



## Changes in Interviewers' Use of Supportive Techniques during the Revised Protocol Training

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*Summary:* Although many children are reluctant to disclose abuse due to embarrassment, fear, and the anticipation of negative consequences, researchers have only recently begun to examine whether forensic interviewers can be trained to manage children's reluctance. In this study, the supportiveness of 53 experienced interviewers was assessed in their interviews with 321 3- to 14-year-old alleged victims, each conducted during the course of training to use the Revised Protocol (RP). The use of support increased, especially between levels evident at baseline and in the last two interviews assessed. Over time, instances of inadequate support and insensitivity to children's reluctance became less common. Younger children received proportionally more support, including inadequate support, than older children. The RP training did not affect the extensive use of free recall-based questions. Findings highlight the benefits of continued supervision and training. Copyright © 2017 John Wiley & Sons, Ltd.

Much research has furthered our understanding of how to elicit reliable and detailed testimonies from children in forensic settings (Lamb, Hershkowitz, Orbach, & Esplin, 2008; Sternberg et al., 1997). Many researchers have focused on cognitive factors affecting the quality of children's reports (e.g., Hershkowitz, Orbach, Lamb, Sternberg, & Horowitz, 2002; Orbach & Lamb, 2000) with fewer studies examining emotional factors that might affect the completeness of their accounts. Offering children non-suggestive social support during forensic interviews may not only promote their sense of well-being but also enhance the richness and accuracy of their testimony. The present study investigated the effectiveness of training interviewers to sensitively respond to reluctance using non-suggestive support when questioning alleged victims of within-family abuse, many of whom are known to be reluctant interviewees (London, Bruck, Wright, & Ceci, 2008). Reluctance was defined by the children's unwillingness to engage and/or manifest discomfort while being interviewed. Emotional support was defined by the interviewers' attempts to portray empathy, compassion, and genuine care for the child.

Certainly, some children may not 'disclose abuse' because they never experienced maltreatment, but many genuine child abuse victims do not disclose maltreatment when interviewed by the authorities (Hershkowitz, Horowitz, & Lamb, 2005), especially when perpetrators are familial (London et al., 2008). Motivational factors make more than a third of suspected victims, more than half of alleged intra-familial victims, and unknown numbers of unidentified victims reluctant to disclose abuse (Hershkowitz et al., 2005). Experiences of embarrassment and shame (Fleming, Mullen, & Bammer, 1997), fear of the abusers (Sas &

Cunningham, 1995), anticipated negative reactions from loved ones (Anderson, Martin, Mullen, Romans, & Herbison, 1993), and worry about legal consequences (Malloy, Brubacher, & Lamb, 2011) discourage reporting. However, skillful management of children's reluctance may help reduce these barriers (Ahern, Hershkowitz, Lamb, Blasbalg, & Winstanley, 2014; Hershkowitz, Lamb, Katz, & Malloy, 2013).

Social support in forensic interview settings may help decrease children's anxieties and increase their engagement and feelings of empowerment (McBride, 1995; Powell & Thomson, 1994; Siegman & Reynolds, 1983). Analog studies have shown that non-suggestive support increases children's accuracy (Greenstock & Pipe, 1997, Exp. 2), enhances their resistance to misleading questions (Carter, Bottoms, & Levine, 1996; Davis & Bottoms, 2002; Imhoff & Baker-Ward, 1999), and reduces their suggestibility (Greenstock & Pipe, 1996, 1997; Quas, Wallin, Papini, Lench, & Scullin, 2005). Thus, supportive interventions may both comfort children and minimize risks that their reports will be contaminated (see Saywitz et al., 2016 for a review).

Field studies suggest that children's reluctance to report abuse when formally interviewed might be alleviated by discussing personally meaningful topics unrelated to the allegations (Hershkowitz, 2009; Roberts, Lamb, & Sternberg, 2004; Sternberg et al., 1997), encouraging children to talk freely (Teoh & Lamb, 2010), and offering other kinds of non-suggestive support such as using the children's names, complimenting their behavior, encouraging them, or offering general reassurance (Hershkowitz et al., 2013; Hershkowitz, Orbach, Lamb, Sternberg, & Horowitz, 2006; Lyon & Dorado, 2008; Ruddock, 2006). General reassurances without references to possible abuse are less likely to elicit false reports than reassurances which specifically mention transgressions (Lyon & Dorado, 2008). It is also possible that asking children about their subjective reactions communicates the interviewers' concern for the children's well-being.

Studies examining child forensic interviews have shown that interviewer support both increases the likelihood of

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disclosure by abused children (Hershkowitz, Lamb, & Katz, 2014; Hershkowitz et al., 2006) and enhances their informativeness (Hershkowitz, 2009; Lewy, Cyr, & Dion, 2015; Ruddock, 2006). Unfortunately, however, interviewers not trained to be supportive provided less support and behaved more coercively in response to reluctance, which in turn intensified the children's uncooperativeness (Hershkowitz et al., 2006). Such insensitivity neglected the children's emotional needs and tended to prompt abbreviated accounts of abuse (Orbach, Shiloach, & Lamb, 2007). In light of these findings, researchers have recommended that interviewers should be more, rather than less, supportive of uncooperative children (Hershkowitz et al., 2006; Teoh & Lamb, 2013) and have started testing guidelines designed to promote interviewer support (Anderson, Anderson, & Gilgun, 2014; Hershkowitz et al., 2014, 2013).

The NICHD Protocol is the most extensively researched child interviewing guidance and has been examined in studies involving thousands of child forensic interviews around the world (Lamb et al., 2008). Although the NICHD Protocol includes a structured rapport-building phase, it largely emphasizes cognitive factors associated with children's memory retrieval rather than socio-emotional factors associated with children's reluctance (Hershkowitz et al., 2013) and in itself does not promote supportive behavior by interviewers (Lewy et al., 2015). Given the substantial evidence that support is beneficial and that interviewers struggle to respond appropriately to children's reluctance, the Revised Protocol (RP) was designed to increase children's emotional comfort during investigative interviews.

The RP modified the pre-substantive phase of the standard NICHD Protocol (e.g., the RP recommended asking about children's hobbies before explaining ground rules and then initiating episodic memory training whereas the standard NICHD Protocol recommended explaining the ground rules first) and showed interviewers how to deliver non-suggestive support (Ahern et al., 2014; Hershkowitz et al., 2014, 2013). In a field experiment, implementation of the RP reduced children's reluctance and was associated with increases in children's informativeness and the likelihood that children, whose abuse had been independently determined, actually alleged that they had been abused (Hershkowitz et al., 2014, 2013). However, the RP's association with increased levels of support was only evident in the pre-substantive phase of the interviews studied and was not specifically attuned to indications of the children's reluctance (Ahern et al., 2014). In order to address the difficulty interviewers had thus shown when responding to non-cooperation in RP interviews (Hershkowitz et al., 2006; Ahern et al., 2014), an extended training program was developed and tested in the present study.

## CHILD FORENSIC INTERVIEWER TRAINING STUDIES

The role of training is to reduce the gap between best-practice guidelines and actual interview practice (Benson &

Powell, 2015; Lamb, 2016). However, interview training is difficult to deliver and to evaluate (Benson & Powell, 2015) especially when the focus is on evidence-based practice (Stewart, Katz, & La Rooy, 2011). Early attempts to evaluate such training showed that interviewers indeed learned what and why they should adopt certain strategies when interviewing children, but failed to change their actual interviewing behavior (Aldridge & Cameron, 1999; Freeman & Morris, 1999; Stevenson, Leung, & Cheung, 1992; Warren et al., 1999). Much of the research on training interviewers focuses on the management of children's memory retrieval processes with more recent studies focusing on the provision of emotional support.

Successful training programs ensure that interviewers are continually monitored and given specific feedback on their behaviors (Anderson et al., 2014; Benson & Powell, 2015; Lamb, Orbach, Hershkowitz, Esplin, & Horowitz, 2007; Lamb et al., 2002; Lewy et al., 2015; Orbach & Lamb, 2000; Price & Roberts, 2011; Rischke, Roberts, & Price, 2011). The feedback interviewers receive can be in-person or on-line (Benson & Powell, 2015; Powell, Guadagno, & Benson, 2014), as well as written (Dion & Cyr, 2008; Cyr & Lamb, 2009; Yi, Jo, & Lamb, 2015) or involve a combination of these mechanisms (Lamb et al., 2002; Rischke et al., 2011; Price & Roberts, 2011). Training programs often involve trainees conducting practice interviews (Yi, Lamb, & Jo, 2014; Yi et al., 2015) and attending group training sessions, which may include peer review (Myklebust & Bjørklund, 2006; Stolzenberg & Lyon, 2015; Rischke et al., 2011).

Recent studies have begun to highlight the benefits of having interviewer trainees code and objectively evaluate their own interviews (Cederborg, Alm, Lima da Silva Nises, & Lamb, 2012; Stolzenberg & Lyon, 2015). Guided self-evaluation not only reduces the professional dependence of investigators on mentors and supervisors, but fosters the skilled identification of successful interventions (Powell, Benson, Sharman, & Guadagno, 2013; Yii, Powell, & Guadagno, 2014) as well as the ability to critically evaluate adherence to best practice guidelines (Cederborg, Alm, & Lima da Silva Nises, & Lamb, 2013; Myklebust & Bjørklund, 2006; Orbach et al., 2000; Price & Roberts, 2011) and is greatly appreciated by trainees (Powell & Wright, 2008). Such training often involves teaching interviewers to code their own interviews systematically using scientific procedures and formal coding schemes (Cederborg et al., 2012; Warren et al., 1999; Yi et al., 2015).

Whereas the studies reported above have involved the direct delivery of training to interviewers, *train the trainer* programs have also proven to be effective in other fields (Kalisch, Xie, & Ronis, 2013; Martino et al., 2011). Practitioners are taught about both contents and delivery methods, so they can effectively train, supervise, and monitor others' skills. This approach is popular in the medical education and mental health fields and has been associated with improved knowledge, skills, and staff satisfaction (Kalisch et al., 2013).

The continuous and cumulative nature of learning should be considered when developing training programs for forensic interviewers (e.g., Lamb et al., 2002; La Rooy

et al., 2015). Training formats that allow trainees to practice and be evaluated over time, at the trainees' own pace, can be beneficial (Benson & Powell, 2015). Additionally, measuring the effects of training repeatedly in order to track skill learning and maintenance (Benson & Powell, 2015; Cederborg et al., 2013; Stolzenberg & Lyon, 2015) is critical to our understanding of effective training programs. However, most training studies have only involved pre-post comparisons.

Further, little attention has been paid to the risks that arise when interviews are conducted by trainees during the course of training. While they are acquiring new skills, interviewers may behave in ways that adversely affect the quality of the children's testimony or their well-being (Stewart et al., 2011). For this reason, it is crucial to show that training does not compromise the validity of the statements elicited (Hershkowitz et al., 2014).

#### *The current study*

In the current study, we tested an evidence-based training program that addressed the documented needs and difficulties experienced by child investigators in Israel who had been using the RP. Since the first implementation of the RP (see Hershkowitz et al., 2014), the training program was expanded to comprise: (i) a larger repertoire of structured and graduated supportive techniques as well as more detailed guidance about how support should be employed in each phase of the interview; (ii) a training format based on the *train the trainer* approach; and (iii) a feedback system for self-identifying support (including support dependent on recognizing children's expressions of distress or reluctance), missed opportunities to provide support (e.g., the children reported their feelings and the interviewers never followed up on the children's feelings), and inappropriate interventions. We predicted that, over the course of the RP training sessions, we would observe:

1. Increases in the interviewers' use of support,
2. Decreases in the interviewers' use of inadequate support,
3. Decreases in insensitivity to the children's reluctance, and that
4. Interviewers would rely primarily on free recall prompts throughout the course of training because they were trained to use NICHD questioning techniques and were closely supervised.

## METHOD

### Sample

A total of 475 interviews in which children disclosed abuse were transcribed and coded. Supervising interviewers and interviewers who could not contribute at least one interview to every time point were excluded from the analyses. Thus, *non-supervising* interviewers (i.e., interviewer trainees,  $n = 53$ ) who contributed at least one interview transcript at each time point were included in the present analysis (321 interviews). These interviews were conducted throughout Israel (Central Region, 51%; Jerusalem, 11%; North, 27%; and South, 11%) with children between 3.29 and 14.00 years of age ( $M = 9.29$ ,  $SD = 2.47$ , 55% boys [ $n = 77$ ]) alleging

abuse (88% physical [ $n = 283$ ], 12% sexual [ $n = 38$ ]) by biological parents (77% [ $n = 246$ ]), other caretakers (14% [ $n = 44$ ]), or more than one perpetrator (10% [ $n = 31$ ]). Children reported various types of abuse (38%, hit without an object [ $n = 122$ ], 33%, hit with an object [ $n = 104$ ], 19%, injury [ $n = 61$ ], 4%, penetration [ $n = 13$ ], 3%, touching over clothing [ $n = 11$ ], 3%, touching under clothing [ $n = 9$ ], and 0.3%, other abuse [ $n = 1$ ]) with most abuse episodes occurring on multiple occasions (88% [ $n = 281$ ]).

### The training program

Following encouraging findings regarding use of the RP (see above: Ahern et al., 2014; Hershkowitz et al., 2014, 2013), the Israeli Service for Child Investigation (SCI) in the Ministry of Social Affairs and Social Services mandated the use of the RP in all investigative interviews of alleged child abuse victims in Israel. A nationwide *train the trainers* program guided by the researchers was implemented, such that all supervising trainers ( $N = 16$ ) and their child investigator supervisees/trainees ( $N = 63$ ) participated between January 2014 and April 2015. Interviewers were youth investigators affiliated with the SCI.

### Train the trainer: Researchers teaching the supervisors

#### *Supervisors' initial training*

In the first phase of the RP training program, the supervisors/trainers participated in five day-long group sessions (one day monthly) with the researchers during which they learned how to conduct supportive interviews and how to employ the coding scheme. During the initial training, each supervisor performed at least five investigative interviews of children, coded those interviews, checked their coding against formal coding by the researchers, and discussed with the researchers the adequacy of their supportive interventions and the accuracy of their coding.

The adequacy of supportive interventions was assessed based on the kind of reluctance children exhibited and the immediacy with which it was addressed. For example, a child who paused in response to transitional prompts might benefit from immediate support statements (e.g., 'Taylor, I talk to children about lots of different things.') and/or inquiries into how s/he felt at that moment (e.g., 'I: How are you feeling right now? C: No response. I: I really want to know so I can help you. How are you feeling? C: Nervous. I: OK, tell me more about feeling nervous. C: I am scared about who will see this video.').

#### *Supervisors' topic focused training*

During the second phase, the supervisors conducted a series of individual and group sessions with the child interviewers they regularly supervised to ensure that the training built on well-established teamwork. In this phase, supervisors participated in an additional series of day-long group sessions with the researchers just before delivering the training to their teams. Trainer sessions modeled the training session that the supervisors were about to conduct with their investigative teams on specific topics. Trainer sessions included teaching the theory and research behind interventions, practicing the interventions to be taught,



learning the corresponding coding instructions, reviewing analyses of recently conducted interviews (see Interviewer Progress below), and learning exercises to provide during and after each training session.

### **Train the interviewers: Supervisors training interviewers with researcher and Israeli Service for Child Investigation input**

#### *Interviewer training*

The subsequent day-long group sessions conducted by the supervisors were followed by individual 2-hour-long sessions involving the supervisor and each of his/her interviewers. For group sessions, the same materials were provided to all groups, including analyzed videos and coded transcripts. For the individual sessions, one of the interviewer's recent interviews was coded and analyzed by the interviewer, supervisor, and a research team member, thereby permitting trainers and trainees to discuss both the favorable and unfavorable practices employed as well as the correct coding of each intervention.

Before the training started, group and individual supervision contracts were designed, detailing the schedule and program for each session and specifying expectations for all parties. Each group and individual session was summarized by the supervisors and trainees using structured forms, and these were forwarded to the researchers and senior SCI staff.

#### *Training topics*

Every session focused on the delivery of specific supportive interventions emphasized in the RP. The first session discussed the rationale for the recommended supportive interventions, modeled supportive statements, and taught the coding scheme; the second training session focused on creating, enhancing, and maintaining rapport during the pre-substantive interview phase; the third on the principles of providing support in the transitional phase; and the fourth on providing support in the substantive phase. The fifth and sixth sessions were dedicated to the principles of planning and conducting repeated interviews when children were unwilling to disclose possible abuse despite strong suspicions that abuse had occurred (fifth session) or when children required another interview in order to elicit further details about their alleged victimization (sixth session). Session 7 focused on identifying and analyzing non-verbal indicators of reluctance, and session 8 ended the main training program, providing guidance on how to conduct an integrative analysis of a completed investigation.

#### *Interviewer progress*

Progress was tracked for each trainee, and changes in the quality of their supportive interventions tabulated from each individual session to the next. The numbers of adequate and inadequate interventions as well as of instances where they failed to provide support when it was called for were tabulated across training sessions and presented by the researchers to the trainers and trainees in comparative tables and figures before every individual session. Such computations not only made it possible to demonstrate the

progress made by each trainee interviewer in a timely way but also allowed each team, and the SCI in general, to track improvements over time, and to compare the performance of individuals, teams, and regions.

### **The Revised Protocol**

As noted previously, the RP modified the standard NICHD Protocol in several ways (see Hershkowitz et al., 2014, 2013). Instead of explaining 'ground rules' to children before rapport-building, ice breaker prompts were first used ('Tell me about things you like to do') before ground rules were explained. After ground rules, children then participated in episodic memory training such that they would become more relaxed and conversational before the transition phase began. Interviewers welcomed children by asking after their general welfare ('How are you?') and offering gestures of good will ('Would you like a drink?'). The RP also encouraged interviewers to use various non-suggestive supportive techniques throughout the interview (welcoming the child ['Hi, I am glad you are here at our center, let me show you around'], using the children's names, reinforcing positive behavior ['Thanks, Johnny, you are doing a great job listening to my questions'], asking about feelings ['How are you feeling right now?'], showing interest in the children's experiences ['Tell me more about that'], expressing thanks ['Thanks for letting me listen to you'], empowering the children as sources of information about personal experiences ['You were there, so I get to learn from you'], and offering non-verbal support (smiling, eye contact, nodding)).

The RP also provided specific instruction for using both contingent support in response to the children's expressions of emotions or reluctance and non-contingent support aimed at enhancing and maintaining rapport and cooperation even when the children were not actively displaying reluctance. Interviewers were instructed to be responsive to every emotional expression or personal revelation (e.g., 'I felt annoyed', 'I was proud') and to every expression of reluctance, such as omissions ('nothing to say'), overt reluctance ('don't want to tell'), or denial of events that were known to have happened. Interviewers were taught to address expressions of reluctance immediately in all phases of the interview although expressions of emotion related to the event under discussion did not need to be acknowledged immediately.

The supportive strategies were introduced in graduated sequences, from those that generally addressed care and safety ('My job is to keep children safe'), through those that emphasized care of the specific child ('My job is to keep *you* safe'), and finally those that addressed care of the specific child and implied that abuse may have occurred ('My job is to keep you safe and I am *worried* something happened to you')—the latter being recommended only when there was independent evidence suggesting that abuse had occurred (e.g., medical evidence, photographs, videos, suspect confession).

In order for the interview progression to be adapted appropriately to children's emotional needs, the RP training explained how to evaluate cooperation and/or reluctance,

and also reviewed the interviewer's own attempts to cope with reluctance and the child's reactions to various interventions. Informative responses from the child and nonverbal signs of engagement (e.g., keeping eye contact, leaning toward the interviewer) were indicative of cooperation, while omissions, direct expression of resistance (verbal or non-verbal) and denials were indicative of reluctance (See Interview Transcript Coding below).

Although such evaluations were encouraged throughout the interview, specific guidance was provided at the end of rapport-building, during the transitional phase (after posing general open prompts and at the end of this phase), and before ending the substantive phase.

In the RP, the interviewers assessed if sufficient rapport was established by the end of rapport-building (before moving on to the transition phase). If children were clearly reluctant by the end of the rapport-building phase, the interviewers were instructed to end the interview at that point and plan another interview designed to deepen rapport.

At the end of the open-ended transitional prompts, more specific prompts were provided to children who appeared cooperative but did not appear to recognize the purpose of the interview. For children who appeared reluctant (and were aware of the purpose of the interview), supportive statements were recommended (*not* increased prompt specificity). If children persisted in their reluctance despite supportive statements, interviewers were advised to end the interview at this point and plan another one.

When more specific prompts were provided during the transition phase, the interviewers were instructed to assess children's reluctance after each question and if it became clear that the child understood the aim of the interview but was reluctant, the interviewer was instructed to provide support as much as possible; and to prioritize scheduling another interview to deepen rapport rather than to continue in the initial interview and ask more specific questions.

*Rapport building.* Children who were unresponsive to ice-breaking invitations were offered the opportunity to draw a picture of something they liked to do and/or were asked about clothing they were wearing ('I can see you are wearing [a soccer jersey], tell me about it'). Interviewers were asked to proceed from the rapport-building to the transitional (TR) phase only when they evaluated that the child was sufficiently comfortable to discuss the possibility that abuse might have occurred (e.g., the child appeared comfortable talking and using full sentences).

*Transition (TR).* Interviewers were taught specific non-intrusive supportive statements to use in order to manage varying degrees of reluctance during the TR phase. If children did not make allegations when offered the most general TR prompts ('Tell me why you came here today'), interviewers were taught to use generalized support, which did not refer directly to the interviewee or possible abuse ('It's really important to me to know when things happen to children. That's what I am here for', 'Here, children can talk about good and bad things') before offering the next TR prompt. Specific prompts were only offered to children when the interviewer surmised that the child may not have

recognized the interviewer's interest in a specific target event and thus needed additional cueing. If the interviewer determined that the child was being uncooperative or reluctant, by contrast, s/he was advised to avoid specific prompts and instead provide support and manage the child's reluctance.

Children who continued to be reluctant in response to more specific TR questions ('Did something happen to you at [place or time]?') were given support that referred directly to them but still did not make direct reference to the suspected abuse ('You told me a lot about yourself, and I feel I know you better. You can tell me more about the good and bad things that happened to you', 'Thank you for sharing so much with me about yourself. Today you can go on and tell me about other things that have happened to you', 'If there is anything you want to tell me or that is important for me to know, it is my job to listen').

Children who continued to display reluctance despite independent evidence that they had been abused were offered support that referred to generalized concerns ('People are worried about you, and I want to know if something may have happened', 'If something has happened to you and you want it to stop, you can tell me', 'Perhaps it is hard for you to talk to me, is there something you are concerned about?', 'If something happens to children, it is not their fault.', 'It is your choice whether to tell and I will respect your choice').

A guiding principle in the TR phase was that the supportive comments were never more intrusive than the associated information-seeking prompts. By the end of the transitional phase, the interviewer was asked to evaluate whether the child was being uncooperative or whether he may not have experienced abuse. When the interviewer concluded that the child may have been abused (due to external evidence such as medical injuries, videos, or suspect confessions) but was unwilling to disclose, a subsequent interview was recommended in order to allow further rapport building to promote cooperation.

*Substantive phase.* Interviewers were advised to maintain rapport, continue to supply support, attend and respond to emotional content, and immediately address reluctance in the substantive phase. If children appeared insufficiently comfortable or reluctant to discuss the allegations in detail, interviewers were advised to avoid further questioning and plan a follow-up meeting dedicated to enhancing the children's trust/comfort.

### Interview transcript coding

The coding scheme described below was used for both training and research purposes. In the course of the training, the researchers taught both the trainers and the trainees this coding scheme and provided them with continuous feedback on the accuracy of their coding.

Interview videos were transcribed and checked to ensure completeness and accuracy. Each conversational turn was then coded for the presence or absence of adequate interviewer support, inadequate interventions, the absence

of supportive responses when they would have been appropriate, and instances of child reluctance.

Six categories of *Support* were distinguished: (i) *Personally addressing* the child by name ('Tell me more about seeing your dad, *Angela*.'); (ii) *Positively reinforcing* the child's cooperation by praising/thanking him/her for listening to questions or for providing many details ('Thank you for letting me listen to you' 'Thanks for telling me about so many things'); (iii) *Initiating rapport* by expressing interest in knowing the child ('I want to know more about you') or by being hospitable ('Would you like a glass of water/to take a short break?'); (iv) *Emphasizing rapport* by expressing care or concern for the child ('I care about you and want to help') or by presenting him/herself as someone to whom children could disclose because it was their duty to ensure children's welfare ('My job is to keep children safe') (v); *Empathically relating to the child's expressed feelings* by accepting, echoing, or inquiring about them ('Tell me more about being embarrassed to say that' [after the child already indicated s/he felt embarrassed]); (vi) *Encouraging* the child to disclose by emphasizing the importance of reporting and the fact that the child was a unique source of knowledge, expressing confidence in his or her abilities, legitimizing his/her reports ('Here you can talk about everything') or offering assistance ('Would you prefer to write or to spell instead of saying it?', 'Will it help if your teacher joined our conversation?').

Five types of *inadequate interviewer responses* were distinguished: (i) *suggestive support* provided by offering supportive statements that involved presumptions about the child's personal situation ('You should not be afraid' when the child did not say s/he was afraid) or selectively reinforcing the child for reporting certain contents ('You are telling me very important things'); (ii) *confrontations* that involved challenging the child's report ('How could that be?'); (iii) *causing discomfort* by interrupting, criticizing, coercing, or using the wrong name; (iv) providing unfounded reassurance and making promises that cannot be kept, such as that nothing bad would happen to the child or

the offender; (v) *Absent adequate response* when the interviewer failed to respond supportively when the child signaled discomfort (or ignored the child's questions and requests).

Instances of child *reluctance* included omissions (no response, 'I have nothing to say'), resistance ('You ask too many questions', 'I don't want to tell', 'I'll answer only this last question', 'I want to leave'), and denials ('Nothing happened').

Finally, all interviewer utterances were categorized on the basis of the type of information request as invitations, directives, option-posing, and suggestive prompts (e.g., Lamb et al., 2008). Definitions and examples of the utterance types are provided in Table 1.

### Inter-rater reliability

Coding was performed by two of the researchers (in addition to the supervisor and interviewer), who established reliability on a separate set of transcripts prior to coding transcripts for the study. To ensure that good inter-rater reliability was maintained throughout the coding process, 20% of the transcripts were independently coded by both coders. For the dichotomous support, inadequate interviewer responses, and reluctance coding, reliability was calculated at the interview level (i.e., frequency of agreements regarding instances of support, inadequate interviewer responses, and reluctance in all turns in each interview), with Kappas = .92, .92, and .93, respectively. For utterance type, Kappa = .88.

### RESULTS

Fifty-three interviewers, nested within 16 supervisors, contributed a total of 321 interviews. Some interviewers contributed multiple interviews at specific time points (see Table 2 for distribution of interviews contributed at each time point). Preliminary analyses revealed that the effects of child age and time of assessment on the dependent

Table 1. Interviewer utterance types

Prompt	Definition	Examples
Invitation	Open-ended, input-free utterances used to elicit free-recall responses from children. Such questions, statements, imperatives, or contextual cues do not restrict the child's focus except in a general sense. Invitations can also follow up on information just mentioned, or cue for additional free-recall elaboration about details previously mentioned.	'Tell me what happened?' 'You mentioned he came into your room. What happened after that?'
Directive	Open-ended cued-recall questions that refocus the child on aspects or details of the allegation that they have previously mentioned, mostly using 'WH' utterances to request further information.	'When did that happen?' 'What did he do with his hands?'
Option-posing	These focus the child's attention on details or aspects of the alleged incident that the child has not previously mentioned, asking the child to affirm, negate, or select an investigator-given option, thus using recognition memory processes. Option-posing questions do not imply that a particular response is expected.	'Was it over or under your clothes?' 'Did he touch you?'
Suggestive	Statements or questions that communicate the expected response. They may introduce information not mentioned by the child but assumed by the attorney, or query the truthfulness of the child's response.	'How long did he touch you for?' (when touch was not mentioned by the child)

Table 2. Descriptive statistics regarding the interviews studied

	Time point			
	Baseline	After first training	After second training	After third training
Mean (SD) of interviews contributed per interviewer	1.23 (.43)	2.37 (1.27)	1.08 (.27)	1.45 (.75)
% ( <i>n</i> ) Interviewers contributing more than one interview	23% (12)	71% (37)	8% (4)	32% (17)
Minimum, maximum number of interviews contributed per interviewer	1, 2	1, 6	1, 2	1, 4

*Note.* Baseline interviews included those conducted before the RP training.

variables were the same in every interview phase (rapport building, transition, substantive), so the interview phase variable was not included in the analyses reported here, which thus focused on interviews in their entirety. No effects due to supervisor were found. Examination of interviewer utterance types (invitations, directives, option-posing, suggestive prompts) revealed that high quality free recall prompts were predominantly used throughout the course of training, with far fewer instances of option-posing and suggestive prompts (Table 3).

### Examining effects of change across training period

In order to examine the effects of change across the training period, assessment time points were defined as 0, .33, .67, and 1, such that one unit of change in the dependent variable was calculated from the baseline (i.e., before the RP training, which included the standard NICHD Protocol [ $n = 7$ ] and RP interviews [ $n = 57$ ], coded 0, to the end of training (coded 1). Time point 0 (baseline) involved initial assessments which included interviews conducted before implementation of the RP; time point .33 (after first training) involved interviews conducted after the first training session; time point .67 (after second training) involved interviews

conducted after the second training session; and time point 1 (after third training) involved interviews conducted after the third training session. The assessment time points (after first, second, third trainings) were determined because most interviewers were able to contribute at least one interview for every time point.

A series of hierarchical linear models (HLMs) were assessed using the average proportion of turns containing support (number of supportive turns divided by total number of turns), inadequate responses (number of inadequate response turns divided by the total number of turns), and interviewer insensitivity as dependent variables. To quantify interviewer insensitivity, the number of turns in which support should have been provided (i.e., the child expressed some reluctance) but was not was divided by the total number of reluctant turns. Main effects of assessment time point (0, .33, .67, 1) and age (4- to 8-year-olds, 9- to 14-year-olds) were assessed in the HLM analyses, with interviewers nested within supervisors. Means (SDs) are displayed for each dependent variable (support, inadequate responses, insensitivity) by assessment time point and age in Tables 4 and 5, respectively.

Scores on every dependent variable were affected by age. Interviewer insensitivity was lower for younger ( $M = .16$ ,

Table 3. Average proportion (SD) of utterance types by time point (unit of measurement is interviewer)

	Baseline Mean (SD)	After first training Mean (SD)	After second training Mean (SD)	After third training Mean (SD)
Invitations	0.58 (0.1)	0.58 (0.11)	0.58 (0.12)	0.56 (0.11)
Directives	0.25 (0.09)	0.26 (0.1)	0.26 (0.1)	0.27 (0.1)
Option-posing	0.15 (0.07)	0.14 (0.05)	0.14 (0.08)	0.16 (0.09)
Suggestive	0.02 (0.02)	0.02 (0.02)	0.02 (0.02)	0.01 (0.02)

*Note.* In order to examine the effects of change across the training period, the times of assessment were defined as baseline, after first training, after second training, and after third training. Baseline interviews included those conducted before the RP training.

Table 4. Average proportional levels (SD) of reluctance, support, and inadequate responses and average insensitivity to reluctance rate by time point (unit of measurement is interviewer)

	Baseline Mean (SD)	After first training Mean (SD)	After second training Mean (SD)	After third training Mean (SD)
Reluctance	0.16 (0.12)	0.16 (0.10)	0.14 (0.10)	0.17 (0.09)
Support	0.28 (0.10)	0.4 (0.15)	0.36 (0.16)	0.42 (0.16)
Inadequate support	0.19 (0.09)	0.14 (0.07)	0.12 (0.07)	0.13 (0.05)
Insensitivity rate	1.16 (1.40)	0.86 (0.91)	0.71 (0.34)	0.67 (0.35)

*Note.* In order to examine the effects of change across the course of training, the times of assessment were defined as baseline (0), after first training (.33), after second training (.67), and after third training (1). Baseline interviews included those conducted before the RP training.

*Note.* To quantify interviewer insensitivity, the number of turns in which support should have been provided (i.e., the child expressed some reluctance) but was not was divided by the total number of reluctant turns.



Table 5. Average proportional levels (SD) of reluctance, support, inadequate responses, and sensitivity to reluctance by age (unit of measurement is interviewer)

	4- to 8-year-olds Mean (SD)	9- to 14-year-olds Mean (SD)
Reluctance	0.20 (0.07)	0.14 (0.07)
Support	0.42 (0.12)	0.33 (0.11)
Inadequate support	0.16 (0.06)	0.14 (0.05)
Insensitivity	0.69 (0.25)	0.97 (.84)

$SD = .08$ ) than older children ( $M = .97$ ,  $SD = 1.13$ ),  $F(1, 159) = 6.43$ ,  $p = .012$ ,  $\beta = .07$ . The younger children also received more support ( $M_{4- \text{ to } 8\text{-year-olds}} = .42$ ,  $SD = .15$ ;  $M_{9- \text{ to } 14\text{-year-olds}} = .34$ ,  $SD = .14$ ),  $F(1, 129) = 7.26$ ,  $p = .008$ ,  $\beta = .06$ , and more inadequate responses ( $M_{4- \text{ to } 8\text{-year-olds}} = .16$ ,  $SD = .08$ ;  $M_{9- \text{ to } 14\text{-year-olds}} = .13$ ,  $SD = .16$ ),  $F(1, 235) = 27.11$ ,  $p < .001$ ,  $\beta = .07$ , than older children did.

Interviewer behavior also changed over time. For insensitivity,  $F(1, 165) = 7.52$ ,  $p = .007$ ,  $\beta = -.34$ , significant decreases relative to baseline were evident after the second (.67),  $p = .02$ , and third training sessions (1),  $p = .004$ . For support,  $F(1, 169) = 42.80$ ,  $p < .001$ ,  $\beta = .12$ , pairwise comparisons revealed an increase in support relative to baseline at each subsequent time point (.33, .67, 1) ( $ps < .003$ ) and an increase in support between the 2<sup>nd</sup> (.67) and third training sessions (1),  $p = .02$ . For inadequate support,  $F(1, 246) = 24.30$ ,  $p < .001$ ,  $\beta = -.01$ , decreases relative to baseline were shown at every time point (.33, .67, 1),  $ps < .002$ .

There was also an interaction between age and time point,  $F(1, 244) = 14.70$ ,  $p < .001$ ,  $\beta = -.08$  with respect to inadequate responses. The age  $\times$  time point interaction (Figure 1) revealed that younger children received proportionally more inadequate responses than older children at baseline,  $t(62) = 2.98$ ,  $p = .004$  ( $M_{4- \text{ to } 8\text{-year-olds}} = .23$ ,  $SD = .09$ ;  $M_{9- \text{ to } 14\text{-year-olds}} = .16$ ,  $SD = .08$ ), and after the first training session (.33),  $t(121) = 4.58$ ,  $p < .001$  ( $M_{4- \text{ to } 8\text{-year-olds}} = .17$ ,  $SD = .08$ ;  $M_{9- \text{ to } 14\text{-year-olds}} = .12$ ,  $SD = .05$ ). By the final two assessments (.67, 1), younger and older children received comparable and lower levels of inadequate responses,  $ps > .25$ .

Proportional levels of inadequate support over training sessions by age

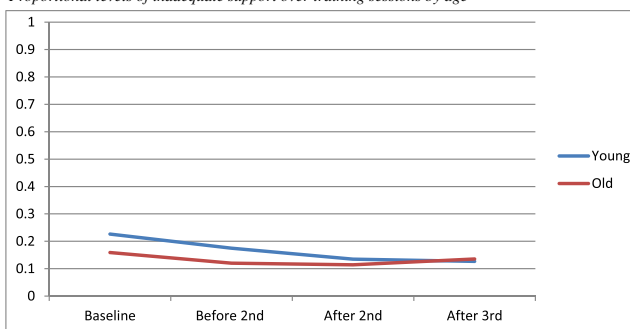


Figure 1. Proportional levels of inadequate support over training sessions by age [Colour figure can be viewed at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)]

## DISCUSSION

The purpose of the present study was to examine how training in use of the RP affected the way forensic interviewers interacted with alleged victims of child abuse. The updated Protocol provided extensive guidance on the use of supportive interventions in response to manifestations of reluctance and was introduced in a series of structured training sessions in which interviewers reviewed instances of support and reluctance in their own interviews by coding transcripts and participating in on-going training sessions. We expected interviewers to become less insensitive to reluctance, to provide increasing amounts of support, and to provide decreasing amounts of inadequate support over the period of training, without changes in the extent to which they made use of free recall prompts.

As predicted, interviewers became less insensitive to children's reluctance over time, underscoring the superiority of current training; by contrast, the initial RP training led interviewers to provide increased levels of support though not in response to manifestations of reluctance on the part of the children (Ahern et al., 2014). The demonstrated success of the current training may be due to the amount of guidance interviewers received on the use of the support (e.g., with separate focus on every interview phase) as well as to the intensive and extended period of training, during which interviewer performance was evaluated by interviewers, supervisors, and researchers in group and individual feedback sessions that included critical reviews of recently completed interviews. Moreover, the fact that the interviewers coded instances of reluctance and support, as well as missed opportunities for providing support in their own interviews, may have heightened their awareness of these behaviors.

The overall use of support also increased while the occurrence of inadequate support decreased over the course of training, as was true in pre-post assessments in the earlier implementation of the RP (Hershkowitz et al., 2013). Increases in the overall amount of support provided were evident in successive assessments, suggesting that the trainees quickly grasped the techniques being taught and continued to benefit from and improve in response to further supervisory guidance and training. The fact that the provision of inadequate support also declined over the course of training further demonstrates the positive impact of being trained to use the RP.

Interestingly, interviewers offered more support as well as more inadequate responses to younger than to older children. However, differences due to age for inadequate responses disappeared after the second training session. Perhaps, interviewers' differential sensitivity to signs of reluctance was attributable to differences in the ways in which younger and older children verbalized their reluctance. This would imply that the passive resistance exhibited by older children (pausing; 'I don't know') may be more difficult for interviewers to detect and address supportively than active resistance ('I want to go') by younger children. It is also possible that interviewers were more empathic toward younger children because they appeared more immature and vulnerable.



Importantly, the interviewers' increasingly skillful use of supportive interventions was not accompanied by any change in their use of the most cognitively appropriate utterance types (i.e., invitations), perhaps because all of the interviewers had had extensive experience using the NICHD Protocol and knew that they were expected to continue employing the interviewing techniques that had been mandated nationally for nearly 20 years. The extensive provision of support in interviews primarily comprising open-ended prompts is noteworthy and important because suggestive questioning can undermine the value of children's testimony (Lamb *et al.*, 2008).

It is also worth noting that some skills were more easily acquired in the course of training whereas others took longer to perfect. For example, trainees quickly increased the rates at which they provided support and decreased the rates at which they responded inadequately, whereas sensitivity to signs of reluctance only increased after further training sessions. Similarly, improvements in responding to young children took place later than improvements in patterns of responding to older children. In both cases, it is clear that it is difficult to develop and enhance sensitive interviewing skills and difficult to ensure that the lessons learned are correctly and fully generalized.

## LIMITATIONS AND FUTURE DIRECTIONS

Our results highlight the potential utility of having interviewers recognize instances of reluctance and support in transcripts as a means for promoting adherence to the RP, although we do not know whether the improvements were maintained after training. Because withdrawal of interviewer supervision is often associated with declines in interviewer compliance with guidelines (Lamb *et al.*, 2002), a follow-up study examining the interviewers' behavior after the final training session would be valuable. It may also be fruitful to determine whether interviewers benefit more after receiving feedback from supervisors/researchers rather than only from their peers. Such a study might also explore the extent to which supportive skills could be maintained through self-evaluation, obviating the need for continued 'expert' advice, which can be costly. Moreover, our sample largely comprised physical abuse cases, and it is unclear whether the findings would have been the same had alleged victims of sexual abuse been more numerous.

Researchers should also strive to examine other ways in which children might display reluctance when describing negative events. For example, vague responses ('Then we did *it*') or advanced sexual language ('Then we *had sex*.') may reflect discomfort and reluctance whereas the focus here and in previous research was on omissions (no answer), denials ('Nothing happened'), digressions, and active resistance ('I don't want to talk') (e.g., Ahern *et al.*, 2014; Hershkowitz *et al.*, 2013). Future work should also investigate which aspects of interviews, such as requests to label body parts or repeated questions, appear to be especially distressing for alleged victims and which may be unhelpful in promoting narrative richness. It would also be informative to determine whether different ways of demonstrating support

in response to different manifestations of reluctance affect children's cooperativeness and informativeness, how the use of supportive techniques affects children's feelings about being interviewed, and whether the use of the RP consistently affects disclosure rates. Previous work has demonstrated the positive effects of non-suggestive support on children's testimonial accounts (Hershkowitz *et al.*, 2014, 2013), and future work should examine the effects of the supportive techniques studied here on children's responding.

Finally, it is critical to bear in mind that, at the outset of many investigative interviews, it is unknown whether the children had been abused, and thus interventions designed to assist with reluctance to disclose must be non-suggestive. The types of support used in this study should be replicated in the laboratory to ensure the supportive interventions employed are not suggestive and do not make non-abused children appear uncomfortable. In addition, it is critical to consider the disclosure history prior to the forensic interview and the presence or absence of external evidence (e.g., photos, medical evidence).

## CONCLUSION

Many children are reluctant to disclose abuse due to embarrassment, fear, and anticipated negative consequences, but researchers have only begun to examine the effects of training forensic interviewers to manage children's reluctance. In this study, the support of 53 experienced interviewers was assessed while they were interviewing 321 3- to 14-year-old alleged victims during the course of training to use the RP. The use of support increased, with the most marked differences between levels evident at baseline and in the last two interviews assessed. Over time, instances of inadequate support and insensitivity to children's reluctance became less common. Younger children received proportionally more support, including inadequate support, than older children. The current RP training did not reduce the use of free recall-based questions.

Our findings highlight the benefits of continued supervision and training in social support in forensic interviews over time, which included increases in the levels of support and decreases in the levels of inadequate support and insensitivity. However, much future work is needed in order to fully understand the complexity of sensitively managing children's reluctance in child interviews.

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