb et al., 2007). We can therefore anticipate that interviews with a recommended questioning pattern more often lead to information that a prosecuting officer considers reveals a criminal offence. Interviews that use a non-recommended questioning pattern may therefore be insufficiently represented in our study, so giving an unbalanced result. Nevertheless, this study analyses the use of different question types in interviews with PWID and PWA in a national sample of transcribed interviews, and the use of best-practice recommendations in these interviews. The results, despite the possible bias of the sample, provides an understanding that interviewers primarily rely on non-recommended question types, a variable that indicates the qualitative aspects of an interview and therefore clearly documents the need for improvement.

The pattern of non-recommended question types revealed in paper 2 is based on the analysis of transcripts of *N*=96, 14 of these being repeated interviews. Repeated interviews are recommended as a part of the SI model when interviewing PWID and PWA in Norway, and are to be conducted using the same procedures as initial interviews. They are therefore included in the sample. Studies have, however, shown that the questioning patterns used in repeated interviews may differ from those used in initial interviews. This may therefore also have an affect on the questioning patterns used in repeated interviews of PWID and PWA (Brown et al., 2015; Cederborg et al., 2008). These studies indicate that questioning types used in the interview may change from the first interview to the second, particularly the use of non-recommended questions in interviews of persons with moderate ID (Brown et al., 2015; Cederborg et al., 2008). Studies of real-life repeated interviews of typically developing children also indicate a negative change in questioning pattern (Waterhouse et al., 2016). Studies indicating that non-recommended questions may appear more often in repeated interviews, may also indicate that the results of our analysis are negatively skewed. Repeated interviews are, however, few and are according to the SI model to be conducted in the same way as the initial interviews. They are, however, included to provide a picture of how different question types are used in investigative interviews of PWID and PWA in Norway in the designated period.

Another limitation of analysing question strategies using the method described in chapter 5, is that it does not take into consideration question types changing during the course of an interview. The analysis does not uncover question strategy variation. Nor does it reveal the strategy of a directive question being followed by an open-ended question, which is called the paring principle strategy, and which is included in best-practice recommendations (Lamb et al., 2018c; Wolfman et al., 2016). The paring principle is, however, not explicitly stated as a recommended strategy in the SI model. Despite the lack of emphasis on this principle, it would be an interesting subject for analysis in later studies.

An increasing number of studies are based on an improved theoretical and practical knowledge of how to question typically developing children and PWID. These studies often also analyse the interviewee's responses. Response analysis is conducted to address how specific question types influence the accuracy and types of information revealed during the interview (e.g., Brown et al., 2017). The relation between question types and accuracy is essential, and of theoretical and applied relevance. Correlations between question types used and accuracy of the information provided are evidently easier to assess in an experimental study design, where the variables involved can be controlled. This contrasts the real-life interviews analysed in our study. Field studies cannot assess accuracy, as the validity of the information can not be determined. This is an obvious limitation in studies such as ours. Another method used to analyse responses in real-life interviews is to assess whether the interviewee disclosed relevant information on the case investigated and how the information relates to different question types (e.g., Hershkowitz, 2018). The main goal of the study presented in chapter 5 was not, however, to examine such relations, but to assess which question strategies (question types) were used, and to address how interviews of PWID and PWA in Norway were conducted. Studies analysing real-life interviews of PWID and PWA are scarce. A further important reason for conducting this study is the implementation of the newly developed SI model in Norway. We therefore decided to conduct a study that focuses on question types. An important issue for future research must be the assessment of the interviewee's responses and the relation between these and the question types used in the interviews.

It is finally important to mention that the results of this study may be affected by many alleged victims with ID not being disclosed as having a disability. Persons with mild or border line ID often have more advanced communication and language skills. The interview strategies used with this group may be different, which would in turn affect the results. Studies have documented that PWD are overrepresented in the criminal justice system (Søndenaa et al., 2019; Søndenaa et al., 2008). A discussion of the discrepancies between reported and investigated cases involving victims with disabilities and how the police can detect disabilities at an early stage of an investigation is, however, beyond the scope of this thesis.

In summary, the limitations discussed here must be taken into consideration when interpreting the results. The results show a large variation across interviews. The majority of questions used were also yes/no and directive questions. This provides the general understanding that interviewers need to improve the questions used in interviews of PWID and PWA, to bring them into line with best-practice recommendations.

A case study using document analysis and qualitative interviews

The third study paper is *Between the criminal justice and health care system. Responsibilities in securing health care services for people with intellectual disabilities after an investigative interview.* This is a case study of documents and interviews, and is presented in chapter 7. Case studies are used to provide a more in-depth understanding of one or a few cases, and may be beneficial when the aim is to provide detailed descriptions of a phenomenon or explore a topic not previously investigated (Bordens & Abbot, 2018; Bowling, 2014). A case study corroborates the aim of the study, given the empirical data we had access to, the aim being to illuminate how the provision of health services to PWID were ensured after an investigative interview. The methods used in the analytic process were the text analysis of documents and a qualitative thematic analysis of interviews. The documents have, as previously mentioned, some strengths and limitations. Specific considerations are therefore necessary when conducting a thematic analysis. A qualitative thematic analysis is an appropriate approach to use to generate knowledge grounded in human experiences, and is useful in the examination of the perspectives of different research participants (Creswell, 2014; Nowell et al., 2017). This analysis is also recommended due to its flexibility and its theoretical freedom. This might, however, be a disadvantage in the process of developing analytic themes (Nowell et al., 2017). The aim of our interviews with health personnel was to explore similarities and challenges across different themes. A flexible approach was therefore well suited to the exploration of the research problem.

The aim of this third article was to shed light on a phenomenon not previously studied in Norway, namely collaboration across the criminal justice sector (CJS) and the health care services, and the meeting alleged victims' health care needs. A designated task of Barnahus employees is, in Norway, to assess, provide or ensure that alleged victims interviewed at Barnahus receive the health care services required to allow them to cope with their experiences. This can be considered, based on Barnahus' obligations, to be a part of the services provided in the judicial process in cases that involve the physical or sexual abuse of PWD. This obligation is different from that of a police investigation. As described in the chapter 7 paper, our knowledge of health care services or treatment provided to this group of patients in Norway is limited. A strength of this study is that it explores a field not previously studied. We received consent to analyse documents in real-life cases. Collaboration between the health care sector and Barnahus was also further explored by interviewing health care professionals with such experience. We raise a question that are important to consider given the stated responsibility of Barnahus consultants, this being to ensure the health care needs of alleged victims with disabilities are sufficiently met.

Methodological obstacles related to recruiting and identifying potential participants, and the stringent regulations that apply to access to sensitive information in the health care services, were particularly challenging in this study. We were not granted permission to contact potential participants based on information from the study presented in chapter 5. We furthermore did not, based on ethical considerations, consider it appropriate to apply for an exemption. These considerations centre on we as researchers not being in possession of information on the judicial process or other issues that arise after the investigative interview. Examples include a case still being under investigation or the alleged victim having severe health problems. Being contacted by a researcher who is not familiar with the criminal case or with the alleged victim, could therefore be too intrusive. Given these considerations, we decided to carry out the recruitment of participants in cooperation with the 11 Barnahus in Norway. This dependency on Barnahus consultants and their limited opportunities to identify cases and collect informed consent meant that, despite our efforts to recruit more participants, the sample was small. Studies such as ours in this field, that involve vulnerable victims and physical and sexual abuse, are hampered by obstacles in the recruitment process (e.g., Beckene et al., 2017). Despite the limitations associated with identifying potential participants and obtaining informed consent, we believe it was of great importance to analyse and describe the data we had collected, as there is a lack of studies in this field. This study therefore uses an explorative approach that aims to describe a phenomenon, and may therefore be subject to the same methodological issues seen in case and pilot studies.

A case study, by providing a more in-depth understanding of one or a few cases, is well-suited to illuminating a topic (Bordens & Abbot, 2018). A pilot study is designed to reveal obstacles and unintended barriers in a research study, through using a small sample and later using this knowledge in the design of a larger scale study (Kim, 2010). Pilot studies and studies that explore a new research topic, do not necessarily have sufficient information on how to gain access to relevant information or on the richness of the data collected (Bowling, 2014).

The initial information in our study (the content in the Barnahus' journals) was not as we anticipated. This therefore forced us to adjust the research question. We initially focused on how the Barnahus provided health services and who they collaborated with. The content and sparse information of the Barnahus' journals led us, however, to adjust the research question to include how the collaboration between the health and criminal justice sector operated.

Eight of the Barnahus who initially were positive to collaborating with us at the recruitment stage were, due to reasons such as limited time to contact participants and obtain informed consent, not able to contribute to the study. This restricted our access to potential participants. Our approval from the Norwegian Centre for Research Data to conduct the study, did not allow us (as researchers) to contact potential participants. Considering that tThere are very few investigative interviews of PWD in Norway totally, approximately, 130 persons with PWD are interviewed a year distributed across the 11 Barnahus (Politidirektoratet, 2016, 2018). and that it is challenging to conduct research with this vulnerable group (Beckene et al., 2017). Our conclusion therefore was that it was feasible to continue the study with the ten participants.

Another consequence of few participants and limited information in journals was the lack of details on collaboration with the health care sector. The permission to conduct the study that we were granted, restricted our access to information on third parties. This limited the information that could be made available to us on the health care professionals who have collaborated with Barnahus consultants. The recruitment of health care professionals with experience of collaboration with Barnahus therefore had to be based on the names of the departments in the municipalities and the specialised health care services identified in the journals, which we did have access to. Health care services are organised differently across municipalities and across specialised health care services in Norway (see chapter 7 for a description). We therefore restricted recruitment to the services identified in the Barnahus journals. We, as a consequence of adjusting the research problem to a focus on how collaboration between the two sectors operated, decided to interview health personnel in services or municipalities who had experience of collaborating with Barnahus consultants. We did not however, anticipate that some of the services that we asked to participate were not permitted to accept the request due to an organisational decision. The organisations did not participate because experience had shown that such requests took too much time and effort, and that they had decided to say no to all requests for participation in research studies such as ours. We, as previously mentioned, therefore had to adjust the research problem due to limitations such as lack of information in the journals and recruitment process challenges. It is not unusual in a research process, particularly qualitative studies, to adjust research questions during the process (Creswell, 2014). We, however see that some of the obstacles such as the content of the Barnahus' journals , our dependency on the capacity of Barnahus' consultants to recruit participants and the challenge of contacting relevant health personnel for interviews, could have been uncovered by a pilot study. We consider that the topic addressed is, despite the limitations of this study, highly relevant, that the paper contributes to the field and that the results shed light on the need for further research and professional development with respect to this target group.

Ethical considerations

Conducting research with vulnerable groups such as PWD demands high ethical standards. Each study included in the thesis required different considerations and approvals, to ensure the studies met the ethical standards researchers are obliged to comply with. The studies in this thesis required access to registries and to confidential information. Approval and exemptions from the duty of confidentiality were granted by the Council for Confidentiality and Research, the State Attorney, the Police Directorate, and the Norwegian Data Protection Service. In the third study, presented in chapter 7, we received an approval from the Norwegian Data Protection Service, but were not exempted from the duty of confidentiality. In this section I will briefly address the ethical considerations when using registry data and documents in research.

Registry data and documents constitute the majority of the empirical data that was analysed in this thesis. There are, however, ethical considerations that should be considered when using data collected for another purpose than research. Examples include the importance of limiting the amount of information extracted from the registry. We had a number of discussions with the head of the registry, part of NCIS, on identifying variables in the criminal data registry that could enable us to address our research question. The discussions were very useful, and helped us to choose the correct variables for addressing our research question. This prevented us from collecting redundant information. Other considerations come in play when using restricted documents such as transcripts of investigative interviews and Barnahus' journals. It is, firstly, important to follow guidelines and routines when storing and handling the data. How this data is analysed and presented should also be carefully considered. We have used predefined categories in our studies to extract information from the documents. This categorisation of data into quantifiable entities addresses our research questions and limits the sensitive information used in our analysis and presentation of data. A major concern in our studies was to secure anonymity by closely consider how we displayed indirectly identifiable personal data. Despite the use of registry data and a national sample of documents in the analysis of criminal cases of physical and sexual abuse cases against PWD, the amount of cases was relatively small. We carefully considered the combination of information such as type of crime, gender, age, and diagnosis to ensure that the form it was presented in would not allow persons to be indirectly identified. For example, we did not include geographical affiliation, which in a country as small as Norway could have made it possible to identify persons involved in the research. The third study of the thesis (chapter 7) raised additional ethical concerns. A common challenge in research involving persons with cognitive impairments relates to informed consent. The aspects we considered and that are discussed in other studies that involve PWID, relate to the complexity of the information in consent forms and choices in the balance between ensuring informed consent and the amount of data collected (Iacono & Murray, 2003; Northway et al., 2013). For example, we decided not to ask permission to discuss sensitive information on the collaboration between Barnahus and health personnel. This was based on our goal of reducing the complexity of the consent form, and that we know that complex and abstract information is challenging for PWID, even where they are assisted by a guardian or trusted adult (Iacono & Murray, 2003). As researchers, we considered that our responsibility to ensure that consent was informed had to be given first priority, even at the expense of permission to discuss sensitive information. The data from the interviews with health personnel therefore provide information on general experience, instead of specific experience in designated cases. More in-depth information on specific cases could have revealed other challenges such as in the nature of the investigated crime, the witness specific health care needs and solutions discussed between the sectors to provide required services.

Chapter 9. General discussion

The key findings of the research are discussed in this chapter. I will also address some issues which may be important in future research of people with disabilities (PWD) and the development of knowledge that may have implications for practices that aim to improve the rule of law for this vulnerable group, based on these findings. The topics that will be discussed are 1) The preponderance of sexual abuse of young females with intellectual disabilities and prevention programs, 2) How to acquire and maintain interviewer behaviour, 3) Are diagnosis and IQ scores useful when measuring people's abilities?, 4) Changed understandings of persons with intellectual disability, 5) What can hinder people with intellectual disabilities from participating in research and 6) Absence of knowledge about the services provided to adults with intellectual disabilities at Barnahus

Sexual abuse of young females with intellectual disabilities and prevention programs

A key finding of the research is the preponderance of sexual abuse of young women with intellectual disabilities. This finding is documented in chapter 3 and chapter 7, young women with mild intellectual disabilities being the most frequent alleged victims of sexual abuse subject to investigation. As many as 59% of the cases investigated in the period from October 2015 to December 2017 were cases involving young female victims of a sexual offense. There may be a number of explanations for the differences in the distribution of offenses across diagnoses and gender. These differences may, as discussed in chapter 8, be due to biases in the sample that relate to people with mild ID having more advanced language skills, being better able to report and to tell about their experience and perhaps less reliant on others to report offenses to the police. Gender differences is a well-known phenomenon in sexual offense crimes, and is also found in studies of sexual abuse in the general population (e.g., Krug et al., 2002; Tjaden & Thoennes, 2000). An important question related to this finding is how society can prevent these cases from occurring.

Criminal cases that involve the sexual abuse of females with intellectual disabilities have, based on the studies in this thesis, a high occurrence. This finding provides important information that furthermore relates to the government of Norway's goal to combat physical and sexual abuse. More detailed information on particularly vulnerable groups such as females with intellectual disabilities, is required and must be used if the overarching goal of preventing such cases from occurring is to be achieved. The Norwegian government initiated, in 2019, a new national action plan which contained specific prevention goals, to combat domestic violence including sexual abuse. This action plan built on the work of previous action plans (e.g., Justis- og beredskapsdepartementet 2013). Vulnerable groups are mentioned in these plans. The heightened risk of abuse and the specific needs of PWD are, however, rarely referred to. How this issue should be addressed, especially for PWID and in particular for females with ID is, however, more complex. There are few studies that evaluate prevention programs that are designed to meet PWD needs. Programs must therefore rely on the existing knowledge developed for the general population (Mikton et al., 2014). Strategies to prevent sexual abuse may have different goals. Some programs are aimed at changing attitudes and behaviours through campaigns that target school classes or the general population. Others are focussed on the needs of specific groups of people being met, such as young females (Ellsberg et al., 2015; Mikton et al., 2014). The gender pattern reported in this thesis, in which females with ID are the most common victim in the cases investigated, is similar to findings reported in the general population (Krug et al., 2002) . It is, however, important to clearly state that men with disabilities and/or ID are also subject to abuse and that cases involving men might be underrepresented. Prevention programs targeting men are therefore equally important. Irrespective of the gender patterns, prevention programs with multiple strategies at multiple locations are recommended when addressing this issue. These strategies, perhaps with some small changes, must be used when developing prevention programs for PWD. One important first step to reach PWD, and particularly young females with intellectual disabilities, is to include them in all prevention programs. This includes programs that educate service providers, family members and other ‘gatekeepers’ (Stevens, 2012). Programs should also be tailored to PWD needs by targeting the special needs that relate to their cognitive abilities, teach them about sexual health and the skills necessary to be able to protect themselves from abuse. A reported success program factor is that programs are multi-sectoral and involve a number of stakeholders (Ellsberg et al., 2015).

Barnahus, which is an inter-professional organisation and part of the CJS, is formally responsible for securing and cooperating with health care and social services. This existing inter-professional form of organisation means that this must be an arena in which prevention programs can be successfully initiated and developed, for the general population but also for specific target groups.

How to acquire and maintain interviewer behaviour

The findings reported in this thesis show that the Norwegian police need to improve their questioning strategies when interviewing alleged victims with ID and autism using the SI model, to bring their interviewing in line with international best-practice recommendations (Lamb et al., 2018a). The question types posed in the chapter 5 study, show that there is a large variation in police interviewer behaviour. There may be a number of explanations for this, some being discussed in the paper. I will, however, here limit the discussion to addressing issues related to how we acquire and maintain new behaviour in interviewers' use of question types.

The results from the above study corroborate the findings of other studies in this field. These show that there is a gap between that recommended by research, and actual practice (Baugerud et al., 2020; Cederborg & Lamb, 2008; Johnson et al., 2015). A number of scholars have suggested that the use of recommended question strategies can be enhanced by using evidence-based protocols, and by providing extensive training and supervision (Benia et al., 2015; Bull, 2010; Cederborg et al., 2013; Dion & Cyr, 2008; La Rooy, 2015). Such strategies have proven to be effective to some degree. Research assessing interviewer behaviour has demonstrated an increase in the use of recommended strategies when a protocol is introduced, and where training and supervision are provided (Lamb, Sternberg, et al., 2002b; Lamb, Sternberg, Orbach, Hershkowitz, et al., 2002; Powell et al., 2010).

One challenge, however, remains. How can recommended interviewer skills be maintained over time? Recommended interviewer behaviour, in terms of the question types used, retreated over time when supervision was withdrawn (Lamb et al., 2018d; Lamb, Sternberg, et al., 2002b). Lamb, Sternberg, et al. ask in a study published in 2002: Is ongoing feedback necessary to maintain the quality of investigative interviews with allegedly abused children? The answer may depend on how we acquire new skills and the processes developed to maintain them.

A useful framework that can explain the process of learning and maintaining recommended interviewer behaviour may be found in the Expert Performance Approach. This is a framework that has been developed to measure and analyse superior performance (Ericsson, 2008; Ericsson & Charness, 1994). There are, within this framework, three levels of mental processes in the learning and maintenance of expert skills, that have been shown to effect the ability to self-regulate acquired behaviours (Ericsson, 2004, 2008, 2015; Ericsson & Charness, 1994). The first is identifying the target performance, and the objective performance measure. The second is that it is crucial to create a mental representation of executing the target performance, to practice the target performance, and to analyse the discrepancies between the mental representation and the actual performance of the target behaviour. Finally, it is necessary to create a mental representation of how you monitor performance, to allow performance to be self-regulated. These steps will allow you to set new goals, analyse the discrepancies between the mental and actual performance, practice the target behaviour and through this maintain and improve target behaviours. Supervised and guided training is a part of the Expert Performance Approach, but will not be discussed here. (for a more detailed description see Ericsson, 2015).

The focus on mental representation might be the missing link in studies that document the effect of learning and maintaining best practice interviewer behaviours, in terms of question types used. This can explain the lack of best-practice interviewer behaviour maintenance over time (e.g., Cederborg et al., 2013; Lamb, Sternberg, et al., 2002b). As seen in studies that assess such behaviour, a professional may have reached an acceptable level of interviewer skills in terms of the Expert Performance Approach. Greater experience does not however, alone, lead to or maintain improvement (Ericsson, 2008, 2015; Ericsson et al., 2007). Superior performance and high quality interviewer behaviour requires, according to this framework, a mental process for the execution, monitoring, planning and analysis of performance (Ericsson, 2008). Another important aspect when learning and maintaining behaviour and particularly expert skills, is sufficient opportunity to practice the target behaviour, to allow an expert level of performance to be developed (Ericsson, 2015). A further complication is that a skilled interviewer will also need specific knowledge on the areas known to be challenging for PWD. These include cognitive functioning, language, and social skills. We also know that PWD is an extremely heterogenic group (Carr et al., 2007). It can therefore be extremely challenging for police-investigators in all police districts in Norway to obtain and developed the expert skills required to interview PWD. A possible solution to secure sufficient opportunities for the Norwegian police to practice has been successfully used in the training of medical experts. This solution uses simulation and video recorded real-life events to monitor, assess, and practice target behaviours (Ericsson, 2004). All interviews of PWD in Norway are video recorded. This can therefore provide a unique opportunity to apply the framework of the Expert Performance Approach, to achieve the goal of maintaining high level interviewer skills over time. The gap between best-practice recommendations and real-life performance in terms of questioning types used in interviews (as displayed in chapter 5), may be approached using the Expert Performance Approach framework in interviewer behaviour training.

Using intermediaries to facilitate interviewer behaviour

The Witness Intermediary Scheme of Registered Intermediaries is another way of improving the quality of investigative interviews and securing PWDs' need for support (Wurtzel & Marchant, 2017). The scheme was successfully piloted in 2004 and rolled out nationally in England and Wales in 2008. Intermediaries are trained and accredited by the Ministry of Justice and often hold degrees in, for example, speech and language therapy, psychology, social work or teaching (Wurtzel & Marchant, 2017). They assess vulnerable witnesses' needs for support and communication aids, and facilitate two way communication between the witness and other participants in the CJS (Plotnikoff & Woolfson, 2015). The goal is to ensure that communication is as complete, accurate and coherent as possible during the investigative interview or court hearing. Similar schemes have been developed and piloted in other jurisdictions such as Canada, Australia and Northern Ireland (Cooper & Wurtzel, 2014; Henderson, 2015; Hepner et al., 2015). Evaluation reports and studies describe the positive effect of this scheme on obtaining the best evidence from vulnerable witnesses (Cooper, 2014; Henderson, 2015). One study aimed to document the effect of using intermediaries during an interview, the study reporting significant benefits for typically developing children and little effect for children with autism (Henry et al., 2017). PWID were, however, not included in the study. To date there have been no studies that report the effects of using an intermediary when questioning PWID. The overall positive experiences addressed in this, and the need for the Norwegian police to search for tools that can improve their practice, makes this scheme of interest to the CJS in Norway.

Are diagnosis and IQ scores useful in measuring people's abilities?

Research that is conducted to improve investigative interviews with PWID, is mainly based on comparisons of typically developing children with children with intellectual disabilities (ID) using IQ scores, chronological age and mental age equivalence (e.g., Brown et al., 2018; Brown et al., 2017; Brown et al., 2012). In chapter 5 we compared groups of people with mild ID, moderate ID, and autism. We did not, however, include any comparison groups of typically developing individuals. We found few differences in the question types used across the groups. There was, however, a large variation within the groups, there also being arguments that can explain why we did not find larger differences across groups. One explanation may be that we compared groups based on diagnostic label, which is closely related to IQ scores (World Health Organization, 2019). Comparing groups using parameters such as IQ scores or diagnosis can be explained by societal issues such as changes in how we understand ID. This will be discussed in the next section. Methodology is, however, also evident. Group studies that aim to document the relationship between variables require (methodologically) a comparison group to control for coincidences (Bordens & Abbot, 2018). This is important in the development of validated knowledge of variables that affect the information disclosed in an investigative interview. This is also the most common methodological approach. A number of studies that use experimental designs such as this, to establish a research-based consensus on how to question children and PWID in investigative interviews, are based on the statistical measures of average and standard deviation (Lamb et al., 2018c). Using averages results in less attention on the variability within a group and individual variation. As reported in our study, we found a large variation within groups when analysing questioning strategies across different interviewers. In some interviews the interviewer relied on open-ended questions, and refrained from using suggestive questions. In other interviews, the interviewer mainly used leading and option-posing questions. A certain degree of variation is, of course, excepted. This can, however, be partly explained by diagnostic labels and IQ scores not being fine-tuned enough to be used as an explanatory variable in such studies. The research of applied topics such as interviewer behaviour towards PWID, repeatedly discusses heterogeneity within a group as a major bias in the interpretation of results (e.g., Agnew & Powell, 2004; Hershkowitz, 2018). PWID are considered to show an even larger variation in language, communication and social skills than is expected in the general population (Carr & O'Reilly, 2016). Group studies that use improper variables, such as diagnostic labels and IQ scores to explain the relationship between phenomena, may have a limited impact and at worst conceal relevant information that is required to improve practice. The research into investigative interviewing of PWID therefore needs to embrace societal changes in how we label and understand intellectual disabilities today, to bring about a change in this. Other parameters such as language and comprehension skills are variables that can be used to assess and explain qualitative aspects in interviews. For example, Bearman et al. (2019) demonstrated that expressive language skills and intellectual functioning were positively associated with the ability to report event-related details. More studies that assess specific skills such as these, can inform and improve practice better than research that solely focuses on IQ and diagnostic features in questioning strategy adjustment. A description of, for example, expressive language skills (in addition to IQ scores or a diagnostic label) will provide a more precise understanding of what the interviewer needs to consider in the communicative interaction during the interview.

Changed understandings of people with intellectual disability

How we label and understand intellectual disability (ID) has changed in recent years (Bertelli et al., 2016; Schalock et al., 2007). In this section I discuss some changes that may have implications for research into the judicial process of criminal cases involving PWID. This relates to changes in labels and diagnostic criterions of ID, how research on the investigative interviews of PWID emerged, and societal changes. I will also address the importance of distinguishing adults with ID from typically developing children, especially in cases involving sexual abuse.

There is no universal definition of disability. This is, as I discussed in chapter 1, challenging. It is also evident in all the studies presented in this thesis, and in research that includes people with disability. Intellectual disability (ID), which is included in the broader term of disability used in this thesis, is also a formal diagnosis recognised by an IQ and adaptive behaviour score of two or more standard deviations below the mean, and based on appropriately normed, individually administered tests (World Health Organization, 2019). Intellectual disability has, in contrast to disability, a universal definition. An essential part of the diagnosis has been and still is the measure of cognitive abilities, which in turn are described by general IQ scores and mental age equivalents. IQ scores and how to measure and understand them has been debated from the very beginning of cognition testing (Wasserman, 2018).The consensus today is that IQ scores provide an understanding of a person's cognitive abilities. It is also used as a quantitative measurement variable in research that compares groups of people, such as studies in forensic psychology (Bordens & Abbot, 2018). IQ score and mental age equivalents are the variable of choice in studies that assess qualitative aspects, such as question types in investigative interviews of PWID (e.g., Agnew & Powell, 2004; Brown et al., 2017). Research is mainly based on a comparison of typically developing children with PWID, based on the notion that an IQ score is well-suited to assess a person's cognition and to predict their memory, language, and social skills (e.g., Henry & MacLean, 2002). A question this raises is whether IQ scores reflect today's comprehension of how we assess and understand intellectual disability. It is furthermore relevant to reflect on whether comparing typically developing children with adults with ID, is of practical relevance in this field of research - a field which aims to develop knowledge to improve their ability to report physical and sexual abuse experiences accurately.

How the research on investigative interviews emerged and how society understands and labels ID, may explain the use of IQ scores and chronological and mental age as measures in the research of investigative interviews of PWID. Research into investigative interviews of children, following the disclosure of serious criminal cases, revealed that the horrific stories told by children in investigative interviews about sexual abuse, were later diminished due to suggestive and leading questioning strategies (Gamst, 2005; Lamb et al., 2018c). Greater knowledge on how to question children evolved internationally and in Norway. Similar issues relating to how suggestive and leading questioning strategies affect PWID also became a topic within this field of research (Agnew & Powell, 2004; Hershkowitz et al., 2007). Conclusions from these studies show that the limited cognitive capacity of PWID could lead to the same challenges as when interviewing children, that suggestive and leading questioning strategies should be avoided. These conclusions were based on the assumption that the IQ score and mental age of an adult with ID, were comparable with typically developing children at the same mental level. This to some extent is still a prevailing understanding.

The understanding of ID has strong roots in a biological point of view. This perspective views ID as a personal trait that is different from the average population (Wehmeyer et al., 2008; Zigler, 1982). Based on the understanding that PWID have different personal traits than the general population, average scores in intelligence (IQ scores), became a way of explaining and measuring PWID deficits (Wasserman, 2018; Zigler, 1982). There is, furthermore, a relation between age and domains such as language, communication, and memory (Carr & O'Reilly, 2016). It therefore seems reasonable to explain and understand PWID abilities by comparing them with typically developing children using chronological and mental age. This is still the most common measurement used in research studies that assess PWID abilities in various domains (e.g., Henry et al., 2015).

As previously mentioned, studies have compared PWID with typically developing children using IQ scores and chronological and mental age matched control groups. These have reached similar conclusions on recommended questions strategies for PWID and for typical developing children (Agnew & Powell, 2004; Brown et al., 2017; Hershkowitz, 2018). A major change has, however, taken place in how ID is labelled, defined and diagnosed from the first studies being published, these studies comparing applying questioning strategies to typically developing children and PWID (Bertelli et al., 2016; Carulla et al., 2011; Schalock et al., 2007). The labels have changed from mental retardation to intellectual disability/intellectual developmental disorder, and mirrors societal changes that influence how PWID are viewed and treated within society. PWID have previously been understood in a biological framework. This understanding has mainly been founded on PWID having different or lacking personal traits found in the average of the general population. Today’s understanding builds on a more social-ecological view, in which the interaction between the person and the environment is emphasised, and means that a person’s abilities are influenced by environmental barriers (Schalock et al., 2007). In an investigative interview, a person using a communication aid such as signs, will not be able to communicate effectively if the interviewer does not have the skills in using signs to communicate required. The societal changes in this have had a great impact on governmental policies, which emphasise inclusion, equality, and citizenship (Barne og likestillingsdepartementet, 2016). The diagnostic criteria of ID have, in line with societal development, progressed from mainly focusing on IQ scores, to including assessments of domains such as processing speed and verbal comprehension (Bertelli et al., 2016; Carulla et al., 2011; Schalock et al., 2007). A shift from IQ scores and mental age equivalents to assessments of cognitive domains such as verbal comprehension, emphasise a person’s individual profile and cognitive functioning, and may describe abilities more adequately (Bertelli et al., 2016). These major changes in how we understand ID should also be reflected in how research with PWID is conducted, particularly in an applied field such as investigative interviews of PWID.

Another argument for not comparing typically developing children and adults with ID that is particularly related to sexual abuse, is the knowledge and experience of a child compared with that of an adult, irrespective of IQ score or mental age. A common attitude was or might still be that PWID are asexual and do not have, want, or need any knowledge of this part of life. Today we know that this is not the case, and that life experience in all areas of life including sexuality, affects a person in various ways (Frawley & Wilson, 2016). A broader discussion on sexual development and PWID is beyond the scope of this thesis. We can, however, expect that life experience in this area will influence both how they remember, experience and report sexual abuse.

I therefore argue that comparing adults with ID with typically developing children is not an acceptable nor effective way of explaining PWIDs abilities in investigative interviewing. Using other measurements such as language comprehension and verbal abilities, and refraining from comparing PWIDs with typically developing children, is an essential step in PWID research. This acknowledges equality, and may be more efficient in describing the core skills such as the language and communication skills needed to provide an accurate account, and so improve practice.

What can hinder people with intellectual disabilities participating in research?

I will, in this section, briefly reflect on how the need for more research involving people with disabilities, and particularly intellectual disability, may be hindered by guidelines and strict ethical considerations. I will shed light on how guidelines that have been developed to protect vulnerable groups in research, may affect our knowledge on PWID's needs in a judicial process. PWID are rarely included in CJS and health-care sector research (Feldman et al., 2014). This lack of research may be explained by ethical considerations and by regulations to protect vulnerable groups in research. I must emphasise that it is necessary (Havercamp et al., 2019) to have regulations and strong ethical standards to safeguard vulnerable groups from being exploited in research. History, particularly research conducted with prisoners during the second world war, has proven this necessary (Ruyter, 2015). It is, however, despite this important to discuss issues that may lead to less reliable information. The incentive to address this issue is not based on a demand for less restrictions, but raises questions that may illuminate some of the challenges researchers encounter in studies involving vulnerable people and sensitive topics.

One interesting aspect in this case, is whether data protection regulations and ethical considerations that are developed to protect vulnerable groups, in fact hinder the development of robust knowledge. Making identifying persons with PWD in registries and link registries difficult, and therefore making access to reliable information also difficult, may conceal their true needs. For example, in one of our studies we initially aimed to apply for permission for access to health registries, to analyse cases involving PWID who had received services that relate to sexual abuse or violence. We realised, during the study planning processes, that this would require manually searching the registries, a time consuming and expensive task that was impossible within the framework of our project. This is one aspect that makes research with PWD challenging, and may lead researchers to use less reliable data sources (Havercamp & Krahn, 2019; Vanderminden, 2017). As Krahn (2019) argued, today's societies strive to base the development of policies and interventions on knowledge-based decisions. PWD's have a higher need for support and health care services, and therefore better data for this group is needed to ensure that a plan for prevention strategies and economic costs can be estimated and their human rights are secured. Making sure that registries include information about PWD might be one way of developing better and more robust knowledge on this group of people. For example, we were able to extract data based on disability status from the Norwegian Criminal Data register. However, the police revealed that routines for and descriptions of criteria for registering who has a disability were lacking. It should be possible to improve this in this registry and in other registries such as health registries. This might be important in future studies that aim to understand the physical and sexual abuse of PWD. Another positive initiative that may be important for future knowledge on PWD, is that the government of Norway has implemented an initiative to develop statistics on the living conditions of vulnerable groups, which includes PWD (Karlsen et al., 2019). We are therefore perhaps seeing the beginning of a change that can lead to more reliable knowledge from the better documentation of the needs of PWD, which in turn can improve the services provided to this group of people.

Absence of knowledge about services to adults with intellectual disabilities at Barnahus

Barnahus is responsible for securing health care services for adults with intellectual disabilities after investigative interviews. This was addressed in chapter 7. A key finding was the need for more knowledge and improved procedures to reduce disparities in the health care services provided to this group. There is, however, a lack of knowledge on how health care assessments and services to adults with ID, provided by Barnahus, are conducted and how adults with ID experience the services provided.

Two large national evaluation reports were published in 2012 on Barnahus, initiated and financed by the Justice Department and the Police Directorate (Bakketeig et al., 2012; Stefansen et al., 2012). The aim of the project was to assess the possible implications in the judicial process, and upon the experiences of witnesses and parents, of services provided by Barnahus. Barnahus employees and collaborative partners from health care and social services were also interviewed, to assess their experience with Barnahus during a police investigation. These evaluation reports mention adults with ID as being a target group for the services provided by Barnahus. None have, however, included this group in questions addressed to or as informants in interviews or surveys. This is a primary reason why we do not have better information today on services, including health care services, provided to adults with ID at Barnahus. An argument for not involving this group in the evaluation conducted in 2012, was that few investigative interviews of this group were conducted in the period from 2007 to 2012 (Bakketeig et al., 2012). The reports do, however, recommend that services to adults with ID at Barnahus were evaluated more specifically (Bakketeig et al., 2012). A new evaluation project assessing Barnahus in Norway was initiated and financed in 2019 by the Police Directorate. Even though there was a clear recommendation in 2012 to evaluate the services offered to adults with ID, this group again seems to be absent in the descriptions of the ongoing project (Oslomet - Storbyuniversitet, 2020). Better routines for registration of cases involving adults with ID who are interviewed at Barnahus, show that 131 investigative interviews were conducted with adults with ID in 2016, the number being 149 in 2018 (Politidirektoratet, 2016, 2018). Few investigative interviews should this time not be an argument for not involving this group in the ongoing evaluation. Other grounds related to ethical restrictions and challenges in the recruitment process (e.g. time and expense of obtaining an informed consent) may, as previously discussed, be reasons why they are not included. It is important to find out whether the suggested methodological challenges or other explanations are the reason why they are not included in the evaluation. It is also of importance to search for solutions, so that Barnahus' services to adults with ID are evaluated in line with services to children, given the obligations of Barnahus to this group.

Another obvious and quite challenging aspect for many adults with ID is, of course, the name Barnahus. I know that this has been a subject for discussion at least within the organisation, and is acknowledged as a challenge to adults being interviewed at Barnahus. The name so far does not appear to be a topic for discussion at a higher organisational level. To change the name is probably of no significance to the services, but can have a strong symbolic effect for a justice sector that has been accused of being our societies' last frontier of integration (Lundberg & Simonsen, 2011; Petersilia et al., 2001).

Suggestions for future research

The findings of the research presented and discussed here, add new information to our understanding of parts of the Norwegian judicial process in physical and sexual abuse cases involving PWD. Chapter 3 shows that the majority of cases investigated are moving forward to prosecution, and that very few of the cases brought to court are dismissed. As pointed out earlier, we do not know how many cases involving victims with disabilities are reported to the police. Police officers have found it challenging, in a number of the cases reported to the police, to assess whether a person has cognitive impairments (Olsen et al., 2018). Studies have revealed that lack of competence, guidelines and procedures for detecting PWD by police officers, makes it impossible for them to provide sufficient support early in the process (Henshaw & Thomas, 2012; Olsen et al., 2018). Studies have also revealed that effective and valid tools for detecting disabilities exist, and that these tools are validated in Norway (Søndenaa et al., 2007). The police therefore need to use these tools to help them discover disabilities as early in the judicial process as possible, if they are to be able to offer early support and to develop reliable numbers of reported cases that involve PWD. If disabilities, particularly cognitive impairments, can be discovered early in the process, then the police can call for professional assistance to support them earlier, which may help improve the rule of law for PWD. Future research should aim to develop effective procedures to support the police in their discovery of a person's need for assistance as early as possible.

PWD are a heterogenic group of people. They therefore need individually tailored support in several areas of life. This is also true for PWD when encountering the CJS. Chapter 5 reveals a large variance in adherence to best-practice recommendations when questioning PWID and PWA. These findings, along with the corroborating research of investigative PWD interviews, argues for more research and more in-depth analysis into question types, how questions affect responses, and factors such as specific language skills. As was also highlighted by the developers of the Norwegian SI model, more research is needed to allow the strengths and weaknesses of the model to be assessed (Langballe & Davik, 2017). Future research may, as discussed, use the framework of the Expert Performance Approach in the continuation of SI model assessment, when designing teaching programs for the learning and maintenance of high-quality interview skills. How to implement and use aids such as intermediaries is also of great importance, given the heterogeneity of PWD. Finally, it is crucial to include PWD or develop new research that assesses their needs in a judicial process, to improve the services PWD receive at Barnahus in Norway.

Concluding Remarks

The purpose of this thesis was to address and provide a better understanding of selected parts of the Norwegian judicial processes in cases involving the physical and sexual abuse of PWD. We, to achieve this, used registry data to describe the judicial process, and used transcribed investigative interviews to analyse qualitative aspects of interviews. Finally, we used case records and structured interviews to illuminate the need for health services after an investigative interview. Using registry data from CJS and real-life cases allows this thesis to provide an important contribution to this research field. Statistics on the physical and sexual abuse of PWD are often based on data from cross-sectional and survey data. Our analysis of real-life investigative interviews of PWD bridges a gap between knowledge primarily developed in experimental studies, and the mirroring of this knowledge in practice. This thesis reveals the need for more research into how to question adults with disabilities. It also reveals that the health care needs of PWD at the interface between CJS and the health care sector need to be addressed, to ensure their health service needs due to abusive experiences are met.

PWD vulnerability in terms of cognitive impairments and communication deficits, adds complexity to an investigation process. Conducting this process therefore requires specialised knowledge. Such specialised knowledge depends on research. So does the development of knowledge-based recommendations. The vulnerability of PWD, however, requires strong ethical consideration before including PWD in research. Procedures to secure sensitive information and gain approved consent are described as being time-consuming and expensive. Studies therefore often suffer from methodological issues related to sampling procedures and sample size, so making drawing general conclusions on behalf of the population challenging. An overarching goal for future research is to endeavour to overcome the methodological challenges, and to through this identify and include PWD in research.

Appendix 1. Interview guide (chapter 7)

Interview guide

Collaboration:

How do you collaborate with the Barnahus in cases involving people with intellectual disabilities who have been at the Barnahus for an investigative interview?

Treatment:

How are treatment needs assessed?

Who do you cooperate with to assess the need for treatment?

Who offers treatment if it is needed?

What type of treatment is offered?

Challenges:

Do you have guideline for how such cases are handled within your services?

What are challenging in your meeting with people with intellectual disabilities who have experienced violence or sexual abuse?

Appendix 2. Information and consent form for persons with intellectual disabilities (chapter 7)

Information and consent form for persons participating in the study concerning services after an investigative interview

Name of the study: Mapping services to children and adults with intellectual disabilities after an investigative interview at Barnahus

Researchers name:
Tone Åker, PhD student at Oslo and Akershus University College, email: tone.aker@hioa.no
Dr Børge Strømgren, at Oslo and Akershus University College, email: borge.stromgren@hioa.no

Funding:
Extrastiftelsen in cooperation with Save the Children.

About the study:
The study is about the services
you receive after the investigative
interview at Barnahus.

We want to know if you
have received help and
from whom

We do not need information
about what you talked about

To learn more about whom you
received help from
we will read the information the police
and Barnahus consultant has written
from meetings with you.

We will remove your name and
date of birth from all the papers
we read about you.

You do not need to meet us
but you can call or send us an email
if you have questions

The information we receive will
be stored in a secure location

The study ends in January 2020
If you say yes to participate
and change your mind you can withdraw
your consent at any time.
If so, we will destroy all information about you.

Who is assisting me in reading and answering the questions?

……………………………………………………………………………………

The name of the person assisting you.

Do not answer this and the following questions if you are reading and answering the sheet without an assistant

The person assisting me is:

Please tick:

___ a social worker or professional employed at the group home

___ a guardian

___ a parent

___ other

Please tick the statements that applies:

I consent to participate in this study	Yes	☐	No	☐
I understand the information I have heard and read	Yes	☐	No	☐
I know I can withdraw my consent at any time, and I do not need to explain reasons for withdrawing it	Yes	☐	No	☐
I am signing the consent form with assistant from a person I know and trust	Yes	☐	No	☐

My signature: ____

Signature from the person assisting me:

____

Sted: _________________________ _____ Dato:____/_____

STØTTET AV EXTRASTIFTELSEN

Informasjon og spørsmål for personer som vil delta i en studie om oppfølging etter avhør hos Statens barnehus

Tittel på studien: Kartlegging av tjenestetilbudet til barn og voksne med utviklingshemming etter avhør hos Statens barnehus

Forskernes navn:

Tone Åker, doktorgradsstudent ved Høgskolen i Oslo og Akershus, epost: tone.aker@hioa.no

Børge Strømgren, førsteamanuensis ved Høgskolen i Oslo og Akershus, epost: borge.stromgren@hioa.no

De som betaler for studien
er Extrastiftelsen i samarbeid med Redd barna.

Hva handler studien om:

Denne studien handler om
den hjelpen du har fått etter du var på
avhør hos Statens barnehus.

Vi vil vite om du har fått hjelp, og
hvem du har fått hjelp fra.

Vi vil ikke vite hva dere har snakket om.

For å lære mer om hvem du
har fått hjelp fra vil vi lese informasjon om deg
som Statens barnehus og politiet
har skrevet ned når du har vært på møter hos dem.

Vi vil ta bort navn og fødselsdato fra
alle papirene vi har fått om deg.

Du trenger ikke møte oss, men du kan ringe
eller sende oss en epost om du har spørsmål.

Den informasjonen vi får om deg fra
Statens barnehus og politiet blir oppbevart i et låst skap.
Det er planlagt at vi skal være ferdig
i januar 2020.

Hvis du har sagt ja kan du ombestemme
deg når som helst og si ifra til oss at du ikke lenger
vil være med.
Da sletter vi all informasjon vi har om deg.
Hvem hjelper deg med å svare på spørsmålene under?

………………………………………………………………………………………

Navnet på den som hjelper deg.
Ikke svar på dette og neste spørsmål dersom du gjør det alene.

Den som hjelper deg er:
Sett et kryss for *riktig svar:*
____ en fra personalet der jeg bor
____ min hjelpeverge
____ en av mine foreldre
____ andre

Sett et kryss for riktig svar:

Jeg vil være med som deltaker i denne studien	ja	☐	nei	☐
Jeg har forstått informasjonen jeg har hørt og lest	ja	☐	nei	☐

Jeg vet at jeg kan trekke meg fra studien når jeg vil og at jeg ikke behøver å fortelle hvorfor	ja	☐	nei	☐
Jeg skriver under sammen med en som jeg stoler på, som jeg har snakket om studien med	ja	☐	nei	☐

Min underskrift: ___________________________________

Underskriften til den som har hjulpet meg å svare på dette arket:

____

Sted: ______________________ ____ Dato:___/____

STØTTET AV EXTRASTIFTELSEN

Appendix 3. Information sheet and consent form (chapter 7)

Inquiry to participate in research projects

Mapping services to children and adults with intellectual disabilities after an investigative interview at Barnahus

About the study

Oslo and Akershus University College has received funding from Extrastiftelsen in collaboration with Save the Children to study violence and sexual abuse against people with intellectual disabilities.

The study will be included in a PhD thesis. The purpose of the study is to map and describe services to people with intellectual disabilities after an investigative interview at Barnahus. We want to increase our knowledge concerning welfare- and health services for people with intellectual disabilities who have experienced violence or sexual abuse.

Invitations to participate include people with intellectual disabilities interviewed at Barnahus in Kristiansand, Tromsø and Hamar.

What is involved participating in this study?

If you consent to participate, the researchers are given permission to read the journal written by Barnahus consultant and reports written by the police concerning meetings regarding the investigative interview. Reports written by the police are stored at the police department. A copy of the reports will be sent to the researchers, and information concerning services you have received after the interview will be registered. The registered information is related to if you have been offered treatment of other services and whom the Barnahus is collaborating with so secure your need for welfare- or health care services. The study will not require any active participation.

What happens to the information?

All personal data will be treated confidentially. Two researchers will have access to the reports. The records will be kept in a locker only available to the two researchers who will encode the information. There will be no name lists or identification numbers so that the information can be traced back to you. The project is scheduled to be completed in January 2020. The data will be anonymized at the end of the project.

Voluntary participation

It is voluntary to participate in the study, and you can withdraw your consent at any time without giving any reason. If you resign, all information about you will be deleted.

If you have any further questions, you are welcome to contact:
PhD student Tone Hee Åker, tone.aker@hioa.no, telefon: 67 23 63 56
Dr Børge Strømgren, borge.stromgren@hioa.no, telefon: 67 23 64 40

The study is approved by the Data Protection Service

Statement of consent

____ I consent that the researchers may collect a copy of written reports from Barnahus

____I consent that the researchers may collect a copy of written reports concerning the investigative interview written by the police.

(Signatur parent/guardian, date)

STØTTET AV EXTRASTIFTELSEN

Forespørsel om deltakelse i forskningsprosjekt

Kartlegging av tjenestetilbudet til personer med utviklingshemming etter avhør ved Statens barnehus

Bakgrunn og formål

Høgskolen i Oslo og Akershus har fått midler fra Extrastiftelsen i samarbeid med Redd barna for å gjennomføre et prosjekt om vold og overgrep mot personer med utviklingshemming. Dette er en del av et doktorgradsarbeid ved Høgskolen i Oslo og Akershus.

Hensikten med denne studien er å kartlegge hvordan personer med utviklingshemming blir fulgt opp i etterkant av et avhør ved Statens barnehus. Vi ønsker med dette å øke kunnskapen om oppfølgings- og behandlingstilbudet for personer med utviklingshemming som har vært utsatt for vold eller overgrep. Alle personer med utviklingshemming som har vært til avhør hos Statens barnehus i Kristiansand/Tromsø/Hamar vil få informasjon om studien med forespørsel om å delta.

Hva innebærer deltakelse i studien?

Deltagelse i studien innebærer at forskningsgruppen vil få innsyn i journalen som finnes på Statens barnehus og politirapporter knyttet til samtaler med avhører før, under og etter avhøret. Disse politirapportene foreligger hos politiet. En utskrift av journalen og politirapportene vil gjøres tilgjengelig for forskerne. Informasjon om hvordan du har blitt fulgt opp etter avhør vil registreres. Dette vil omhandle om du har blitt tilbudt behandling eller fått tilbud om annen form for oppfølging og hvem barnehuset samarbeider med for å sikre at du får videre oppfølging i tjenesteapparatet om du har hatt ønske om, og behov for det. Å delta i studien krever ingen aktiv deltagelse.

Hva skjer med informasjonen om deg?

Alle personopplysninger vil bli behandlet konfidensielt. To forskere vil ha tilgang til journalopplysningene. Journalene vil oppbevares i et låsbart skap kun tilgjengelig for de to forskerne som skal kode informasjonen. Det vil ikke lages navnelister eller koblingsnøkler slik at informasjonen kan spores tilbake til deg. Deltagerne vil ikke kunne gjenkjennes i publikasjoner. Prosjektet skal etter planen avsluttes i januar 2020. Datamaterialet vil bli anonymisert ved prosjektets slutt.

Frivillig deltakelse

Det er frivillig å delta i studien, og du kan når som helst trekke ditt samtykke uten å oppgi noen grunn. Dersom du trekker deg, vil alle opplysninger om deg bli slettet.

Har du spørsmål om studien, ta kontakt med:
Doktorgradsstudent Tone Hee Åker, tone.aker@hioa.no, telefon: 67 23 63 56
Førsteamanuensis Børge Strømgren, borge.stromgren@hioa.no, telefon: 67 23 64 40
Studien er meldt til Personvernombudet for forskning, NSD - Norsk senter for forskningsdata AS.

Samtykke til deltakelse i studien

____ Jeg samtykker til at det kan innhentes utskrift av journal fra barnehuset.

____Jeg samtykker til at det kan innhentes utskrift fra politirapporter knyttet til det tilrettelagte avhøret.

(Signert av foreldre/verge, dato)

STØTTET AV EXTRASTIFTELSEN

Appendix 4. Information sheet mapping services (chapter 7)

Mapping services to children and adults with intellectual disabilities after an investigative interview at Barnahus

We would like to ask you to participate in a research project where the purpose is to shed light on what services children and adults with intellectual disabilities are offered after an investigative interview at a Barnahus. We will provide information about the goals of the project and what is involved if you decide to participate in this study.

What is the purpose of the research?

Today we have little knowledge of services offered to children and adults with intellectual disabilities after an investigative interview at Barnahus. We know that violence and abuse can have serious health consequences and that treatment and follow-up are important in order to reduce the negative health effects such experiences can have.

The purpose of this study is to map services offered aften an investigative interview out follow-up and describe proceedings and collaboration with the municipal services and specialist health services. It will be important to identify which services involved and what routines or guidelines you have in such cases.

The project is part of a PhD thesis examining the situation of people with intellectual disabilities exposed to violence and abuse. The project's overall aim is to describe the magnitude and the case characteristics of reported cases where it is suspected that children and adults with intellectual disabilities have been victims of violence and/or sexual abuse. Furthermore, it is a goal to assess how the police are conducting investigative interviews with people with disabilities.

The project is funded by the Extrafoundelsen in cooperation with Save the Children.

Who is responsible?

Oslo Metroplitan University

Why are we asking for your participation?

In order to identify what services are offered to persons with intellectual disabilities after they have been interviewed at Barnahus, I have received consent to obtain access to ten reports with associated police reports. The reports are related to cases at three different Barnahus. These records show which services the Barnahus has cooperated which forms the basis for me to contact you. Contact details of the service site is found on your website and I will contact 12 different services, both municipal services and specialist health services.

What is involved if you decide to participte?

If you accept to participate, I would like to contact a service provider who has experience or knowledge with cooperation with Barnahus concerning violence or abuse cases where persons with intellectual disabilities are suspected victims.

I would like to contact you by phone to ask some questions about how you provide services to people with intellectual disabilities who have been interviewed at Barnahus. The call will take approximately 30 – 40 minutes, and the questions can be sent by e-mail in advance.

No personal data will be registered, and the service site will only be registered as:

1) Municipal services; substance abuse, mental health, child welfare, adapted services for the developmentally disabled
2) Specialist health service, Habilitation service, mental health care.

All information recorded will be related to the service site's guidelines and routines. No information will be recorded about the person responding on behalf of the service site.

Volountary participation

It is voluntary to participate in the study. If you choose to participate, I ask for information about who I can contact to conduct an interview.

All information will be anonymous.

Privacy and confidentiality

We will only use the information for the purposes we have disclosed in this information letter. The data is treated confidentially. PhD candidate Tone Hee Åker and Dr Børge Strømgren at OsloMet-storbyuniversitet will have access to the information.

The participants will not be recognized in publications.

What happens to the information that you provide?

The project is scheduled to end on 31.12.2019
The study is approved by The Norwegian Data Protection Service

Where can I find further information?

If you have any further questions you or need more information you are welcome to contact:

OsloMet - Storbyuniversitet ved Tone Hee Åker, epost*: taker@oslomet.no, tlf:67236356].*
NSD – Norsk senter for forskningsdata AS, (personverntjenester@nsd.no) or phone: 55 58 21 17.

Yours sincerly

Tone Hee Åker
Phd- Studente
Oslo Metropolitan University

En kartlegging av tjenestetilbudet til barn og voksne med utviklingshemming etter avhør hos Statens Barnehus

Dette er et spørsmål om å delta i et forskningsprosjekt hvor formålet er å belyse hvilken oppfølging barn og voksne med utviklingshemming tilbys etter avhør hos Statens barnehus. I dette skrivet gir vi informasjon om målene for prosjektet og hva deltakelse vil innebære for ditt tjenestested.

Formål

Vi har i dag liten kunnskap om hvem og hvordan barn og voksne med utviklingshemming blir fulgt opp etter et tilrettelagt avhør ved Statens barnehus. Vi vet at vold og overgrep kan ha alvorlige helsemessige konsekvenser og at behandling og oppfølging er viktig for å kunne redusere de negative helsemessige konsekvensene slike erfaringer kan gi.
Formålet med denne studien er å kartlegge oppfølging etter avhør hos barnehuset og beskrive saksgang og koordinering opp mot de kommunale tjenestene og spesialisthelsetjenesten. Det vil være sentralt å kartlegge hvilke tjenester som involveres på de ulike tjenestestedene, og hvilke rutiner eller systemer dere har i den videre oppfølgingen når saken avsluttes fra barnehusets side.

Prosjektet inngår som en del av et doktorgradsarbeid som skal undersøke situasjonen for mennesker med utviklingshemming utsatt for vold og overgrep. Prosjektets overordnede problemstilling er knyttet til å kartlegge omfanget og karakteristika ved anmeldte saker hvor det mistenkes at barn og voksne med utviklingshemming har vært utsatt for vold og/eller seksuelle overgrep. Videre er det et mål å vurdere avhørsmetodisk kvalitet etter en internasjonalt anerkjent analysemetode for kvalitetsvurdering av avhør av barn og unge.
Prosjektet i sin helhet er finansiert av Extrastiftelsen i samarbeid med Redd barna.

Hvem er ansvarlig for forskningsprosjektet?

OsloMet – Storbyuniversitet er ansvarlig for prosjektet*.*

Hvorfor får dere spørsmål om å delta?

For å kartlegge hvilke tjenester som tilbys personer med utviklingshemming etter de har vært på avhør hos Statens barnehus har jeg mottatt samtykke til å få innsyn i ti journaler med tilhørende politirapporter. Journalene er knyttet til saker ved tre ulike barnehus i landet. I disse journalene fremkommer det hvilke tjenestesteder barnehuset har samarbeidet med og dette danner grunnlag for at jeg kontakter dere.
Kontaktopplysningene til tjenestestedet har jeg funnet på deres hjemmesider og jeg vil kontakte 12 ulike tjenestesteder, både kommunale tjenester og spesialisthelsetjenester.

Hva innebærer å delta?

Hvis ditt tjenestested takker ja til å delta ønsker jeg kontakt med en tjenesteyter som har erfaring med eller kunnskap om samarbeid med Statens barnehus i forbindelse med volds- eller overgrepssaker der personer med utviklingshemming er antatte ofre.

Jeg ønsker deretter å ta kontakt per telefon for å stille noen spørsmål knyttet til hvordan dere følger opp personer med utviklingshemming som har vært til avhør hos Statens barnehus.
Samtalen vil ta ca. 30 – 40 minutter, og spørsmålene kan sendes på mail i forkant av samtalen.
Det vil ikke bli registrert personopplysninger og tjenestestedet vil kun bli registrert som:
1) Kommunale tjenester; rus, psykisk helse, barnevern, tilrettelagte tjenester for utviklingshemmede
2) Spesialisthelsetjenesten, Habiliteringstjenesten, psykisk helsevern.

All informasjon som blir registrert vil være knyttet til tjenestestedets oppfølging og rutiner. Det vil ikke registreres opplysninger om den som svarer på vegne av tjenestestedet.

Det er frivillig å delta

Det er frivillig å delta i prosjektet. Hvis ditt tjenestested velger å delta, ber jeg om informasjon om hvem jeg kan ta kontakt med for å gjennomføre et intervju.
Alle opplysninger vil være anonyme.

Hvordan vi oppbevarer og bruker opplysningene

Vi vil bare bruke opplysningene til formålene vi har fortalt om i dette skrivet. Vi behandler opplysningene konfidensielt. Prosjektleder, doktorgradsstipendiat Tone Hee Åker og førsteamanuensis Børge Strømgren ved OsloMet-storbyuniversitet vil ha tilgang til opplysningene.

Tjenestestedet vil ikke kunne gjenkjennes i en publikasjon.

Hva skjer med opplysningene dine når vi avslutter forskningsprosjektet?

Prosjektet skal etter planen avsluttes *31.12.2019*
På oppdrag fra *Oslomet- Storbyuniversitet* har NSD – Norsk senter for forskningsdata AS vurdert at behandlingen av personopplysninger i dette prosjektet er i samsvar med personvernregelverket.

Hvor kan jeg finne ut mer?

Hvis du har spørsmål til studien, eller ønsker å benytte deg av dine rettigheter, ta kontakt med:

- *OsloMet - Storbyuniversitet* ved *Tone Hee Åker, epost: taker@oslomet.no, tlf:67236356].*
- NSD – Norsk senter for forskningsdata AS, på epost (personverntjenester@nsd.no) eller telefon: 55 58 21 17.

Med vennlig hilsen

Tone Hee Åker
Phd- kandidat
OsloMet - Storbyuniversitet

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