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### When Interviewing Children: A Review and Update

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### **When Interviewing Children: A Review and Update**

Thirty years of empirical research on interviewing of children brings us close to consensus on basic child forensic-interview strategies. Techniques (“tools”) aimed to optimize children’s memory reports have been tested across multiple contexts with considerable success. However, the broad consensus does not necessarily imply there is only one way to interview children. As the scientific base aiding our understanding of child forensic interviewing continues to grow, so does our appreciation that there is more than one way to conduct a successful interview. A “toolbox” of science-based techniques now exists and affords interviewers the structure and flexibility needed for obtaining particularly accurate and complete information from children. By “toolbox of science-based techniques,” we mean an assortment of techniques shown via accepted scientific methods to promote accurate and complete memory reports. In growing numbers, these tools have been packaged into science-based protocols.

In this chapter, we highlight principles based on the best available science, understanding that such principles keep changing as new evidence accumulates and that gaps exist in the knowledge base where guidance is limited. Interviewers will need to stay abreast of new developments. First, we briefly describe the data base from which the tools derive--studies conducted in the laboratory and in the field. Then we discuss evidence-based interview tools and features of the interview about which there is sufficient empirical evidence and consensus to derive “toolboxes.” We discuss, for example, interview structure, setting, children’s reluctance and suggestibility, rapport development, narrative practice, introducing the topic of abuse, language and phrasing of questions, instructions to children, and evidence-based strategies for eliciting details. We highlight the need for interviewers to have a toolbox of techniques at the ready from which they can select the most appropriate tools for a particular child, context, or jurisdiction—techniques that they can justify based on the best available science.

We draw our conclusions from a number of sources. These include studies of child witnesses in the field; analogue studies of children's reporting of staged or fictitious events; guidelines of professional organizations; and well researched protocols, which utilize, to varying degrees, principles derived from the empirical literature (see Faller, 2014, for review). We focus, however, on techniques and flexibility of toolbox use rather than advocate for a specific protocol. There are psychological theories (e.g., Lacoboni, 2009; Mahler, Pine & Bergman, 1975; Piaget, 1954) and research evidence (Gilstrap & Ceci, 2005) to suggest that an interview is a bidirectional process that can be conceptualized in terms of moment-to-moment transactions between children and interviewers co-regulating each other's affect states, thoughts, behaviors, goals, and words over time. Utilizing this conception, we suggest that a "one-protocol-fits-all" approach may be too limiting (e.g., for 3-years-olds vs. teenagers; children not willing to disclose in one session; or children who lie to protect an abusive parent).

### **The Evidence Base**

Research using field methodology provides important information about eyewitness memory in victims of child abuse. For example, in several field studies, researchers investigated the accuracy of child victims' memory when perpetrators recorded (e.g., photographed) their assaults, inadvertently providing researchers with objective documentation of the incidents against which to evaluate the children's later reports (Paz-Alonso, Ogle, & Goodman, 2009). These studies find that children's statements are quite accurate, but omissions (e.g., sexual acts, self-incrimination) are common.

Highly valuable information about child forensic interviewing can also be gleaned from analogue research. In this approach, memory for mundane or fictitious experiences, or naturally occurring stressful experiences, is investigated to determine the accuracy of children's reports and how best to interview children. For example, consider an analogue study by Poole, Dickinson,

Brubacher, Liberty, and Kaake (2014) in which predictors of false reports were investigated in 4- to 9-year-olds, who had interacted several months prior with a confederate dubbed “Mr. Science.” The researchers oversampled children who were inaccurate at an earlier interview, so as to examine predictors of errors. Using body diagrams, Poole et al. pointed to each of nine non-genital body parts, asked leading questions (“Did Mr. Science touch you here? What happened?”). Although most children either made no touch errors or only reported one non-experienced touch, 16.39% (10 of the 61 tested) made four or more false reports of touches. (Questioning was terminated of 1 child after he made 29 false reports.) None of the children falsely indicated genital contact. Being “exuberant false reporters” was associated with poor executive function (EF), being male, and being younger than 6-years-old. Such research provides useful information about children’s proneness to false reports, at least in error-prone children.

Analogue research can also help us understand eyewitness memory and suggestibility in victims of child abuse. Eisen, Goodman, Qin, Davis, and Crayton (2007) tested children’s memory for an anogenital examination and a venipuncture procedure (e.g., swabbing of genitals and blood draw, respectively, forensic and health reasons) in over 300 3- to 16-year-olds who were undergoing forensic investigations of abuse and neglect. Clear developmental differences were observed in free recall (e.g., “Tell me everything you can remember about that doctor exam. What happened?”) and to open-ended questions (e.g., “What did the doctor do when she examined your bottom?”). Older compared to younger children were more accurate in answering specific yes/no questions (e.g., “Did the doctor check your throat?”) and misleading questions (“The doctor took off your shirt, didn’t she?”) about the medical events. Children who had suffered sexual and/or physical abuse were more accurate than children who had suffered neglect.

Although analogue studies are often criticized as artificial and lacking in external validity, they permit researchers to examine issues that cannot typically be addressed in field studies.

Overall, they show that memory is multiply determined, depending, for example, on characteristics of the child, the event, and the setting in which memory retrieval occurs (Bottoms, Nadjowki, & Goodman, 2009). One important gap in the literature concerns studies of children's memory and suggestibility for events involving familiar adults, such as their parents, who are often "persons of interest" in forensic and social services investigations. Of the limited research conducted on this topic, it appears that children are more accurate about familiar than unfamiliar people (e.g., Cordon, Silberkleit, & Goodman, 2016).

Based on such research--combined with knowledge gained from thousands of interviews conducted by police, social workers, medical professionals, and clinicians--child forensic interview guidelines have been developed. Recent research has evaluated the effectiveness of scientifically based interview protocols. An example is research on the Narrative Elaboration (NE) Interview (Saywitz & Camparo, 2014). The NE facilitates developmentally sensitive forensic interviews of 4- to 12-year-olds. This is an evidence-based approach with 16 years of research and randomized trials to support it. It includes activities for developing rapport, explanations of the legal process, and sample questions to address allegations of abuse or neglect. Interviewers prompt recall from forensically relevant categories (e.g., participants, settings, conversations). An optional component trains children to use schematic drawings representing these categories instead of using verbal cues. The NE Interview increases children's accuracy and productivity while reducing miscommunication and suggestibility (Saywitz & Camparo, 2014).

A second example is research on the Cognitive Interview (CI), which can be used with both adults and older children to obtain extensive and accurate reports of events (Memon, Meissner, & Fraser, 2010). Based on general principles of memory, cognition, and communication, its instructions for adults require that witnesses: a) reconstruct mentally the personal and environmental context of the crucial event; b) report everything, including partial

information even if considered unimportant; and c) recount the event in a variety of orders and perspectives. CI research consistently reveals its advantages both with adults (Fisher & Geiselman, 1992) and (in modified form) with children (McCauley & Fisher, 1995). The modified form eliminates child-difficult steps (e.g., does not use the “recounting a variety of orders and perspectives” instruction) while maintaining several of the core CI features (Saywitz, Bornstein, & Geiselman, 1992).

Another extensively studied child forensic interview protocol is the NICHD protocol developed by Michael Lamb and colleagues (Lamb et al., 2008). Using this protocol, field researchers have examined the productivity (amount of detail produced) of children’s reports in relation to such factors as age, rapport building, open-ended questioning, use of drawings, and numerous other interview-relevant factors, to pin point the interviewing tools that produce the greatest number of details. Although the accuracy of such reports cannot be firmly established in such research, the protocol is based on principles developed in scientific (largely analogue) research; see also Lyon’s (2014) 10-Step Interview.

### **Evidence-Based Interview Tools**

#### **Interview Structure**

Interviews differ from ordinary conversations in that they usually have a definite purpose, a question-answer format, and a well-defined goal. Interview structures vary along a continuum from unstructured, where interviewers follow the child’s lead, to highly structured, where exact wording of questions is scripted. In between are semi-structured formats where interviewers follow questioning guidelines and cover predetermined topics, opting from a toolkit of strategies. Different types of interviews may be best suited for different purposes and different levels of interviewer training. Structured protocols help prevent egregious interviewing and increase adherence to evidence-based practices. They are also easier to subject to experimentation. Yet, to

the extent that the protocol has rigid formats, it may interfere with rapport, miss subtle yet important cues and reactions, and make meaningful leads more difficult to follow up. Semi-structured approaches afford more flexibility but require more training and experience to implement. Interviewers ideally would be able to weigh the benefits and risks of the techniques used.

Most protocols rely on a phased approach. Typically, this includes an initial preparatory phase (e.g., introductions, ground rules/instructions, rapport development, narrative practice), a second phase for information gathering (e.g., free recall “What happened?” followed by focused questions), and a third phase of closure (e.g., re-composure if children are upset). Phases vary in empirical support, with more quality research conducted on question types (relevant to substantive/ “What happened” phases) than on rapport development or closure (Saywitz, Larson, Hobbs, & Wells, 2015).

One problem is that some of the phases, or components thereof, that have received the least attention by researchers, such as rapport-building, may actually be the most critical to a successful interview. Psychotherapy outcome literature and experimental research show that professionals’ characteristics (e.g., warmth, patience, humor) account for a large percentage of outcomes, regardless of the technique used (e.g., Lambert & Barley, 2001) and from the child interviewing literature that children’s characteristics (e.g., shyness) often greatly influence the interviewer’s responses and use of question types (e.g., Gilstrap & Papierno, 2004). Yet, there is little research on the efficacy of the rapport building tools or adaptations to accommodate individual differences in both interviewers and children. Although most protocols rely on a simple phased format, more research is necessary to validate this near-universal approach, including the subcomponents of the phases.



**Setting**

Most guidelines recommend an age-appropriate, private, child-friendly setting with minimal distraction (e.g., Saywitz & Camparo, 2014). Private interviews help eliminate the appearance of cross contamination from others who may have a vested interest in the outcome. Even without overt pressure, children may be reticent in the presence of another person: Children can be reluctant to accuse others of wrongdoing in the adults' or peers' presence (Harari & McDavid, 1969). Moreover, a parent's presence may decrease stress for some, yet increase distress for others (Tashjian et al., 2016). Many factors determine whether a child will experience a particular person's presence as supportive (e.g., the child's relationship with the person offering support; e.g., McAuliffe, Nicholson, Amarilio, & Ravanshenas, 2013). Distractions require children to divide their attention with possible adverse effects on accuracy and completeness (e.g., Tun & Wingfield, 1993). Given children's limited legal knowledge, developmentally sensitive explanations that demystify the legal setting and focus the child's attention can improve their productivity (e.g., Nathanson & Saywitz, 2003).

Of course, there will be cases in which children protest, refuse, and cannot be reassured (e.g., Cheit, 2014). Interviewers should take precautions when they decide support persons are necessary (e.g., instructing the support person to sit behind the child and not answer questions). Many protocols recommend asking the adult to leave once the child is comfortable but before substantive questioning begins.

**Interviewer Demeanor**

Interviewers are typically most successful when they provide a supportive yet nonsuggestive atmosphere (Carter, Bottoms, & Levine, 1996; Saywitz et al., in press). Interviewer social support (e.g., a warm and friendly approach, positive feedback on neutral issues, smiling, using the child's first name) and avoiding unsupportive behaviors (e.g., frustration, inattention,

criticism) helps children be more resistant to misleading questions and reduces errors on nonsuggestive questions, improving accuracy without contaminating children's accounts (Bottoms, Quas, & Davis, 2007; Saywitz et al., in press).

Support may be particularly helpful to children who (a) are most anxious (Quas et al., 2004), (b) possess exaggerated, prolonged physiological reactions to stress (Quas et al., 2004), (c) possess insecure or disrupted attachment histories (Peter-Hagene et al., 2014), (d) are more reluctant, uncooperative or uncommunicative (Lamb et al., 2008), and (e) demonstrate poorer EF/working memory (Peter-Hagene et al., 2014). Of importance, supportiveness should not become selective reinforcement of responses (rewarding desired responses and punishing undesired responses). Interviewer bias has been linked with distortions of children's accounts, underscoring the need for objectivity and neutrality (Ceci & Bruck, 2006). Selective reinforcement of affirmative responses to yes/no questions can increase young children's errors (Garven, Wood, & Malpass, 2000). A crucial "tool" is for interviewers to adopt an objective and neutral approach and be perceived as genuinely curious about what children have to say, rather than presumptive.

### **Children's Reluctance**

Interviewers are wise to attempt non-leading means of eliciting information rather than presume reluctance or apply undue pressure. The goal is to provide an opportunity for disclosure of genuine abuse when it exists without creating a false report when it does not.

Many abused children are ambivalent about disclosing and are subject to pressures to recant previous disclosures (Malloy, Lyon, & Quas, 2007). A child might freely disclose to a trusted adult but not to a stranger (Keary & Fitzpatrick, 1994). Moreover, very young children may need more guidance to overcome reluctance as well as verbal and memory limitations.

Dealing with genital touch is potentially embarrassing (Saywitz, Goodman, Nicholas, & Moan,

1991), even more so if the child recognizes that the touching is wrong. Sexual abusers frequently warn or threaten their victims not to tell (Smith & Elstein, 1993), and even without warnings, the secrecy surrounding the abuse teaches the child not to tell. Sexual abusers may use threats, violence, or punishment towards the child—and also towards loved ones--reinforcing a reluctance to disclose (Sas & Cunningham, 1995). Or, perpetrators may seduce their victims, making the child reluctant to tell for a different reason. The child may also be reluctant to upset others who love the perpetrator (Sauzier, 1989). Fear, loyalty, and embarrassment are disincentives to disclosure (Lyon & Ahern, 2010).

Reasons to avoid pressuring reluctant children include that pressure may taint truly abused children's reports, undermine their credibility, and/or create avoidable inconsistencies in their reports. Even if the interviewer's leading questions do not adversely influence the child's accuracy, the presence of the questions may themselves subject the interview to attack. Moving to the opposite extreme is not the solution. Interviewers must strive for a middle ground between an aggressive approach (assuming every child is abused) and a hands-off approach (only asking a child "*Is there something you want to tell me?*") to avoid asking any leading questions).

### **Children's Suggestibility**

Often interviewers cannot know ahead of time if a child has in fact been abused, but they do know that pressure on a nonabused child may lead to a false allegation (Ceci & Bruck, 2006). A number of coercive interviewing techniques can produce false reports, particularly in preschool children. These include selective reinforcement (rewarding desired responses, punishing undesired responses; Garven et al., 2000), stereotype induction (convincing the child that the suspect is a bad person; Leichtman & Ceci, 1995; but see Cordon et al., 2016), use of authority (telling the child what the parent has said; Ceci, Loftus, Leichtman, & Bruck, 1994), and repetition of suggestive

questions especially when the child's memory is weak (Cassel, Roebbers, & Bjorklund, 1996; but see Goodman & Quas, 2008).

Although individual differences in suggestibility exist at every age, overall, young children are particularly likely to fall sway to suggestion (but see Brainerd, Reyna, & Ceci, 2008; Otgaar, Howe, Brackmann, & Sweets, 2016). During the preschool years, children develop an understanding of the means by which knowledge is acquired and the possibility that beliefs are false. They get better at distinguishing events they have personally experienced from events about which they have been told, heard, or imagined, that is, at source monitoring (Schaaf, Bederian-Gardner, & Goodman, 2015). Young children are also inclined to assume that adults are knowledgeable, which increases their vulnerability to suggestion. Preschool children are more suggestible when questioned by an adult than when questioned by a child (Ceci, Ross, & Toglia, 1987). These studies highlight the importance of avoiding leading techniques. That said, when memory is strong and misinformation is detected, misleading questions can increase accuracy (Peterson, Parsons, & Dean, 2004; Putnam, Sungkhasettee, & Roediger, in press), although children's credibility may be tarnished in the process (Castelli, Goodman, & Ghetti, 2005).

### **Rapport Development**

Most guidelines mention that interviewers may need to spend time establishing rapport. Maltreated children may have more difficulty establishing rapport with professionals than other children with mental health problems (Eltz, Shirk, & Sarlin, 1995). Yet, little is known about how children decide whom to trust. To establish rapport, clinical textbooks suggest friendliness, humor, warmth, play, attention, empathy, sensitivity, tact, and timing (e.g., Cepeda, 2010). Experts agree that rapport is a key ingredient in successful child forensic interviewing; yet, scientific evidence on the efficacy of individual methods for achieving and sustaining high levels of rapport is scarce (Saywitz et al., 2015).

However, rapport is not static. It waxes and wanes as interviewers move from cursory dialog to sensitive/painful topics, and as children's attention, anxiety, and resistance fluctuate. Age and individual (e.g., shyness) factors are important influences on rapport development (Lamb et al., 2008): Effective tools may differ for preschoolers and adolescents (Collins, Doherty-Sneddon, & Doherty, 2014).

### **Narrative Practice**

An important tool is called narrative practice. Children benefit from narrative practice exercises before the substantive portion of the interview to create a template for later questioning patterns. Practice during the introductory phase of the interview consists of children answering open-ended questions about innocuous events. Studies of the NICHD, CI, and NE protocols demonstrate greater productivity and greater accuracy of recall with such practice. In the field, when sexual abuse interviewers used open-ended prompts rather than option-posing questions in the beginning phase of the interview, children provided longer and richer responses to the first substantive question about abuse, and longer responses to free recall questions throughout the interview (Sternberg et al., 1997). In the laboratory, NE and CI interviews involving narrative practice elicited more information that was accurate than standard interviews (Saywitz, Geiselman, & Bornstein, 1992). The optimal length of practice varies but 5 minutes is often sufficient; research cautions against unduly lengthy narrative practice (Hershkowitz, 2009), and research with 10 to 15 minutes of narrative practice has produced mixed results, possibly due to fatigue (Holliday & Albon, 2004).

Various procedures for conducting narrative practice exist. In the NE Interview, school age children are asked, for example, "*Tell me what you did this morning from the time you got up until the time you got here*" *Tell me more? What happened next?*" (Saywitz & Camparo, 2014); preschoolers are asked to describe the interview room or a story book picture presented by the

interviewer (“*Tell me what’s happening in this picture?*”) to minimize the demands on memory while modeling questioning format (Dorado & Saywitz, 2001). Similarly, in the NICHD protocol, children are asked about a recent event (such as a birthday party or celebration) and prompted with “*Tell me more about the [detail provided by child]*” and “*What happened next?*” In the modified CI, children are asked “*Tell me what happens when you play your favorite game*” (McCauley & Fisher, 1995). In all of these protocols, interviewers teach children what to expect by modeling open-ended prompts (e.g., “*What happened next?*”) to help them practice elaborating on their descriptions in their own words.

### **Introducing Topic of Interest**

A crucial tool for any child forensic interviewer is how best to ask open-ended questions, ideally ones that elicit true disclosures from actually abused children. Children should initially be given the opportunity to provide a spontaneous report in response to open-ended questions. If children do not spontaneously mention abuse, introducing the topic is a sensitive and pivotal moment in the interview. Further research is needed to find tools that are non-leading and productive. However, research on the NICHD protocol provides clear guidance for introducing the topic of abuse in an investigative interview when children have previously disclosed abuse. Interviewers open the conversation by asking, “*Tell me why you came to talk to me.*” It turns out that most children in these field studies understood the purpose of the investigative interview and were ready to disclose (Sternberg, Lamb, Orbach, Esplin, & Mitchell, 2001). If the child does not mention abuse, the interviewer says “*It is important for me to understand why you came to talk to me.*” If the child remains unresponsive, the interviewer works through a series of increasingly focused questions, which are based on the child’s previous disclosure (or the reason abuse is suspected), but avoid directly suggesting that a particular suspect has performed a specific act. For example, “*I heard that you saw a policeman [social worker, doctor, etc.] last week*

*[yesterday]. Tell me what you talked about.*” At the point that a child alleges abuse, most guidelines and protocols recommend that the interviewer ask the child to “*Tell me everything that happened.*” The interviewer encourages the child to provide a narrative of the abuse, using questions such as “*Tell me more about [action or detail mentioned by the child]*” and “*What happened next?*” The CI instructs children to “*Tell everything that happened, even the little things that you might not think are very important.*” This permits the interviewer, rather than the child, to judge forensic relevance.

Research findings support beginning with very general prompts, but when these do not elicit a disclosure, protocols recommend that alternative strategies be implemented in the least leading fashion possible (Saywitz & Camparo, 2014). However, there is little research testing the independent contribution of various tools and strategies. Experts tend to recommend more indirect approaches. For example, Faller (1996) recommends asking about different people in the child’s life and what the child likes and does not like about each individual. If the interviewer asks about a number of people other than the perpetrator, questions about the perpetrator would not be unduly leading.

In the past, some approaches have used anatomical drawings or dolls as an introductory tool (Vieth, 2006). Questioning with drawings and dolls may increase the frequency of true reports compared to recall, but can increase false details as well, particularly when used with preschool children (Bruck, Kelley, & Poole, 2016). Evidence is conflicting that their use in eliciting disclosures is superior to direct questioning about genital touch (Bruck et al., 2016; Goodman et al., 1997). Body diagrams elicited new details about abuse when introduced at the end of the actual forensic interviews (Teoh et al., 2010), but dolls versus non doll interviews were not found to be more productive overall (Lamb et al., 2008).

### **Phrasing Questions in Language Children Understand**

It is crucial to phrase questions in grammar and vocabulary children understand. Alas, questions asked of children are often beyond their level of comprehension. Communication breakdowns occur when young children are asked long questions using complex grammar and sophisticated vocabulary (Carter et al., 1996; Saywitz & Camparo, 2014). Interviewers should simplify their language, for example, by clarifying terms in advance, asking children to tell the interviewer what they think a word means (“*Tell me what allegation means?*”; not “*Do you know what an allegation is?*” because children are likely to answer “yes” even when thinking about a different word, e.g., “alligators”); or using short sentences and simple grammar, devoid of embedded clauses and double negatives; replacing pronouns (such as “he” and “she” ) or deictics (such as “that” or “there” ) with proper names (e.g., replace “he” with “Steve” ) and specific locations (e.g., replace “there” with “in the garage”; Saywitz & Camparo, 2014). Matching language to children’s comprehension is a tool that facilitates successful communication and is vital for child forensic interviewers.

### **Avoiding Difficult Concepts**

Interviewers also want to avoid questions with cognitive demands that exceed a child’s knowledge base and reasoning skills. For example, number and time are two concepts common in investigative interviewing that develop gradually and can be difficult for young children to understand and use accurately in verbal conversation. It is problematic to ask a young child how many times an event occurred, because of the likelihood that a child will arbitrarily pick an inherently incredible or arbitrary number (1 million, 38), and because the number can change from interview to interview. Even older children can have difficulty (Wandrey, Lyon, Quas, & Friedman, 2012). Legally, “how many” questions are not necessary. If the child’s case ever goes



to court, he or she can be asked about specific events, and questions about numerosity should be disallowed as developmentally inappropriate.

The NICHD protocol recommends a useful tool, specifically, that after the child has first disclosed abuse and described an episode, the interviewer ask “*Did this happen one time or more than one time?*” If the child says “*More than one time,*” the interviewer then enquires about the last time the abuse occurred, the first time the abuse occurred, and the time the child remembers the most. The interviewer follows up by asking if there are any other times the child remembers.

Similar to children’s understanding of numbers, children’s understanding of time gradually develops (Wandrey et al., 2012). Children learn how to tell time on a clock before they can estimate what time an event occurred. Recall of the time usually requires inferential skills (e.g., “It was shortly before New Year’s, so it probably was December”). Although many children will fail to make such inferences, children can be asked about contemporaneous events, enabling interviewers to estimate the time. For example, children can often say where others were at the time of the abuse (e.g., “My mother was at church”), and where the child was living to estimate the year. Legally, exact dates and times are not necessary, particularly if the abuser had frequent access to the child (Myers, 2005).

When questioning children about the sequence of events, interviewers need to be cautious in using the terms *before* and *after* because young children will often describe events in the order in which they occurred, regardless of whether one asks about what happened before or after another event (Carni & French, 1984). Sensitivity to developmental limitations is critical to keep in mind.

### **Instructions to Improve Children’s Performance**

Young children are accustomed to speaking to authoritative adults (teachers, parents) who already know the answers to many of their questions. Given a strongly worded question, children

may agree, not because of what they believe, but because of their desire to please the interviewer and because of their reluctance to appear ignorant. It may be possible to reduce misconceptions children have about interviews through instructions (e.g., Cordon, Saetermoe, & Goodman, 2005). Researchers have examined instructions that will increase children's willingness to say "I don't know" or "I don't understand," reduce children's tendencies to defer to authoritative interviewers, and increase children's willingness to disclose negative experiences (Brubacher, Poole, & Dickinson, 2015).

The main instructions studied are: Permission to say "I don't know" and "I don't understand"; encouraging the child to correct interviewer mistakes; explaining that you don't know what happened and can't help answer; and eliciting a promise to tell the truth. Different protocols use various versions of these instructions, and some studies suggest that instructions are most useful with elementary-school age children, although at times useful even with preschoolers (Saywitz et al., 1999).

We provide a few examples here. Regarding the "I don't know" instruction, children are often reluctant to answer "*I don't know*," particularly when asked yes/no questions (e.g., Poole & Lindsay, 2001) or specific wh- questions (e.g., Memon & Vartoukian, 1996). Training on saying "I don't know" should include reinforcement of giving an answer when one *does* know, so that children don't over-use the "*I don't know*" response (Saywitz & Moan-Hardie, 1994). In the 10-Step interview, the interviewer asks "What is my dog's name?" and reinforces a "don't know" response, and then adds "But what if I ask you if you have a dog?" and follows up with "OK, because you do know" (Lyon, 2014).

Regarding a promise to tell the truth, although children are unlikely to understand adult versions of the oath, by grade school they recognize the significance of promises, and still younger children understand that when one says one will do something, one is likely to do it (Lyon &

Evans, 2013). Both for maltreated and non-maltreated children, eliciting a promise to tell the truth increases children's honesty (Lyon, 2014). Positive effects are found from asking the child, "*Do you promise that you will tell me the truth? Are you going to tell me any lies?*"

Overall instructions can be useful, but they are not a panacea. For example, highly leading questions can still lead to high error rates despite instructions (e.g., Mulder & Vrij, 1996).

Brubacher and colleagues (2015) found mixed support for the "correct-the-interviewer" instruction. Instructions seem to be most useful when practiced; reminders to the child may be helpful along the way.

### **Eliciting Additional Details Without Leading Questions**

Most interviewers know that they should not ask children (especially young children) leading questions, but few agree about what a leading question is. Questions lie along a continuum: On the more nonleading end, the child (hopefully) supplies details. On the more leading end, the interviewer supplies details (Goodman, 2006). Consider the distinction between free recall and "option posing" questions. With free recall, the interviewer might ask "*What happened?*", and the child supplies the details. With option posing questions, the interviewer provides choices, and the child (hopefully) picks the correct choice, if a right answer is among the choices. Hence, the interviewer supplies details that the child merely affirms or denies. Questions that begin with "*Did,*" "*Was,*" and "*Were*" often limit children's response to a single word.

It is easy to understand why questions that move toward interviewer-supplied details increase the dangers of suggestibility. If the interviewer supplies details, some of the details may be incorrect--the product of the interviewer's presuppositions or biases. And if children are susceptible to suggestion, interviewer-supplied details may taint the child's report, and possibly the child's memory (Ceci & Bruck, 2006). Moreover, if children are inclined to guess, it will be

easier for them to guess in response to questions with interviewer-supplied details (Waterman, Blades, & Spencer, 2001).

### Question Types

Fortunately there are gradations between free recall and leading questions. To elicit additional detail, interviewers can refer to details mentioned by the child previously and follow it with a request for elaboration like “*Tell me more about...*” (e.g., “*You said he put some cream on his finger. Tell me more about that*”; Dorado & Saywitz, 2001; Lamb et al., 2008). Nonleading elaboration prompts constitute an important tool for child forensic interviewers to have at their disposal.

Wh- questions typically begin with “*What,*” “*Where,*” “*When,*” “*Who*” “*Why,*” or “*How.*” They can be either general or specific. As Wh- questions become more specific, the interviewer supplies more of the details. Compare “*What was the man wearing?*” (more general) with “*What color were the man’s shoes?*” (more specific). A helpful guide to balance the general and the specific is to try to use concepts that are concrete and easy to visualize, rather than speaking in generalities, without introducing leading information not already mentioned by the child. One can also follow-up on answers to general questions to be certain the interviewer accurately understands the child’s answer with prompts that ask children to explain their answer in their own words (e.g., “*Tell me more about ...;*” or “*What makes you think so?*”).

The NE Interview (Saywitz & Camparo, 2014) provides guidance on using Wh- questions to explore five basic characteristics of incidents: Participants (e.g., “*Who was there?*” “*What did the person look like?*”); Location(s) (e.g., “*Where were you?*” “*What did the place look like?*”); Actions (e.g., “*What did Joe do?*”); Conversations (e.g., “*What did Joe say or tell you?*”); and Emotional States of participants (e.g., “*How did you feel when...?*”). These categories are derived from a rich body of research on children’s event knowledge and narrative skills (e.g., Nelson,

1986). The NE protocol also prompts children to justify their answers with “*What makes you think so?*” Or “*What made him do that?*” (Saywitz & Snyder, 1996). For example, when a child says someone was mad, requests elicit what gave that impression: “*What makes you think he was mad?*”

In certain respects, the simplest interview tactic is to ask questions that can simply be answered yes or no. Like Wh- questions, yes/no questions can also be either general (“*Did he say anything?*”) or specific (“*Did he tell you to keep a secret?*”). Yes/no questions are not highly leading, but can be problematic if a child has a response-bias (a tendency to answer all questions yes or no), or is reluctant to answer “*I don’t know.*” Whether children exhibit a yes or no response bias depends on context and age. Children are likely to exhibit a yes bias when asked about details that are plausible in light of their prior experience (Baker-Ward et al., 1993). When the content is negative, self-incriminating, or unpleasant, a no bias is common (Talwar & Crossman, 2012). If children are asked questions that they do not understand, they are biased to respond “no” by 4 years of age; 2-year-olds exhibit a yes bias and 3-year-olds show no consistent pattern (e.g., Fritzley et al., 2013). Regardless of response bias, young children are reluctant to answer “*I don’t know*” to yes/no questions (Poole & Lindsay, 2001). There is less danger of such question types as children get older (Eisen et al., 2007).

Yes/no questions can be made more leading by turning them into tag questions (e.g., “*He told you to keep a secret, didn’t he?*”). Tag questions increase acquiescence, particularly among younger children (Cassel et al., 1996; Krackow & Lynn, 2003).

Another kind of question that is potentially problematic, at least for young children, is the forced-choice question, in which the interviewer offers choices from which children choose the correct response (e.g., “*Was his shirt red or blue?*”). Such questions assist children in generating details but may also supply erroneous details. Some young children will choose an option even if

neither answer is correct (Rocha et al., 2013). Interviewers are sometimes told to add a “something else” option; the effect of this approach is largely unknown (Stolzenberg & Lyon, 2016).

If interviewers do ask yes/no or forced-choice questions, it is helpful to follow them with open-ended questions encouraging elaboration. For example, if the child answers “*Yes*” to “*Did he say what would happen if you told anyone?*”, one could ask “*What did he say?*”

### **Repeated Events, Repeated Questions, and Repeated Interviews**

Often forensically relevant events are repeated (e.g., recurring abuse or domestic violence). It can be difficult for anyone to recount details of each event in a “particularized” manner. Some mixing of memories of repeated incidents is expected regardless of age, although young children have more difficulty recounting specific episodes of repeated events (Farrar & Goodman, 1992). Salient details that occur repeatedly in the same way (“fixed” details) are typically recalled well by children, but there can be more cross-event confusion about details that vary over repeated events (“variable details”; Powell, Roberts, Ceci, & Hembrooke, 1999). Often the first incident or the last incident, or one that was particularly distinctive or traumatic is remembered the best (e.g., Howe, 2011).

How should children be interviewed about repeated events in the forensic context? Brubacher, Powell, and Roberts (2014) recommended that interviewers first ask children for an account of what generally or often happens, and then ask about specific episodes, because children’s recall tends to be at the “gist” level generally (Nelson, 1986). Limited research exists on children’s accuracy about repeated negative/traumatic events, but one study found that children with one compared to multiple such experiences were equally accurate in recounting the last incident (Goodman et al., 1994).

Repeating questions within an interview can be suggestive, but are not necessarily so. Children are more likely to change their answers (e.g., to “I don’t know”) to repeated yes/no,

forced-choice, or suggestive questions, or to challenges to their original answers (Candel, Merckelbach, & Muris, 2000). Repeated interviews can help support accurate memory and may be helpful for building rapport with children (Faller, 2014). However, excessive interviewing of children using suggestive techniques can be detrimental to accuracy (e.g., Ceci et al., 1994), especially if memory is weak for what occurred. Repeated non-leading interviewing can result in less forgetting (Goodman & Quas, 2008).

### **The Toolbox Approach**

In this chapter, we reviewed a subset of the research that serves as a foundation for forensic interview tools, that is, techniques proven useful in interviewing children to obtain accurate and complete reports. These techniques as a group may be best thought of as a “toolbox” to aid interviewers. Different protocols instantiate the principles somewhat differently, include various techniques in common but also some that are more unique, are based to varying degrees more on research conducted with younger rather than older children (and thus arguably less applicable to older children), and differ in the scientific literature on which they are validated (e.g., laboratory studies vs. field studies, false report studies vs. lack of disclosure studies).

For some purposes, some interviewers may want to follow the protocols strictly. But for other purposes, rather than interviewers feeling that they have to follow protocols “to the T,” interviewers may want to learn the techniques, read about the scientific base for them, and select the techniques that appear most appropriate for the children and situations at hand. In some jurisdictions, use of certain tools or a specific protocol might be recommended or even mandated for interviewers in conjunction with law enforcement and the prosecutor’s office.

However, flexibility will often be needed in any case. If a young child, for example, cannot sit still long enough to hear all of the instructions and discloses important information spontaneously, it might be important to skip parts of the protocol and follow the child’s lead. Or,

as another example, most teenagers can be asked specific questions with less risk of false answers than many protocols assume, being based largely on scientific studies of younger children. The degree or type of suggestibility one might see in a 3-year-old can be quite different from that in an adolescent, although even some 3-year-olds can be surprisingly resistant to false suggestion (Harris, Goodman, Augusti, Chae, & Alley, 2009). Protocols are based on studies emphasizing average performance, not that of a specific child; performance can vary widely for a specific child regardless of age across situations.

Research has been largely focused on question types, which surely affect the accuracy and completeness of children's reports. However, we still know relatively little about the best ways to interview terrified children, children trying to protect a guilty defendant, children worried about being removed from home, children who are very young (3 years and younger), children with varied cultural backgrounds, and children with severe psychopathology or disability. Moreover, accuracy is only one desired outcome of forensic interviews. Although obtaining an accurate and complete report is fundamental, professionals should be concerned with additional issues, such as children's physical and emotional safety, and fact finders' reaching the truth. A perspective that takes a holistic approach might serve children, families, and society the best in the end (Saywitz, Esplin & Romanoff, 2007).

Fortunately, much has been learned from scientific research on forensic interviewing of children. Yet there is still much more to learn. We are mindful that interviewing children in the forensic context is not easy; it is difficult to do the "perfect interview." It is our hope that a science-based toolbox can nevertheless help interviewers in their work, empower children to provide accurate and complete reports, and help fact finders reach the truth.



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