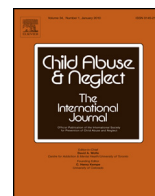




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## Child Abuse & Neglect



### Research article

# Impact of interviewers' supportive comments and children's reluctance to cooperate during sexual abuse disclosure<sup>☆</sup>

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### ABSTRACT

In the field of child sexual abuse (CSA) disclosure, many studies have been conducted on the impact of interviewers' questioning style, but few have examined the impact of interviewers' supportive comments on children's cooperative and reluctant disclosure of substantive details. This field study used a sample of children ranging from 4 to 13 years of age who have all disclosed CSA. The first objective was to examine if the interviewer's and the child's comments during CSA interviews would vary as a function of the use of the National Institute of Child Health and Human Development (NICHD) Protocol. The second objective was to identify the strongest correlates of the proportion of details disclosed by the children during forensic interviews. A total of 90 matched NICHD Protocol and non-Protocol interviews done by the same interviewers were audio-taped, transcribed, and coded using verbal subscales. The goal was to explore if differences exist between the interviewers' supportive and non-supportive comments as well as children's cooperative and reluctant statements during investigative interviews conducted prior to or after the NICHD Protocol training. Results of a MANCOVA showed that the use of the NICHD Protocol had no influence on interviewers' and children's demeanors. A hierarchical multiple regression analysis controlling for relevant variables (e.g., child's age and NICHD Protocol) showed that children's reluctance and interviewers' non-support were associated with a lesser proportion of details. Overall, these results indicate that in order to promote detailed disclosure of CSA, interviewers should decrease their non-supportive comments and learn to deal more effectively with children's reluctance during forensic interviews. As such, protocols and training should encourage investigative interviewers to devote more time identifying early signs of children's verbal reluctance and to understand the negative impact of non-supportive comments on the disclosure of substantive details.

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### Introduction

Investigators have few tools to solve cases of child sexual abuse (CSA) outside of the testimony proffered from underage victims. Indeed, individuals who commit CSA often minimize or deny their crimes and witnesses or medical evidence are rarely available (Cyr, Dion, & Powell, 2014, chap. 3; Faller, 1996; London, Bruck, Ceci, & Shuman, 2007; Poole & Lindsay,

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1998). Hence, the more details that the child provides about the perpetrator and the sexual abuse (SA), the easier it will be to convict the alleged perpetrator and prevent a recurrence of abuse (Pipe, Orbach, Lamb, Abbott, & Stewart, 2013).

In the last three decades, a considerable amount of research has been conducted on the impact of interviewing techniques and the accuracy of the details disclosed by presumed victims of CSA (Davies, Westcott, & Horan, 2000; Hershkowitz, 2001; Lamb & Fauchier, 2001; Sternberg, Lamb, Esplin, Orbach, & Hershkowitz, 2002; Sternberg et al., 1996). Details obtained from free-recall memory are considered more accurate and reliable, regardless of the child's age (Lamb, Hershkowitz, Orbach, & Esplin, 2008). Since it was difficult for interviewers to change their old habits, researchers in the forensic field decided to develop a standardized and structured protocol (Lamb et al., 1996; Orbach et al., 2000). With the objective of enhancing the length and the accuracy of children's testimony, the National Institute of Child Health and Human Development (NICHD) Protocol offers guidelines to interviewers for employing "best practices" by using open-ended questions and invitations as much as possible when interviewing alleged victims (Orbach et al., 2000).

The pre-substantive phase of the forensic interview allows children to practice responding to open-ended questions by describing a recent pleasant event, which in turn prepares them to disclose more detailed information in response to open-ended prompts during the substantive (getting the allegation) phase of the interview (Lamb et al., 2008; Sternberg et al., 2002). We could expect that interviewers would be more reassuring and attentive to the child during the substantive part of the interview because the NICHD Protocol includes a pre-substantive phase in which one of the objectives is to establish rapport with the child.

As previously mentioned, the use of appropriate techniques (e.g., type of questions) is crucial for forensic investigators. However, the impact of interviewers' demeanors may also play a significant role in CSA disclosure. Among interviewers' demeanors, *social support* appears to be an important dimension. More specifically social support expressed by the interviewer was conceptualized as a form of *social interaction or communication that fosters a feeling of well-being in the interviewee* (Burleson, Albrecht, Goldsmith, & Sarason, 1994). Non-verbal signs of an interviewers' social support (e.g., smiling, eye contact) were first explored in relation to children's suggestibility in laboratory settings. Results from these studies showed that interviewers' support had a positive effect on the amount and the accuracy of the information provided by the children (see Carter, Bottoms, & Levine, 1996; Goodman, Bottoms, Schwartz-Kenney, & Rudy, 1991). Indeed, Davis and Bottoms (2002) demonstrated that support (e.g., smiling, sitting in proximity, and using a kind voice) given during mock interviews helped children resist misleading suggestions about past events, thereby increasing the quality of children's testimony.

Most of these analog studies measured non-verbal expressions of support (e.g., open body posture, smiling) and non-support (e.g., closed body posture, fidgeting) during mock interviews. However, in the context of a real forensic interview, it is not always possible to film interviewers' behavior as it is the children who are the focus of the interview. Moreover, younger children often move in and out of the camera range. Hence, more information on verbal expression of support vs. non-support (e.g., encouragement, intimidation) as well as children's cooperation during real forensic interviews seems necessary to better understand the impact of such demeanors on CSA disclosure.

In a real-life setting, Hershkowitz, Orbach, Lamb, Sternberg, and Horowitz (2006) looked at the influence of interviewers' supportive and non-supportive comments on children who disclosed and those who did not disclose their SA. Supportive comments were intended to encourage children to be informative. They were classified using four exhaustive and mutually exclusive categories: (a) *non-suggestive positive reinforcement*, (b) *addressing the child in a personal way*, (c) *references to the child's emotions*, and (d) *facilitators*. In contrast, unsupportive comments were intended to exert pressure on children to respond by challenging the information they provided or criticizing their behavior. These comments were similarly categorized using four exhaustive and mutually exclusive categories: (a) *confrontations*; (b) *reference to positive outcomes*; (c) *warnings about negative outcomes*; and (d) *negative references to the child's behavior*. In both groups (disclosers and non-disclosers), higher levels of interviewer support were associated with more informative, and fewer uninformative responses, in the pre-substantive and substantive phases of the interview. As expected, disclosers provided more details than non-disclosers. Although non-disclosing children might have benefitted from getting more support, they obtained less support than the group of children who disclosed. The non-disclosers were also less informative and increasingly more resentful in their responses. More recently, using the same categories of support, Teoh and Lamb (2013) analyzed 75 CSA interviews of children aged between 5 and 15 years old. They observed that interviewers were more supportive with older (vs. younger) children and that these children were also more informative in their responses. Moreover, in a study with children aged from 4 to 9 years old, Hershkowitz (2009) showed that interviewers' support was not associated with the level of information provided in children's responses in general. Nevertheless, interviewers' support was effective for less talkative children and it also predicted the richness of the responses following open-ended questions for older children only. They concluded that older (vs. younger) children may need more support as they understand the ramifications and the shame of the SA.

The results from these field studies are consistent with those from analog studies, indicating the positive impact of support on the quantity and the quality of the details provided by children during forensic interviews. Supportive interviewers tend to give children the reassurance and the time needed to best respond to the questions. Indeed, more supportive comments in rapport-building were found in interviews with children who disclosed SA when compared to those who denied it. Hence, supportive interviewers may encourage children to disclose SA in formal investigations (Elliott & Briere, 1994; Lawson & Chaffin, 1992).

In contrast, Imhoff and Baker-Ward (1999) did not find any benefit when supportive behaviors were used compared to neutral interviewing styles. They argued that most benefits of support are detected when compared to non-supportive behaviors (intimidating, confrontational and dominant). Numerous studies on children's suggestibility and on the accuracy of their testimonies showed that pre-schoolers make significantly more errors when interviewers are non-supportive (Almerigogna, Ost, Bull, & Akehurst, 2007; Davis & Bottoms, 2002; Quas, Wallin, Papini, Lench, & Scullin, 2005; Walker, 2013).

Although many experimental studies have been conducted on the impact of interviewers' behaviors on children's suggestibility, less is known about the impact of the interviewers' support on the proportion of details revealed by children during real CSA interviews. Unlike experimental studies, which tend to split and compare supportive vs. non-supportive interviewers, in real-life interviewers may oscillate during the interview, adopting supportive and non-supportive comments throughout the interview. The same is true for children's reluctance and cooperation.

Although the NICHD Protocol has been shown to be beneficial, it is still difficult to coax a victim to discuss a SA incident. Oftentimes children are shy, feel intimidated, or simply do not want to disclose details during forensic interviews (London et al., 2007). As such, children need motivation and trust in order to reveal personal and often embarrassing details of a SA incident to a stranger. Even though children's reluctance to disclose certain details regarding a traumatic event may be normal, and especially common in situations of SA, very little research has been done to study children's reluctance to talk during CSA interviews.

For the purpose of this research, children's *cooperation* is defined as a child's decision to respond readily without protest to the questions asked or demands made of him/her by an interviewer. It requires that the child not only understands the question, but also willingly agrees to respond to it. Children's *reluctance* is here operationalized as a behavior or a verbal attitude exhibited by the child who demonstrates a direct or an indirect refusal to respond to a question asked by the interviewer or a degree of unwillingness to participate in the interview process. This definition was initially based on the work done on client resistance in the field of psychotherapy and is consistent with classical characterizations of how resistance manifests itself in therapy (e.g., Freud, 1946; Strean, 1990). The definition was modified to correspond to how a child's reluctance manifests itself in the context of forensic interviews. Some children may express a reluctant demeanor overtly and explicitly towards the interviewer (e.g., "I do not want to talk to you") or indirectly, by digressing when questioned (e.g., switching the topic of conversation).

Hershkowitz et al. (2006) were the first to conduct a field study to explore the dynamics of forensic interviews with very reluctant children. They compared 50 disclosing and 50 non-disclosing interviews of suspected victims of CSA. The children's responses were categorized as *informative* (providing information as requested) or *uninformative*, which includes responses characterized by *omissions* (unclear, inaudible, or unfinished responses, requests for clarification or failure to respond informatively or at all), *digressions* (responses unrelated to the eliciting prompt), *displacements* (unexpected and irrelevant allegations), *resistance* (verbal expressions or actions indicating unwillingness to provide information) and/or *denial* (claims that something previously mentioned never happened). Disclosers provided more informative and fewer uninformative responses as well as fewer denials than non-disclosers. They found that premature questions regarding the abuse itself correlated positively with more reluctant behavior from the child and less disclosure in general.

More recently, Katz et al. (2012) study compared 40 children (disclosers and non-disclosers) presumed victims of CSA on nonverbal reluctant behaviors. Their findings suggest that non-disclosers are significantly more physically disengaged (e.g., getting up and gazing away from the interviewer more often) than disclosers during the interview. Furthermore, Katz et al. concluded that early detection of non-verbal reluctant behavior may encourage interviewers to be more supportive and spend more time establishing a rapport before delving into the substantive phase of the interview. As it is not always possible to obtain consent and measure children's nonverbal behaviors (e.g., constantly moving in and out of camera range), one of the objectives of this article was to create a verbal scale to detect the various types of reluctance displayed by children during CSA disclosure.

### Objectives and Hypotheses

This field study aims to explore, in a sample of children who disclosed SA, the verbal demeanors of both the interviewer and the child. The first objective is to discover if the amount of the children's reluctant and cooperative demeanors and the interviewers' supportive and non-supportive comments vary according to NICHD Protocol and non-Protocol interviews. Interviews conducted using the NICHD Protocol are expected to have more support from interviewers and more cooperation from children than interviews conducted without the Protocol.

The second objective of this study is to determine whether children's and/or interviewers' demeanors during forensic interviews predict a greater amount of provided substantive details. As previous research indicates that children's age and the use of the NICHD Protocol are significantly associated with the number of details disclosed by victims of CSA, these variables will be included in the analysis to control for their potential effects. When controlling for these variables, children's cooperation and, inversely, their reluctance to cooperate, are expected to be good indicators of the number of details disclosed by the children. Furthermore, it is expected that interviewers' supportive comments and, inversely, their non-supportive comments, will correlate with the number of details revealed by children.

## Method

### Participants

Approved by the Ethics Board of the University of Montreal, a total of 45 forensic interviews conducted by police officers using the NICHD Protocol were matched with 45 interviews conducted by the same police officers before they were trained to use the Protocol. The 90 interviews were drawn from a pool of 163 interviews of CSA disclosure found by police officers to be “substantiated” after thorough investigation. In support of the child’s allegations, police officers were either in possession of the perpetrator’s confession, medical evidence, the disclosure of another witness and/or another type of corroborating evidence. From the 163 interviews, only 120 interviews were deemed to match on children’s age, sex, child–perpetrator relationships, and the type and frequency of the abuse, which amounted to a total of 60 paired interviews (adhering or not to the NICHD Protocol). From that sample, 15 interviews were excluded because they were second interviews, the child was mentally challenged, or the child was diagnosed with a mental health disorder. To minimize the impact of timing, experience, and maturation, interviews were selected from the same interviewers’ pre–post Protocol conducted in the two years prior to the NICHD training.

The sample included 67 girls and 23 boys ranging from 4 to 13 years of age, with a mean age of 8.28 ( $SD=2.57$ ; median = 8.00). Allegations consisted of exhibitionism in 3%, sexual touching over the clothing in 7%, sexual touching underneath the clothing in 37%, and oral or genital penetration in 53% of the allegations. The majority (74%) of the children reported multiple incidents of CSA. Most suspects (94%) were known to the child. In fact, 54% of alleged perpetrators were members of their immediate family, 11% were members of their extended family, 29% were acquaintances, while the remaining 6% represented strangers. Both police officers and the parents of the participants signed a consent form, and measures were taken to conceal the identity of the victims by utilizing audiotape instead of videotape and by omitting descriptive information from the typed transcripts.

The 90 interviews were conducted by 19 different police-investigators (11 males and 8 females). Their mean age was 40 ( $SD=3.47$  years) with, on average, 17 years of service ( $SD=2.31$  years) and two and a half years of experience ( $SD=1.76$  years) in SA investigations. They were trained to use the NICHD Protocol between 2003 and 2006. The police officers received a one-week intensive training, including daily presentations, discussions and role-playing to practice the proper use of the NICHD Protocol. During the session, current knowledge of memory, suggestibility, and children’s developing cognitive and communicative capacities were reviewed. The Protocol was presented in detail, with the research literature used to explain its structure and goals. Video-taped and transcribed interviews were used to illustrate both desirable and risky practices, and practice periods allowed trainees to use the Protocol when interviewing role-playing actors who followed predetermined victim scripts. These role-plays were filmed for review and analyzed with the trainee and with the entire group.

### The NICHD Structured Interview Protocol

The NICHD Protocol is a flexible yet structured guide which covers three phases of the forensic interview: the pre-substantive, the substantive and the closing phase (Lamb et al., 2008; Orbach et al., 2000). The pre-substantive phase of the interview serves as the introduction and rapport building stage. It is meant to define both the role of the interviewer and the child, as well as to set ground rules for the entire interview (e.g., telling the truth, saying I don’t understand, and correcting the interviewer when needed). With some practice on recounting a recent pleasant event the child will eventually understand he/she has to respond to open-ended questions by trying to recollect as much valid and detailed information as possible. This will later apply to the substantive phase of the interview when the interviewer wants to obtain as many reliable details regarding the alleged SA. To avoid pressuring or misleading the child, the substantive phase of the interview is initiated and explored with open-ended prompts (getting the allegation). Other more direct prompts are used only at the end of the interview when the child has failed to respond to the invitations made by the interviewer and forensically relevant information is still needed. After exploring to whom the child first disclosed the abuse, the closing phase allows the child to ask questions and typically ends with a discussion on a neutral topic to ensure the child leaves the interview on a more positive note or neutral subject.

### Coding Procedure

As it is known that the Protocol interviews tend to have a longer pre-substantive phase than non-Protocol interviews (see Lamb et al., 2008), and because we are mostly interested in the significant details on the SA obtained from the substantive phase, codification and analyses were conducted on the substantive phase of the interview.

The victim’s details were coded by two graduate students using the *Quality of Interview Content Analysis of Forensic Interviews Codebook* (Lamb et al., 1996; Orbach et al., 2000; translated into French by Cyr, Dion, Perreault, & Richard, 2001). Details were defined as words or phrases describing people, objects, places or events (including actions). Those details were counted only when they were new and helpful in understanding what the victim was trying to convey. The intra-class coefficient of agreement based on the total score for each interview reached 0.98. For the analyses, a ‘total proportion of details’ was calculated by dividing the number of details by the total number of interviewer utterances. This was done in order to take into account the possible effects of having forensic interviews of varying lengths.

The dimensions for a child's reluctance and cooperation were defined based on studies conducted in the forensic realm (Hershkowitz et al., 2006) and on the *Client Resistance Code*, developed by Chamberlain, Patterson, Reid, Kavanagh, and Forgatch (1984), see Appendix for more details. Each time the child responded during the interview, his/her answer was coded as being either reluctant or cooperative. Thus, when the child responded without a fuss to the question asked or demand made by the interviewer, he/she had a higher cooperative score. When the child was reluctant, five different types of reluctance could have been assigned to the child's response:

- (a) **Refusing to cooperate** directly or indirectly;
- (b) **Refusing to elaborate** by using unclear or unfinished responses;
- (c) **Digressing** from the question;
- (d) **Being confrontational** by justifying his/her refusal to talk or by being impolite; and
- (e) **Other** by showing anxiety, shyness, confusion or minimizing the incident.

The sum of the five different types of reluctance comprised the total amount of reluctance expressed by the child for the entire interview. The higher the score, the more reluctant the child was to disclose personal information regarding the SA.

The coding of interviewer's supportive and non-supportive comments was inspired by Hershkowitz et al. (2006) *Supportive Classification* and by the *Therapist Behavior Code* (Forgatch & Chamberlain, 1982, see Appendix for more details). The *Interviewer Supportive Comments* is comprised of four items:

- (a) **Encouragements** by using compliments and positive reinforcement;
- (b) **Respecting the child** by following his/her pace, not interrupting and using his/her name;
- (c) **Reassuring the child** by normalizing and generalizing the situation; and
- (d) **Other** by self-disclosing and small talk.

The *Interviewers Non-Supportive Comment* is comprised of four items:

- (a) **Bargaining** by using positive or negative consequences;
- (b) **Controlling** the interview by intimidating, speculating and/or interrupting the child;
- (c) **Doubting** the child's answers and being hesitant, confrontational or persistent; and
- (d) **Other** by being impatient or minimizing what the child is saying.

Throughout the interviews for each of the 90 children, the frequency of the above-listed items was counted and coded for sequentially. The addition of these different types of supportive and non-supportive items represented the total amount of supportive and non-supportive demeanors expressed by the interviewer. Coders were trained on an independent set of transcripts until they agreed at least 90% of the time regarding the interviewers' and children's scales. About 33% of the interviews were coded by both coders to ensure satisfactory inter-rater reliability. The inter-rater reliability regarding the coding of interviewer's supportive and non-supportive scales was in substantial agreement ( $\kappa = .70$ ) and the child's reluctant and cooperative scales was in moderate agreement ( $\kappa = .58$ ).

### Data Transformation and Preliminary Analyses

Most variables measuring reluctance, cooperation, support and non-support were not normally distributed and were therefore transformed using logarithmic computations. The preliminary assumptions testing were conducted for each analysis to verify normality, linearity, univariate and multivariate outliers, and multicollinearity, with no serious violations noted.

## Results

### Comparison Between NICHD Protocol and Non-Protocol Interviews

To test for the impact of the NICHD Protocol interviews on four dependent variables, a one-way between-groups multivariate analysis of covariance (MANCOVA) was performed on the following dependent variables: interviewer's supportive and non-supportive demeanors, as well as children's reluctance and cooperation. The children's age was used as a covariate in this analysis. There were no statistically significant differences between Protocol and non-Protocol interviews (see Table 1) on the combined dependent variables ( $F(4, 84) = 1.27, p = .297$ ; Wilks' Lambda = .94; partial eta squared = .06). As such, the use of the NICHD Protocol had no influence on interviewers' supportive or non-supportive demeanors and on children's reluctance or cooperation.

**Table 1**  
 Children's and interviewers' demeanors as a function of protocol and non-Protocol interviews.

	Non-Protocol		Protocol	
	M	SD	M	SD
Child's cooperation	211.49	96.69	207.78	112.57
Child's resistance	1.31	1.63	2.34	2.88
Interviewer's support	4.75	3.08	6.11	4.86
Interviewer's non-support	1.72	1.29	1.92	2.18

**Table 2**  
 Correlations between children's and interviewers' variables during substantive phase.

Variables	1	2	3	4	5	6	7
1. Child's age	–	.45***	–.30**	.49***	.01	–.19*	–.17*
2. Child's cooperation		–	–.01	.08	–.02	.33**	.36***
3. Child's resistance			–	–.53***	.18	.69***	.31**
4. Child's proportion of details				–	.24*	–.46***	–.46***
5. Interviewer's use of the NICHD Protocol					–	.13	–.07
6. Interviewer's support						–	.46***
7. Interviewer's non-support							–

Two-tailed.

\*  $p < .05$ .

\*\*  $p < .01$ .

\*\*\*  $p < .001$ .

### Factors Affecting Children's Disclosure of Details

Pearson's correlation coefficients showed significantly small ( $r = -.17$ ) to large ( $r = .69$ ) correlations between children's age, reluctant or cooperative comments, proportion of details disclosed about the SA, proportion of open-ended questions as well as the interviewers' use of the NICHD Protocol and their demeanors with no case of multicollinearity (see Table 2). It is important to note that supportive and non-supportive dimensions reflect different comments of the interviewer who are not opposite to one another. This explains the positive correlation observed between supportive and non-supportive comments of the interviewer (same is true for the cooperation and reluctance of the child). As such interviewers used at times supportive and non-supportive comments with children during cooperative and resistant statements.

A hierarchical multiple regression was conducted to forecast which variables best explain the proportion of details disclosed regarding the SA by children during the forensic interview after controlling for children's age and the use of the NICHD Protocol. Both children's age ( $\beta = .48, p = .001$ ) and the use of the NICHD Protocol ( $\beta = .24, p = .010$ ) entered at Step 1 were significant and explained 28% of the variance in children's disclosure  $F(2, 87) = 18.12, p = .001$ . Four new variables were introduced at Step 2, namely children's reluctance and cooperation and interviewers' supportive and non-supportive comments, which explained a total variance of 54%,  $F(6, 83) = 18.36, p = .001$ . In the final model, children's reluctance ( $\beta = -.34, p = .002$ ) had a higher beta value than children's age ( $\beta = .27, p = .005$ ), interviewers' non-support ( $\beta = -.27, p = .003$ ), and the use of the NICHD Protocol ( $\beta = .30, p = .001$ ). These variables contributed significantly to an additional 26% of the variance in children's disclosure,  $F$  change  $(4, 83) = 13.34, p = .001$ . In addition, interaction terms were tested and none were significant.

One standard multiple regression with the same co-variables were conducted to identify which subscales of the (a) children's reluctance and (b) interviewers' non-support scales were significant contributors to these results. In the regression, children's refusal to elaborate on the subject ( $\beta = -.35, p = .001$ ) and interviewers doubting the child's answers ( $\beta = -.26, p = .004$ ) explained 29.5% of the variance in the proportion of details disclosed, above and beyond the effect of age and the use of the NICHD Protocol  $F(9, 78) = 6.21, p = .001$ .

## Discussion

### Comparison Between NICHD Protocol and Non-Protocol Interviews

The first objective of the study was to explore if the use of the NICHD Protocol (vs. non-Protocol) interviews would increase children's cooperation (vs. reluctance) and interviewers' supportive (vs. non-supportive) comments. When using the NICHD Protocol, we expected interviewers to be more supportive and attuned to the children's behaviors because of its inclusion of a pre-substantive phase devoted to building rapport with the child in which they make the child feel respected and the expert on his own memories (e.g., "correct me if I am wrong"). It was also expected that by allowing the child to gain security and confidence with the interviewer, he/she would be more cooperative during the substantive phase of the interview. However, our results show no difference in children's behaviors (cooperative and reluctant) and interviewers' comments (supportive vs. non-supportive) as a function of the NICHD Protocol.

As the same interviewers conducted the Protocol and the non-Protocol interviews, the fact that no differences were found could indicate that interviewers ability to be supportive is more ingrained in the person (e.g., their non-verbal behavior such as tone of voice, body language, personality) and/or that the NICHD Protocol addressed techniques but did not focus on promoting interviewers supportive comments. This latter hypothesis was supported by [Hershkowitz, Lamb, Katz, and Malloy's \(2013\)](#) recent findings in which a revised version of the NICHD Protocol (vs. standard NICHD Protocol) included more verbal supportive comments from interviewers during the rapport-building phase. In this comparative study, researchers observed a significant increase in the number of supportive comments when the revised Protocol was used, hence support can be taught and learned by individuals. Their results supported the fact that, in the standard NICHD Protocol such as the one used in the present research, supportive comments were not that frequent because they were not formally prescribed.

#### *Factors Affecting Children's Disclosure of Details*

The second aim of this study was to determine if the children and interviewers comments contribute significantly (in addition to the child's age and use of the NICHD Protocol) to the quantity of details disclosed by victims of CSA. Results indicate that besides children's young age, and not using the NICHD Protocol children's reluctance expressed during forensic interviews and interviewer's non-supportive comments are related to a smaller proportion of details disclosed during the interview.

These results seem to be in accordance with the quantitative studies and meta-analyses conducted in the field of psychotherapy, which showed that although techniques are useful, they only account for a small portion of the variance (5–15%) in predicting the therapeutic outcome ([Norcross, 2002](#); [Wampold, 2001](#)). Although we cannot fully compare both contexts, as investigators tend to get only one chance to create rapport with the child (vs. therapists who have several sessions) and the goal is pre-set (e.g., to obtain a valid and credible testimony vs. a mutual agreement between the client and the therapist), it is important to note that besides the interviewers' techniques there exist other variables, such as children's reluctance and interviewer's non-supportive comments, that contribute significantly to the quantity of details disclosed by victims of CSA.

#### *The Impact of Children's Comments on the Amount of Details Disclosed*

Based on the correlations, our results seem to indicate that there are two different constructs related to a child's cooperative demeanor: (a) amount of details revealed during the interview (responses relevant for the case); and (b) children's cooperation (responses which demonstrate cooperation with the interviewer, but not necessarily relevant to the case). Indeed, no significant correlation was found between the children's cooperation and the proportion of forensically relevant details obtained during the forensic interview. This, in turn, means that a child's response may be redundant or uninformative, yet cooperative in nature. More research is necessary to determine what type of cooperative behavior predisposes a child to reveal more significant details. For example, a child who was previously heard and supported in his disclosure may enhance his cooperation during the forensic interview. Furthermore, individual characteristics unique to each child may influence his or her cooperation (e.g., language, memory, personality, motivation, and maturity).

Nonetheless, although children's cooperation was not related to the amount of details provided, children's reluctance (independent of their age or being interviewed with the NICHD Protocol) was associated with significantly fewer details being provided. Our results concord with [Orbach, Shiloach, and Lamb \(2007\)](#) who found that even when reluctant children do disclose abuse they have a tendency to give fewer details regarding the abuse. Therefore, researchers and practitioners alike should view children's reluctance to reveal details regarding the SA incident(s) as a normal defense mechanism ([Bischoff & Tracey, 1995](#)). If we view a child's reluctance as an inherent or unconscious thought process intended to avoid thoughts and feelings that cause discomfort ([Arlow, 2000](#)), then it is not surprising for some SA children to express signs of reluctance in front of adult strangers. This study shows that even in cases where a child discloses the SA he/she may express signs or passages of reluctance. Research is therefore needed to better equip practitioners to identify appropriate ways to deal with overt and covert passages of children's reluctance during forensic interviews.

To avoid non-disclosure, researchers have therefore recommended that when detecting early signs of a child's reluctance, interviewers should take more time to establish rapport before entering the substantive phase of the interview (see [Hershkowitz et al., 2013](#); [Katz et al., 2012](#); [Roberts, Lamb, & Sternberg, 2004](#)). The results of this study indicate that, even in cases where children disclose SA, detection of a child's refusal to cooperate, whether overtly or covertly, is necessary for interviewers to help the child reveal as many details as possible. Moreover, the use of the revised NICHD Protocol seems to be helpful in reducing children's reluctance ([Hershkowitz et al., 2013](#)).

#### *The Impact of Interviewers' Support on Children's Disclosure of Details*

Contrary to our expectations, interviewers' supportiveness did not have an impact on the amount of details disclosed by children. This result differs from the one observed by [Teoh and Lamb \(2013\)](#) in which support did positively relate to the children's verbosity as measured by the child's total number of spoken words. However, in their study they included the total number of words and nonverbal responses instead of the total number of forensically relevant details as was done in our study. When measuring interviewers' support in the substantive part of the interview with

children who voluntarily disclosed SA, Hershkowitz et al. (2006) showed that interviewers' support was "nearly" significant in the prediction of children's general disclosure of details. These results converged with ours. However, unlike Hershkowitz et al., we did not find that interviewers' support predicted disclosure of details from older children (7–9 years). This limited effect could be explained by the fact that participants included in Hershkowitz et al.'s study were aged between 4 and 9 years old while our sample included children aged between 4 and 13 years old. Taking the whole interview into consideration (both the pre-substantive phase and the substantive phase, and not only one or the other) may also explain part of the differences observed. For this study, it was a deliberate choice to analyze only the substantive part of the interview because the pre-substantive part differs significantly between interviews using the NICHD Protocol and those that do not. As such, we can conclude that once the child decides to disclose SA, support in itself does not correlate significantly with the total amount of information he/she decides to reveal in the substantive part of the interview.

The present study also reveals that an interviewer's non-supportive comments correlate negatively with the amount of details revealed by a child. It is hard to determine whether an interviewer's non-supportive comments make children reveal fewer details or, inversely, that when children do not provide many details, this causes interviewers to use more non-supportive comments, such as doubting the child's answers (e.g., re-asking similar questions). We hypothesize that as much as detailed disclosures are important to investigators, a lack of details revealed during the interview may potentially cause interviewers to feel more pressure and to adopt more non-supportive comments. In order to determine whether interviewers' non-support is related to children who revealed fewer details or if the opposite is true, future research should use sequential analysis.

Lastly, our results seem to be in accordance with Imhoff and Baker-Ward's (1999) hypothesis which indicates that a non-supportive behavior seems to be more intimidating and harmful rather than a supportive behavior being really beneficial – in this case in predicting the quantity of details revealed by children concerning SA. Although researchers seem to comprehend and, in a way, encourage practitioners to integrate supportive techniques (e.g., facilitators) when adhering to the NICHD Protocol, less is known regarding the detrimental impact of non-support. Several analog studies have shown the negative impact of an interviewer's non-support on a child's suggestibility (e.g., making more errors; Almerigogna et al., 2007; Davis & Bottoms, 2002; Quas et al., 2005; Walker, 2013). To our knowledge, however, this is the first field study conducted on actual interviews of CSA to show such a result. Consequently, more field research seems necessary to detect non-supportive comments as early as possible and learn to diminish them, as these demeanors correlate significantly and negatively with the quantity of details revealed by the child.

Several limitations should be accounted for in future research. Firstly, it will be important to re-test the validity of the child's reluctant and cooperative scales and the interviewer's supportive and non-supportive scales and refine them to increase the inter-rater reliability. In addition, combining both verbal (e.g., using compliments and encouragements) as well as non-verbal items (e.g., eye contact, smiling, and open positioning; Almerigogna, Ost, Akehurst, & Fluck, 2008; Burlison et al., 1994) may depict an even more accurate portrait of children's and interviewer's demeanor. Other types of supportive demeanors (e.g., directly addressing the child's reluctance and talking about it) could be added as they may also be beneficial in preventing or countering a child's reluctance and may subsequently increase the amount of details disclosed. Moreover, we did not differentiate between suggestive and neutral support statements. Thus, future research should measure the difference of such statements on the quality and on the validity of children's responses to ensure that support in itself does not increase a child's suggestibility.

Secondly, to ensure the interviews selected for this study were valid, only substantiated situations with disclosure were selected. In doing so, most children in the sample were not very reluctant as they all ended up disclosing some information regarding the SA. As a result, comparing disclosers to non-disclosers could provide different results. Finally, one of the strengths of the current study was that the same detectives conducted the NICHD Protocol and non-Protocol interviews, thereby not confounding the effects of the interviewer and of the Protocol.

In conclusion, a successful interview seems to require more than just the use of a Protocol (e.g., interview techniques) or the child's mental capacity (e.g., age). Results of this study indicate that interviewers' and children's verbal behaviors both warrant more investigation. Indeed, children may show some reluctance to cooperate even in situations of CSA disclosure and interviewers need to learn how to use the least amount of non-supportive comments to obtain a more detailed SA disclosure. Moreover, this is the first field study that demonstrates the need to further analyze the detrimental impact of non-supportive comments during forensic interviews. However, contrary to our expectations, in real interviews of CSA disclosure like those selected in this study, interviewers' supportive comments did not encourage children to reveal more details. More research on the impact of interviewers' supportiveness is needed, especially considering that a great deal of research has shown the positive impact of interviewers' support on a child's sense of well-being and disclosure in mock interviews, and potentially with very reluctant children who decide not to disclose during forensic interviews. In light of these results, it is essential for future research to analyze both a child's reluctance to disclose information regarding the SA, as well as the impact of interviewers' non-supportive demeanors in such situations. Hopefully, this knowledge will educate interviewers on the importance of detecting a child's reluctance during a forensic interview. This will, in turn, trigger the interviewer to modify their comments in order to elicit a more cooperative disposition from the children being interviewed. It is, indeed, of paramount importance that researchers strive to improve procedures that will encourage reluctant victims of CSA to divulge more comprehensive and detailed information during forensic interviews.



## References

- Almerigogna, J., Ost, J., Akehurst, L., & Fluck, M. (2008). How interviewers' nonverbal behaviors can affect children's perceptions and suggestibility. *Journal of Experimental Child Psychology*, *100*(1), 17–39. <http://dx.doi.org/10.1016/j.jecp.2008.01.006>
- Almerigogna, J., Ost, J., Bull, R., & Akehurst, L. (2007). State of high anxiety: How non-supportive interviewers can increase the suggestibility of child witnesses. *Applied Cognitive Psychology*, *21*(7), 963–974. <http://dx.doi.org/10.1002/acp.1311>
- Arlow, J. A. (2000). *Psychoanalysis*. In R. J. Corsini, & D. Wedding (Eds.), *Current psychotherapies* (6th ed., pp. 16–53). Itasca, IL: Peacock Press.
- Bischoff, M. M., & Tracey, T. J. G. (1995). Client resistance as predicted by therapist behavior: A study of sequential dependence. *Journal of Counseling Psychology*, *42*(4), 487–495. <http://dx.doi.org/10.1037/0022-0167.42.4.487>
- Burleson, B. R., Albrecht, T. L., Goldsmith, D. J., & Sarason, I. G. (1994). Introduction: The communication of social support. In B. R. Burleson, T. L. Albrecht, & I. G. Sarason (Eds.), *Communication of social support* (pp. 11–30). Thousand Oaks, CA: Sage.
- Carter, C. A., Bottoms, B. L., & Levine, M. (1996). Linguistic and socioemotional influences on the accuracy of children's reports. *Law and Human Behavior*, *20*, 335–358. <http://dx.doi.org/10.1007/bf01499027>
- Chamberlain, P., Patterson, G. R., Reid, J. B., Kavanagh, K., & Forgatch, M. S. (1984). Observation of client resistance. *Behavior Therapy*, *15*, 144–155. [http://dx.doi.org/10.1016/S0005-7894\(84\)80016-7](http://dx.doi.org/10.1016/S0005-7894(84)80016-7)
- Cyr, M., Dion, J., & Powell, M. (2014). Interviewing children. In M. St-Yves (Ed.), *Investigative interview: The essentials* (pp. 63–96). Toronto, ON: Carswell.
- Cyr, M., Dion, J., Perreault, R., & Richard, N. (2001). (*Quality of Interview Content Analysis of Investigative Interviews Codebook*) *Analyse du contenu et de la qualité de l'entrevue: Manuel de cotation des entrevues d'investigation*. Montréal: Centre de Recherche Interdisciplinaire sur les Problèmes Conjugaux et les Aggressions Sexuelles.
- Davies, G. M., Westcott, H. L., & Horan, N. (2000). The impact of questioning style on the content of investigative interviews with suspected child sexual abuse victims. *Psychology, Crime & Law*, *6*(2), 81–97. <http://dx.doi.org/10.1080/10683160008410834>
- Davis, S. L., & Bottoms, B. L. (2002). The effects of social support on the accuracy of children's reports: Implications for the forensic interview. In M. L. Eisen, J. A. Quas, & G. S. Goodman (Eds.), *Memory and suggestibility in the forensic interview* (pp. 437–458). Mahwah, NJ: Lawrence Erlbaum Associates.
- Elliott, D. M., & Briere, J. (1994). Forensic sexual abuse evaluations of older children: Disclosures and symptomatology. *Behavioral Sciences & the Law*, *12*(3), 261–277. <http://dx.doi.org/10.1002/bsl.2370120306>
- Faller, K. C. (1996). Interviewing children who may have been abused: A historical perspective and overview of controversies. *Child Maltreatment*, *1*, 83–95. <http://dx.doi.org/10.1177/1077559596001002001>
- Forgatch, M. S., & Chamberlain, P. (1982). *The therapist behavior code*. Oregon Social Learning Center Eugene (unpublished instrument and technical report).
- Freud, A. (1946). *The ego and the mechanisms of defense*. New York: International Universities Press.
- Goodman, G. S., Bottoms, B. L., Schwartz-Kenney, B. M., & Rudy, L. (1991). Children's memory for a stressful event: Improving children's reports. *Journal of Narrative and Life History*, *1*, 69–99.
- Hershkowitz, I. (2001). Children's responses to open-ended utterances in investigative interviews. *Legal and Criminological Psychology*, *6*, 49–63. <http://dx.doi.org/10.1348/135532501168190>
- Hershkowitz, I. (2009). Socioemotional factors in child sexual abuse investigations. *Child Maltreatment*, *14*(2), 172–181. <http://dx.doi.org/10.1177/1077559508326224>
- Hershkowitz, I., Lamb, M. E., Katz, C., & Malloy, L. C. (2013). Does enhanced rapport-building alter the dynamics of investigative interviews with suspected victims of intra-familial abuse? *Journal of Police Criminal Psychology*, *27* <http://dx.doi.org/10.1007/s11896-013-9136-8> (Published on line, October 27, 2013)
- Hershkowitz, I., Orbach, Y., Lamb, M. E., Sternberg, K. J., & Horowitz, D. (2006). Dynamics of forensic interviews with suspected abuse victims who do not disclose abuse. *Child Abuse & Neglect*, *30*, 753–769. <http://dx.doi.org/10.1016/j.chiabu.2005.10.016>
- Imhoff, M. C., & Baker-Ward, L. (1999). Preschooler's suggestibility: Effects of developmentally appropriate language and interviewer supportiveness. *Journal of Applied Developmental Psychology*, *20*, 407–429. [http://dx.doi.org/10.1016/S0193-3973\(99\)00022-2](http://dx.doi.org/10.1016/S0193-3973(99)00022-2)
- Katz, C., Hershkowitz, I., Malloy, L. C., Lamb, M. E., Atabaki, A., & Spindler, S. (2012). Non-verbal behavior of children who disclose or do not disclose child abuse in investigative interviews. *Child Abuse & Neglect*, *36*(1), 12–20. <http://dx.doi.org/10.1016/j.chiabu.2011.08.006>
- Lamb, M. E., & Fauchier, A. (2001). The effects of question type on self-contradictions by children in the course of forensic interviews. *Applied Cognitive Psychology*, *15*, 483–491. <http://dx.doi.org/10.1002/acp.726>
- Lamb, M. E., Hershkowitz, I., Orbach, Y., & Esplin, P. W. (2008). *Tell me what happened: Structured investigative interviews of child victims and witnesses*. Chichester, UK: Wiley.
- Lamb, M. E., Hershkowitz, I., Sternberg, K. J., Esplin, P. W., Hovav, M., Manor, T., & Yudilevitch, L. (1996). Effects of investigative utterance types on Israeli children's responses. *International Journal of Behavioral Development*, *19*, 627–637. <http://dx.doi.org/10.1080/016502596385721>
- Lawson, L., & Chaffin, M. (1992). False negatives in sexual abuse disclosure interviews. *Journal of Interpersonal Violence*, *7*, 532–542. <http://dx.doi.org/10.1177/088626092007004008>
- London, K., Bruck, M., Ceci, S. J., & Shuman, D. W. (2007). Disclosure of child sexual abuse: A review of the contemporary empirical literature. In M.-E. Pipe, M. E. Lamb, Y. Orbach, & A. C. Cederborg (Eds.), *Child sexual abuse: Disclosure, delay and denial* (pp. 11–39). New Jersey: Lawrence Erlbaum Associates.
- Norcross, J. C. (2002). Empirically supported therapy relationships. In J. C. Norcross (Ed.), *Psychotherapy relationships that work* (pp. 3–16). New York, NY: Oxford University Press.
- Orbach, Y., Hershkowitz, I., Lamb, M. E., Sternberg, K. J., Esplin, P. W., & Horowitz, D. (2000). Assessing the value of structured protocols for forensic interviews of alleged child abuse victims. *Child Abuse & Neglect*, *24*, 733–752. [http://dx.doi.org/10.1016/S0145-2134\(00\)00137-X](http://dx.doi.org/10.1016/S0145-2134(00)00137-X)
- Orbach, Y., Shiloach, H., & Lamb, M. E. (2007). Reluctant disclosers of child sexual abuse. In M.-E. Pipe, M. E. Lamb, Y. Orbach, & A.-C. Cederborg (Eds.), *Child sexual abuse: Disclosure, delay, and denial* (pp. 115–134). Mahwah, NJ: Erlbaum.
- Pipe, M.-E., Orbach, Y., Lamb, M. E., Abbott, C. B., & Stewart, H. (2013). Do case outcomes change when investigative interviewing practices change? *Psychology, Public Policy, and Law*, *19*(2), 179–190. <http://dx.doi.org/10.1037/a0030312>
- Poole, D. A., & Lindsay, D. S. (1998). Assessing the accuracy of young children's reports: Lessons from the investigation of child sexual abuse. *Applied and Preventive Psychology*, *7*, 1–26. <http://dx.doi.org/10.1016/S0962-1849%2898%2980019-X>
- Quas, J. A., Wallin, A., Papini, S., Lench, H., & Scullin, M. (2005). Suggestibility, social context, and memory for a novel experience in young children. *Journal of Experimental Child Psychology*, *91*, 315–341. <http://dx.doi.org/10.1016/j.jecp.2005.03.008>
- Roberts, K. P., Lamb, M. E., & Sternberg, K. J. (2004). The effects of rapport-building style on children's reports of a staged event. *Applied Cognitive Psychology*, *18*, 189–202. <http://dx.doi.org/10.1002/acp.957>
- Sternberg, K. J., Lamb, M. E., Esplin, P. W., Orbach, Y., & Hershkowitz, I. (2002). Using a structured interview protocol to improve the quality of investigative interviews. In M. L. Eisen, J. A. Quas, & G. S. Goodman (Eds.), *Memory and suggestibility in the forensic interview* (pp. 409–436). Mahwah, NJ: Lawrence Erlbaum Associates.
- Sternberg, K. J., Lamb, M. E., Hershkowitz, I., Esplin, P. W., Redlich, A., & Sunshine, N. (1996). The relation between investigative utterance types and the informativeness of child witnesses. *Journal of Applied Developmental Psychology*, *17*, 439–451. [http://dx.doi.org/10.1016/S0193-3973\(96\)90036-2](http://dx.doi.org/10.1016/S0193-3973(96)90036-2)
- Stean, H. S. (1990). *Resolving resistances in psychotherapy*. New York: Brunner/Mazel.
- Teoh, Y. S., & Lamb, M. (2013). Interviewer demeanor in forensic interviews of children. *Psychology, Crime & Law*, *19*(2), 145–159. <http://dx.doi.org/10.1080/1068316X.2011.614610>
- Walker, A. G. (2013). *Handbook on questioning children: A linguistic perspective* (2nd ed.). Washington, DC: ABA Center on Children and the Law.
- Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings*. Mahwah, NJ: Erlbaum.

## Appendix A.

The **Children's Scale** was used to sequentially code a child's reluctant (R1–R5) and cooperative or non-reluctant behavior (NR) throughout the interview. It is derived and combines items from:

- I. *Children's Responses* used by [Hershkowitz et al. \(2006\)](#), to explore the dynamics of forensic interviewers with (reluctant/non-reluctant) disclosers and non-disclosers. Three categories of children's uninformative responses were maintained in this study: (a) omissions; (b) digressions; and (c) resistance. Displacements and denials were not coded, as they are not frequently found in cases of CSA disclosure, which was the chosen sample in this study. We maintained informative responses (providing information as requested) and renamed it cooperative; and
- II. *Client Resistance Code* (CRC) developed by [Chamberlain et al. \(1984\)](#) and used to categorize client behaviors as resistant or non-resistant (see [Bischoff & Tracey, 1995](#), for a review of CRC face and content validity). The CRC consists of 11 mutually exclusive and exhaustive categories of resistant behavior and two categories of non-resistant behavior. Five categories of resistant responses were relevant to the forensic context and included in the present study: (a) challenging/confronts; (b) defending others; (c) sidetracking (off topic); (d) not responding to a question >5 s; and (e) avoids answering. The following categories were not included because the context of forensic interviewing did not fit the definition: defending self, blaming, pushing his or her own agenda, disqualifying, disagreeing with therapist, and expressing hopelessness. We combined the two non-resistant categories in the present study: all responses that are neutral and follow the flow, indicating the client's cooperation, or facilitative responses (short utterances indicating attention or agreement).

### A. Children's Reluctance

**R1. Refusing to Cooperate:** (a) *directly/overtly by using verbal expression:* child refuses to do what was asked by saying, "I will not talk to you", or demonstrates a desire to end the interview prematurely, "I want to see my mommy now"; child mumbles and talks softly making it hard to converse or gives no response (>5 s); (b) *indirectly/covertly by using actions* (although we did not watch the video such behavior can be coded when the interviewer says something about it): by constantly moving (e.g., going to the door), not paying attention and refusing to talk (e.g., hiding his/her face), derived from *Resistance* in [Hershkowitz et al. \(2006\)](#) and *Not Responding* in CRC.

**R2. Refusing to Elaborate:** child *repeats* one or two words and then says, "That's it", gives *unclear information*, "It was nearby", or gives *inaudible or unfinished responses* with the intention of not wanting to continue pursuing the subject, "I told you already, can we move on now", derived from *Omissions* in [Hershkowitz et al. \(2006\)](#) and *Avoid Answering* in CRC.

**R3. Digressing:** child deviates from the subject, "Talk more about your room", child answers, "Did you know that my friend got a new puppy and... ", derived from *Digressions* in [Hershkowitz et al. \(2006\)](#) and *Sidetracking* in CRC.

**R4. Confrontational:** child *justifies his refusal to talk*, "I do not want to talk to you because I do not even know you!", or is *impolite*, "I told you already, and I do not like to repeat stuff!", derived from *Challenging* in CRC.

**R5. Other:** child displays *anxiety* such as stuttering or somatic complaints, "I have an upset tummy", "I need to pee now... ", *shy/uncomfortable*, "I know the word but I do not want to say it", *confused* (e.g., changes responses or hesitates) or *minimizes the incident*, "He just touched me, it did not hurt", derived from *Defending others*, in CRC.

### B. Children's Cooperation

**NR. Non-Resistant:** child cooperates without a fuss by responding to the question or the demand being asked of him/her by the interviewer; derived from *Informative Responses* in [Hershkowitz et al. \(2006\)](#) and *Non-resistant responses* in CRC.

The **Interviewer Supportiveness Scale** was used to sequentially code the interviewer's supportive (S1–S4) and non-supportive demeanors (NS1–NS4) throughout the interview. It is derived and combines items from:

- I. *Interviewer Supportiveness* developed by [Hershkowitz et al. \(2006\)](#) and consisted of supportive comments intended to unconditionally encourage children to be informative, typically about neutral topics. Three of the four categories were maintained in our ISS: (a) non-suggestive positive reinforcement; (b) addressing the child in a personal way; (c) references to the child's emotions. The (d) facilitators such as "ok", "aha", were coded but, as they significantly decreased the alpha score from the scale, they were removed.

By contrast, unsupportive comments were intended to exert pressure on children to respond by challenging information they provided or criticizing their behavior. They were also categorized using four exhaustive and mutually exclusive categories and all items were maintained in ISS: (a) confrontations, "...but I heard from the police that ... happened"; (b) reference to positive outcomes, and (c) warnings about negative outcomes were regrouped together; and (d) negative references to the child's behavior.

- II. The *Therapist Behavior Code* (TBC) was developed by [Forgatch and Chamberlain \(1982\)](#) and used to describe in session therapist behavior (see [Bischoff & Tracey, 1995](#) for a review of TBC face and content validity). The TBC consists of eight mutually exclusive and exhaustive categories but only four items were maintained in the ISS: (a) support (paraphrase, reinforce, agree, humour, empathy, self-disclosure, filling in); (b) teach (instruction, commands, suggestions, providing rationale); (c) confront and challenge (disagreement, disbelief, disapproval, sarcasm); and (d) interpret and reframe

(speculate, normalize or speak metaphorically). The following four items were not maintained in ISS as they did not represent interviewer's supportiveness: (a) structure (summarize, modeling or role playing); (b) seeking information (questions or clarification); (c) talk (when the therapist cannot complete his statement); and (d) facilitate (short utterances to encourage the person to continue talking).

#### A. Interviewers' Support

**S1. Encouragements:** interviewers adopt a positive behavior favouring the child's feelings of well being by using *compliments*, "You are a smart boy"; *positive reinforcements*, "You are doing very well. . ."; or manifesting interest in what the child is saying, "Ah, yes. . ., this I did not know", derived from *Support* in TBC and *Non-suggestive Positive Reinforcements* in Hershkowitz et al. (2006).

**S2. Respecting the Child:** interviewers demonstrate that the child is important by personalizing the question and *using his or her name*, "Sam tell me more about. . ." (not coded in case the interviewer is just checking he has the correct name); *respecting his/her rhythm* by following the child's pace without interrupting, "It is ok, you can take your time"; or *being aware of the child's needs* using the child's emotions and paraphrasing when possible, "I see it is hard for you to say the words, would you rather write them down?", derived from *Support* in TBC; combining *Addressing the Child in a Personal Way*, and *References to the Child's Emotions* in Hershkowitz et al. (2006).

**S3. Reassuring the Child:** interviewers tend to *reassure* the child by saying, "All the children I see here talk to me . . ."; *normalise and generalise the situation* to make the child more comfortable to talk, "Do not worry, I've heard all kinds of stuff before. . .", derived from *Teach as well as Interpret and Reframe* in TBC.

**S4. Other:** *self-discloses by using humour*, "My son who is your age does the same thing . . .", laughing at the child's joke or using *small talk*, "I had a watch just like this when I was a kid. . .", derived from *Support* in TBC.

#### B. Interviewers Non-Support

**NS1. Bargaining:** interviewers use *positive consequences* to make the child talk, "If you talk to me, you will feel better"; or *negative consequences*, "We cannot help those who do not talk", comes from *Teach* in TBC and combining *References to Positive Outcomes* and *Warnings about Negative Outcomes* from Hershkowitz et al. (2006).

**NS2. Controlling:** interviewers direct the interview by *intimidating* the child, "Sit down, do not touch this!"; *speculating and interpreting*, "Ah, so he did tell you . . ."; or *interrupting*, "Wait a minute, we are talking about the last incident now", derives from *Interpret and Reframe* in TBC and *Negative References to the Child's Behavior* in Hershkowitz et al. (2006).

**NS3. Doubting:** interviewers ask several questions because he or she is *confused or hesitant*, "Euh-Euh. . .I wanted to know. . ."; *confrontational*, "But I heard from the doctor something else. . ."; *persistent* interrogating at least twice on the same subject and putting pressure on the child to change his or her answer, "When was it?", child says, "At night", interviewer says, "Are you sure it was at night and not during the day?", comes from *Confronts and Challenge* in TBC and *Confrontations* in Hershkowitz et al. (2006).

**NS4. Other:** interviewers *are impatient and easily frustrated* because the child does not understand or respond correctly, "No, that is not what I asked you!"; *minimizing the incident*, "He just touched you over your clothing, is that right?"; or *behaves in a strange way* talking in the third person to a small child, "You know Melanie was not there, can you tell her what happened. . .", child responds, "Who is Melanie?", derived from *Interpret and Reframe* in TBC.