

**Conversations with children: Interviewer style in  
evidential and therapeutic interviews**

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The candidate confirms that the work submitted is her own and that appropriate credit has been given where reference has been made to the work of others.

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## Abstract

According to the Home Office Memorandum (1992), a rapport-building phase should always be included at the start of an interview with a child undertaken for criminal proceedings. Research on rapport-building in investigative interviews with children has tended to focus on interviewer techniques in motivating children to give more detailed narratives in the substantive phase of the interview. Little is understood about the way rapport is built or the importance of the relationship between the police officer and the child. Research on the relationship in psychotherapy, however, has found that it is an important predictor of outcome, and that therapists' in-session behaviours differ in high and low alliance therapies. This study was undertaken to investigate how police officers build rapport in evidential interviews with children, and to explore difference in interviewer verbal behaviour between police officers and clinical child psychologists in initial therapeutic interviews.

A brief survey of police officers' and clinical child psychologists' perceptions of the initial phase of an interview with a child was conducted. Verbal behaviours of police officers in the rapport-building phase of investigative interviews with children were explored using Stiles' (1992) verbal response modes (VRM) coding system. These behaviours were then compared with those of clinical child psychologists in initial therapeutic interviews with children. Comparisons were also made between police officers talking to children and published profiles of conversations investigated using Stiles (1992) taxonomy.

The results of the survey revealed that police officers (N = 18) and clinical psychologists (N = 22) had similar perceptions of the initial phase of interviews with children. Whilst some differences were found in VRM profiles, with respect to Edification, Advisement, Acknowledgement and Reflection Intents, the speech acts of police officers (N = 44) and clinical psychologists (N = 8) were generally similar. Further analysis of police officers' verbal behaviour revealed significant main and interaction effects of child and interviewer characteristics. Comparisons were made between police officers' VRMs and speakers in other conversational settings. These revealed that police officers spoke to children in rapport-building most like parents talking to children, the clinical child psychologists in this study, and radio programme hosts talking to callers with psychological issues, and least like attorneys questioning witnesses.

This study has raised a number of issues for further investigation. Future research should emphasise the importance of investigating the interpersonal processes of rapport-building in evidential interviews with children, and explore differences in the quality of rapport built and the effects of such differences.

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## **Chapter 1: Introduction**

"Conducting interviews with child sexual abuse victims must rank as one of the most demanding interview situations, due to the sensitivity of the topic, the reticence of victims, prior threats to maintain secrecy and the potential conflict between getting the evidence and helping the child."

(Spencer and Flin, 1993, p. 337)

This study was undertaken to investigate the process of building rapport by police officers in evidential interviews with children, where sexual abuse is suspected or has been alleged. For many reasons, as outlined by Spencer and Flin (1993) above, these interviews are amongst the most challenging and the importance of establishing good rapport is surely crucial. The verbal style of police officers in rapport-building was investigated and compared with clinical child psychologists' in initial interviews with potential child therapy clients. The study, therefore, draws on a wide base of literature and research covering the following areas: the nature of child witnesses in England and Wales, prevalence and effects of child sexual abuse, investigative interviews with children with particular emphasis on rapport-building, and the importance of rapport in psychotherapy. This literature base is reviewed and summarised, followed by an outline of the aims of the study.

### **1.1 Child witnesses in England and Wales**

#### **1.1.1 Statistics on child witnesses**

Although children may be witnesses about a variety of crimes, the majority of children at present giving evidence in the courts of England and Wales are doing so because of alleged child sexual abuse (Aldridge and Cottrell, 1995). However, it is difficult to estimate the numbers of children acting as witnesses and to what crimes they are witnesses because as Spencer and Flin (1993) have outlined:

"(It is not) possible to quote from any official statistics about child witnesses, because despite official concern about the plight of child witnesses, no one in authority seems to have thought of keeping any kind of record of the number of children who are called as witnesses in legal proceedings, let alone in what capacity they are called, or in what type of case". (p.2)

Thus it is difficult to produce any statistics on the total number of child witnesses, the number of children who allege particular crimes committed against them (*e.g.* sexual), and the number of cases that are taken forward for prosecution or those that fail because the child cannot cope with the proceedings. According to Plotnikoff and Woolfson (1995), there are moves for such data to be collected, although it is not clear if and how this will be published. However, there are a number of useful studies, which provide data on child witnesses.

Butler (1993) (cited in Cherryman, King and Bull, 1999), found that between October 1992 and June 1993, 14 912 videotaped interviews with children were made following newly published guidelines for practice (which will be discussed below). This figure is, of course, only a proportion of the total number of children interviewed during this time frame, but it does give an estimate of the numbers of children

giving evidence about crimes within a relatively short period. The Pigot Committee (1989), in their seminal report on the use of video interviews in child witness cases, found that there were 3229 prosecutions for crimes committed against children in England in 1983, rising to 3723 in 1987 (cited in Spencer and Flin, 1993). In a study by Davies and Noon (1991) of the use of the live-link in Crown Courts (cited in Spencer and Flin, 1993), it was found that 89% of child witnesses were in fact victims of the crimes they were giving evidence about. In their study of investigative interviews with children conducted in one police child protection unit alone, Cherryman *et al.* (1999) found that a total of 205 video-recorded interviews were made between 1993 and 1996 for alleged crimes of sexual or physical abuse. These studies suggest that there are large numbers of children giving evidence about criminal offences, and that the vast majority are in cases where they are the victim of the crime. Furthermore, the offences which the majority of children are giving evidence about are sexual.

Following the government's Speedy Progress Policy of 1988 on the prosecution of cases involving child abuse, Plotnikoff and Woolfson (1995) looked at 200 prosecution case files and followed them through the processes of the legal justice system; through police investigations, to the Crown Prosecution Service (CPS) to management in the courts, and the liaison with Social Services throughout this. The breakdown of the cases looked at by these researchers provides useful data on the nature of child witnesses. Of the 200 cases, there were some 395 children as victims or witnesses. More than half of the cases involved only one child, but a substantial proportion involved 2 or 3, or above. Of the 362 children where detailed information was held, there were twice as many females, the average age for both sexes was between 10 and 11, and in line with the research of Davies and Noon (1991), only 12% were bystanders to crimes, with 88% being victims. In the 200 cases, the vast majority of defendants were male (95%), over 21 years of age (88%), acting alone (93%) and known to the child as a family member, other relative or someone in *loco parentis*. 75% of defendants were charged with more than one count, indeed Plotnikoff and Woolfson (1995) reported one was charged with 37 counts. The most common nature of offences were Indecent assault (49%), Rape (13%), Buggery (7%) and Gross indecency (6%), thus demonstrating that the majority of child witnesses were victims of sexual abuse.

With respect to the disposal of evidence given by children in investigative interviews, Cherryman *et al.* (1999) have provided useful data for the single child protection unit in their study. Of the 205 interviews made, 75% were submitted to the CPS, 22% contained no evidence of a criminal offence, and a mere 3% were deemed to contain false allegations. Of those submitted to the CPS, 70% played an important role in criminal proceedings and 30% were returned with no further action taken.

Despite the difficulties in obtaining national statistics on the numbers of children who are witnesses to crimes and the nature of the crimes they witness, there appears to be some consistent evidence that there are considerable numbers of children in England and Wales who may act as witnesses to crimes committed against them, and that in the majority of cases these crimes are of sexual abuse. The number of cases of child sexual abuse which are prosecuted are, however, likely to be only a proportion of the total



number of children who are victims to such crimes. Below, research indicating much higher rates of child sexual abuse is considered and some of the effects of abuse on the victims explored.

### **1.1.2 The prevalence of child sexual abuse**

Spencer and Flin (1993) outlined three possible sources of data for estimating the (true) prevalence of child sexual abuse: official criminal statistics; child protection registers (set up by local social service authorities); and surveys of adult populations reporting such abuse. Unfortunately, with respect to crime statistics, these have little to offer as only a small minority of cases go on to enter the criminal justice system, and secondly, statistics of crimes are only kept according to offender and offence type thus it is only known to be a crime against a child if the age of the victim is a component of the offence *e.g.* unlawful sexual intercourse with a girl under 16 years (Plotnikoff and Woolfson, 1995). Therefore, any statistics from these sources are likely to be a gross underestimate of the prevalence of child sexual abuse. The NSPCC has tried to estimate national rates of child abuse based upon the numbers of children on child protection registers. The numbers of children being sexually abused based on these estimates are shown below in table 1.1 (cited in Spencer and Flin, 1993).

Table 1.1: Estimates of the prevalence of child sexual abuse in England and Wales from 1983 - 1990

Estimated figures	1983	1984	1985	1986	1987	1988	1989	1990
0 - 16 years								
No. registered	11900	11800	17100	23900	25700	27000	36300	34700
No. sexually abused	900	1560	3000	6400	7200	6200	6600	5300

Based on Child Abuse Trends in England and Wales 1983 - 1987 (NSPCC, 1989) and Based on Child Abuse Trends in England and Wales 1988 - 1990 (NSPCC, 1992).

Whilst these figures are only estimates, they do indicate a noticeably higher rate of child sexual abuse than crime figures would suggest (*e.g.* statistics from the Pigot Report, 1989). The third suggested area of adult self-report surveys suggests a much greater prevalence still. For example, Baker and Duncan (1985) found that 1 in 10 adults suffered some kind of unwanted sexual encounter before the age of 16 at the hands of an adult (ranging from exposure, being shown erotic material, sexual assault to full intercourse). Roughly 1 in 200 had experienced sexual abuse in terms of intercourse, with 1 in 400 being abused by a blood relative.

In a national survey in the United States of parents on disciplinary practices, Finkelhor, Moore, Hamby and Straus (1997) asked parents whether they themselves had experienced sexual abuse prior to age 18 or whether their children had. They found that of the children (aged from 0 to 17 years), 1.9% had been sexually abused in the past year, and 5.7% had ever been abused. Of the parents themselves, 23% reported to have been sexually abused (30% for females, 9% for males). Parents who had been sexually abused themselves were ten times more likely to report that their child had been sexually abused in the last year, and three times more likely to report their child had ever been sexually abused. According to Finkelhor *et*

*al.* (1997), this statistic may indicate parents who have been abused are more likely to notice the abuse of their child or are more willing to disclose their child's abuse, but equally it may also indicate the difficulties those parents face in their ability to protect their child from such dangers.

Wyatt, Loeb, Solis, Carmona and Romero (1999) investigated the prevalence and circumstances of child sexual abuse across a decade in the United States by comparing the incidence reported by two independent samples of African American and European American women. In the 1984 sample (Wyatt, 1985), 45% of women reported at least one incident of sexual abuse prior to age 18 according to the research criteria and there were no significant differences between the two groups. Also in this sample, European American women were more likely to have been abused before the age of 8 (Wyatt, 1985), and African American women were found to have been significantly less likely to have reported the crime(s) (Wyatt, 1990). In the 1994 sample (Wyatt *et al.*, 1999), 34% of women reported at least one incident of sexual abuse, with a slightly higher rate for European American women. No significant difference in prevalence rates was found across the decade. However, both groups of women were more likely to report very severe incidents in the 1994 sample. The rates of abuse reported would seem to be rather high from this study and the definition used for sexual abuse was broad. The definition of sexual abuse used, of which it was not clear whether exactly the same was used in both studies, was of any sexual bodily contact prior to age 18, where the perpetrator was more than 5 years older, or if less than 5 years was unwanted or involved coercion. This appears to be rather over-inclusive as it would include a 17 year old female consenting to sexual contact with a 23 year old male.

The statistics reviewed above can only be regarded as our "best guess" about the true prevalence of child sexual abuse, either because they are only estimates or because they are from studies of populations other than from the UK. However, they do provide evidence to support the idea that there are substantial numbers of children in England and Wales (as elsewhere) that have been sexually abused and some of these children will enter the criminal justice system regarding these crimes. The potential effects of sexual abuse on children are considered below in order to understand the difficulties they already face prior to giving evidence, and of which personnel in the justice system may become aware.

### **1.1.3 The effects of child sexual abuse**

In their early review of the research on the impact of child sexual abuse, Browne and Finkelhor (1986) noted that empirical evidence about its effects was sparse at that time, and what little research had been undertaken tended to be undermined by methodological and sampling problems. In addition, researchers had shown an "adulto-centric" bias in looking at the long-term effects of CSA on adult well-being, thus denying the serious, traumatic experiences of children. However, in considering the initial effects (within 2 years of the abuse, but not necessarily short-lived) on children, Browne and Finkelhor (1986) found in the research they reviewed at least some evidence in a proportion of this population of fear, anxiety, depression, anger and hostility, aggression, and sexually inappropriate behaviour. Also, the kinds of abuse that appeared to be the most damaging according to this research were those involving father figures, genital contact and force.

The Tufts researchers (1984) (cited in Browne and Finkelhor, 1986) gathered data using a range of standardised measures on 4 areas of functioning (overt behaviour, somatised reactions, internalised emotional states, and self-esteem) in children aged from infancy to 18 years who had been victimised recently or victimisation was revealed recently. They found in the younger age group (4-6 years) that 17% met the criteria for clinically significant pathology, which was higher than the normal population but lower than other children in psychiatric care. In an older age group (7-13 years), they found the most disturbed children, with 40% scoring in the seriously disturbed range. This study also found elevated levels of sexual behaviour in 4 to 6 year olds in terms of masturbation, excessive curiosity and genital exposure; whilst 7 to 13 year olds also displayed disturbance in sexual behaviour.

Browne and Finkelhor (1986) found that significant factors contributing to the disturbance experienced in child victims of sexual abuse were the relationship to the offender, type of sexual act, the use of force, and parental reaction. The Tufts (1984) study found that children abused by their step-fathers experienced more distress, and in studying adult survivors of childhood sexual abuse both Finkelhor (1979) and Russell (1986) found abuse by fathers or step-fathers to be more traumatic than by other perpetrators inside or outside the family. In terms of the use of force, the Tufts (1984) study found children subjected to coercive experiences showed greater hostility and were more fearful of aggressive behaviour in others, and that physical injury suffered through sexual abuse was the most strongly associated variable to behavioural disturbance. In an adult sample, Finkelhor (1979) found that use of force explained more of the negative reaction than all the other variables. The Tufts (1984) study suggested that negative parental reaction (*e.g.* anger or punishment) aggravated trauma, although positive reaction did not ameliorate disturbance. Browne and Finkelhor (1986) concluded that although the small body of empirical research at that time did not point to any individual contributing factors being associated with worst prognosis, trends were emerging. In looking at this research they argued that readers should keep in mind the fact that research is in two areas, initial effects on children and the longer-term effects on adult survivors. In addition it appeared to be appropriate to consider the developmental impact of sexual abuse and the developmental nature of when particular disturbance might be manifest.

More recently, Finkelhor and colleagues (Kendall-Tackett, Williams and Finkelhor, 1993) reviewed a total of 45 studies of the impact of sexual abuse on children exclusively, allowing greater understanding of the traumatic effects on children and how they process trauma as well as of the development of psychopathology and important mediating variables. In these studies, comparisons were made between abused children and nonabused clinical and nonclinical control children. Compared to nonabused children, those who had been sexually abused were shown to be more symptomatic on a wide range of variables: fear, nightmares, general post traumatic stress disorder, withdrawn behaviour, neurotic mental illness, cruelty, delinquency, sexually inappropriate behaviour (sexualised play, masturbation, request for stimulation, inserting objects), regressive behaviour (*e.g.* enuresis), running away, general behaviour problems, self-injurious behaviour, internalising, externalising and in half the studies lowered self-esteem. In comparison to clinical, but nonabused children, abused children were actually less symptomatic on all but 2 variables; on PTSD and sexualised behaviour, abused children remained significantly more

symptomatic. Kendall-Tackett *et al.* (1993) discussed reasons for this apparent anomaly: firstly, the clinical nonabused sample may well have contained abused children who had not disclosed for various reasons; and secondly, children in the clinical sample were likely to have been referred specifically for their symptoms and were thus likely to score highly in symptomatic behaviour, unlike the abused sample referred not for symptoms but because of acts against them. Effect sizes were calculated on a number of variables and proved to be large. In particular, sexual abuse status accounted for 43% of the variance for sexualised behaviour and aggression (externalising behaviours) and for 35-38% of the variance for internalising behaviours (*e.g.* depression, withdrawal).

Across all the studies, Kendall-Tackett *et al.* (1993) found the percentage of victims with a particular symptom to be between 20% and 30%. PTSD was the only symptom manifested by the majority of children. In order to explore the possibility of developmental patterns, the authors looked at percentages by age to compare between preschoolers, school-age children and adolescents. They found for preschoolers, the most common symptoms were anxiety, nightmares, general PTSD, internalising, externalising and inappropriate sexual behaviour. For school-aged children, most common symptoms were fear, neurotic and general mental illness, aggression, nightmares, school problems, hyperactivity and regressive behaviour. For adolescents the most common behaviours were depression (withdrawal, suicidal or self-injurious behaviour), somatic complaints, illegal acts, running away and substance misuse. Whilst this suggested "developmental trajectories of changes in symptomatology" (p. 167), it was not possible to say whether the changes occur within a given child at different developmental stages, or the changes represent developmental changes in response to sexual abuse across all children.

A consistent proportion of victims were apparently symptom free; for example, Mannarino and Cohen (1986) found 31% of children were symptom free. Kendall-Tackett *et al.* (1993) argued this could have been for a number of reasons: measures used were not wide enough or sensitive enough; the children had not yet manifested their symptoms and would do subsequently when traumatisation occurred at a later developmental stage, as shown by one study which found asymptomatic children were the most likely to worsen 18 months on (Gomez-Schwartz, Horowitz, Cardarelli and Sauzier, 1990); or that the children were truly less affected, because they had experienced less damaging forms of abuse or they had greater coping resources (more resilient).

With respect to intervening variables, Kendall-Tackett *et al.* (1993) concluded from their review that several variables led to a greater number of symptoms for victims; abuse that included a close perpetrator, a high frequency of sexual contact, a long period of abuse, the use of force, and sexual acts that involved penetration (oral, anal or vaginal). Many of these, however, are of course highly correlated. In addition, there was evidence that lack of maternal support upon disclosure and victim's negative outlook or coping style exacerbated disturbance.

A number of longitudinal studies have been undertaken to investigate the course of symptomatology over time and what factors affect recovery (*e.g.* Friedrich and Reams, 1987). Kendall-Tackett *et al.* (1993)

concluded in their review of this research that in the first 12 to 18 months following disclosure, between a half and two thirds of children became less symptomatic, whilst 10-24% became worse. In addition, 6 to 19% of victims were sexually abused again. In terms of specific symptoms and their course over time, fears and somatic symptoms reduced more readily over time, whilst aggression and sexual preoccupation were more likely to be stable or increase. Factors which mediated recovery were the influence of a supportive family environment and certain kinds of court procedures, for example the negative effects of multiple appearances.

In keeping with more recent developments in child abuse research, many researchers have argued that the effects must be viewed in a broader context and this is the only way to understand apparently divergent findings. Reece (1998), has argued that abusive experiences cannot be viewed as isolated sentinel events. Cicchetti and Toth (1995) discussed the consequences of childhood sexual abuse in a hierarchy of experience in childhood. The effects are to be understood as comprising a series of vulnerability factors interacting with compensatory or resilience factors. As Newberger and De Vos (1988) have said;

"Characteristics of abusive experiences provide only partial explanations for the different ways in which people cope and adapt and how they emerge....strengthened or diminished" (cited in Reece, 1998, p. 534).

This theoretical overview, which emphasises the effects of childhood sexual abuse within a system of interacting vulnerability and protection factors, enables the reader to make sense of apparently confusing results, or sometimes lack of results. Roesler (1994), for example, found that of 188 adults who had been sexually abused as children, those who were badly treated upon disclosure were found to have greater symptomatology. Treatment upon disclosure of abuse may, therefore, be a highly important factor which ameliorates the effects of abuse. With respect to pre-existing vulnerability factors, Alexander (1992) has argued that the significant effects of abuse may result more from the long-term relationships which preceded the abuse and continued after it than from the abusive experience *per se*. Possible attachment systems which may be operating in abusive families were discussed, involving patterns of rejection, parentification and role reversal, and fear/unresolved trauma. Similarly, Friedrich (1998) argued that "sexual abuse is probably as much about parent-child relationships in combination with adverse circumstances as it is about specific aspects of trauma" (p. 523). Research on the behavioural consequences of childhood sexual abuse must be set within the theoretical context of developmental psychopathology (Friedrich, 1998). The context will necessarily include internal (*e.g.* attributional style) and environmental (*e.g.* family) factors. This allows researchers to explore the mechanisms underlying maltreatment and the behavioural consequences of it, for example the effects of abuse on a child negotiating stage-salient developmental tasks. Thus, enduring factors interact with compensatory and resilience factors or transient vulnerability factors to influence adaptation and developmental challenges. Such a research view, according to Friedrich (1998), focuses on the trajectory of development. In order to highlight the need for such a research view, which does not focus merely on the details of the abusive experiences, Friedrich quoted a number of pieces of research in which the victims of abuse had significantly greater problems prior to the abusive experiences (*e.g.* Mannarino, Cohen and Berman, 1994) or where self-blaming attributional style and levels of shame regarding abuse were related to higher

levels of depression or post traumatic stress disorder symptoms (*e.g.* Feiring and Taska, 1997). The strongest predictors of outcome are not necessarily the details of the abuse (*e.g.* severity). Hazzard, Celano, Gould, Lawry and Webb (1995) found the quality of the mother-child relationship to be the only significant predictor of externalising and internalising symptoms in a sample of sexually abused girls. In addition, it is difficult to determine the effects of sexual abuse in isolation, given that children often experience several types of maltreatment (Erickson, Egeland and Pianta, 1989). In a study of the effects of sexual abuse, Friedrich (1997a) examined this cumulative effect. Whilst sexual abuse was found to be significantly related to sexual behaviour (Friedrich, 1997b), the effect size was doubled when sexual and physical abuse were considered in combination. Other studies have found similar cumulative effects (*e.g.* Wolfe and McGee, 1994).

There are clearly some substantial methodological issues to consider in reviewing the wide range of research that now exists on the effects of childhood sexual abuse. Studies have varied considerably in the populations studied, use of a nonabused control group, and in the definitions of abuse used, as well as their theoretical overview on the effects of abuse. Given the comments of Browne and Finkelhor in 1986 that sexual abuse research was almost entirely "adulto-centric", then considerable moves have been made in the right direction. Indications that the effects of abuse need to be viewed in the wider context of developmental psychopathology are strong. Nevertheless, research to date has indicated that children who are sexually abused may have an increased likelihood of experiencing a wide range of psychological symptoms including anxiety, depression, regressive behaviour, self-injury, aggressiveness, and withdrawal, although the interactive causal mechanisms underlying these have not yet been established, but they are only more symptomatic than clinical populations of children in their levels of post-traumatic stress disorder and inappropriate sexual behaviour.

In the following sections, issues concerning how children are interviewed in the criminal justice system are considered, and in particular how children are interviewed when sexual abuse has been alleged or is suspected.

## **1.2 Children Giving Evidence**

### **1.2.1 Interviews with Children**

Ceci and Bruck (1995) have described an interview in its most basic form as a verbal interaction between two people, where one (the interviewer) has the task of obtaining information from the other (the interviewee). According to Ceci and Bruck, adults may have difficulty when interviewing children in obtaining accurate information owing to three main factors: linguistic problems, where difficulties arise in asking children to verbally elaborate on an experience because this is an unusual request; cognitive problems, due to difficulties children have in recalling past information accurately; and emotional problems, where stress, embarrassment and pain may be experienced by children when trying to recall events.

Research on everyday conversations between adults and children, for example, has shown that children commonly give noninformative answers to questions (Pillemer and White, 1989). In response to the question "what have you done today?", a child may only answer "nothing". Adults must, therefore, structure conversations and guide children into elaboration, and they commonly use strategies such as questioning to prompt, repeating questions that are unanswered, using verbal praise, and re-orienting to the main topic to do so (Ceci and Bruck, 1995).

With respect to the emotional difficulties faced by children in interviews, Steward, Bussey, Goodman and Saywitz (1993) looked at children's experiences of coping with and reporting touch and pain in medical procedures. The aim was to gain insight into what motivates or inhibits children to disclose salient events. In paediatric and dental settings, children are subjected to procedures involving touch, which are sometimes painful and stressful (*e.g.* Steward, 1989; Saywitz, Goodman, Nicholas and Moan, 1991). According to Steward *et al.* (1993), such procedures often involve nakedness, possibly genital touch by strangers, embarrassment, pain, trickery, and emotional abandonment by parents who are distressed themselves by what is happening, and children often believe they have become ill, diseased or injured because they are bad. By interviewing children after medical procedures and comparing this with videotapes or observer codings of actual events, children were seen to be highly accurate (90%) in what they reported of touch (Steward, 1989; Goodman, Hirschman, Hepps and Rudy, 1991; Saywitz *et al.*, 1991). However, children only spontaneously reported between 10% and 25% of the touch they had experienced. This relatively low figure could be enhanced by the use of external cues or aids, for example anatomically correct dolls. Two potentially important additional findings were that: touches perceived to be very painful were more likely to be disclosed by 3 to 6 year olds (Steward, 1989; Goodman *et al.*, 1991); and genital touches were less likely to be disclosed by 7 year olds, perhaps through embarrassment (Saywitz *et al.*, 1991). One suggested reason for errors of omission (forgetting as opposed to intentional/commission) was the denial of the reality of the painful touch by significant adults, such as the doctor or parent, which may again parallel events for the child facing investigation for alleged sexual abuse (Steward *et al.*, 1993). Also, research has demonstrated that parental agitation, criticism, adult apologies, giving over of control inappropriately and even reassurance can increase distress in children facing painful medical procedures (Blount, Corbin, Sturges, Wolfe, Prater and James, 1989; Bush, Melamed and Cockrell, 1989).

Research has generally shown children to be co-operative and compliant in a range of conversations with adults, and to perceive adults as co-operative conversational partners, who ask honest and logical questions with real answers (Ceci and Bruck, 1995). Whilst many of the above issues are present in everyday conversations between children and adults, they appear in a magnified form in child forensic interviews, and research in this area has focused quite heavily on specific techniques employed by interviewers and their effects.

### **1.2.2 Evidential Interviews with Children**

As noted by Jones (1996), the interview with the child is of central importance in the investigation of alleged sexual abuse and outweighs all other components in relative weight and contribution. In their review of investigative interviewing literature, Lamb, Sternberg and Esplin (1998) concluded that children are often the only sources of information about possible abusive experiences. Furthermore, whilst they can prove to be reliable and valid informants, the quality and quantity of information they provide is greatly influenced by the ways in which they are interviewed.

Lamb, Sternberg and Esplin (1994) identified five factors which profoundly affect children's capacities as witnesses: they tend to be reticent with unknown adults and this can make them uncommunicative; they are used to being tested by adults but are rarely the only source of information about an event; they have poorer linguistic skills than adults, for example they use words idiosyncratically and have more restricted vocabulary; they have poorer memory skills than adults, meaning they forget more quickly, and have fewer experiences to associate new information with, but they are no more prone to error than adults; and pre-schoolers are especially prone to suggestion, particularly post-event contamination. However, with sensitive and appropriate interviewing, which takes account of children's abilities and deficiencies, they can provide accurate, reliable information. As stated by Lamb *et al.* (1998);

"The demonstrable fact that investigative interviews with young children can be rendered worthless by inept practice should not blind us to the substantial literature demonstrating that reliable information can be elicited from young children who are competently interviewed" (p. 815).

According to Saywitz and Camparo (1998), taking account of such factors and interviewing from a developmental perspective will enable interviewers to facilitate children's memory and communicative competence, address children's fears, and facilitate an honest exchange of reliable information. Their guidelines for interviewing from this approach are summarised below in table 1.2.



Table 1.2: Guidelines when interviewing children from a developmental perspective (Saywitz and Camparo, 1998).

When talking to children in an age appropriate manner, interviewers must pay attention to:	
• developmental sensitivity	to minimise the risks of omissions, distortion or inconsistencies, interviews should be carried out to take account of age related differences highlighted by research in memory, suggestibility, language, reasoning, knowledge, experience and emotional maturity;
• developmental assessment	a developmental assessment should be made of the child's abilities prior to questioning either by informal procedures or standardised measures;
• phrasing questions	during the rapport phase of the interview, the child's language in terms of grammar and vocabulary can be evaluated and then the interviewer can match this style in phrasing questions to the child;
• content of questions	a child's knowledge base and reasoning ability must be considered when interpreting the content of their answers. For example, a child who has not yet acquired the rules of systems of measurement (knowledge base) cannot be expected to give consistent information using these to specify locations. Similarly in terms of reasoning ability, a child who has not yet acquired the ability to view the world from others' perspectives will have difficulty in inferring what others thought or felt;
• objectivity	interviewers should retain an objective, neutral stance (conveyed by tone, facial expression, questioning style) during the interview in order to minimise risks in terms of false allegations or failure to detect genuine abuse. Alternative hypotheses should be constantly generated to explore statements, but challenging by means of bullying, coercing or contradicting should not be employed;
• reducing suggestibility	research on this area suggests that interviews are best begun with an uninterrupted account of a past event where the child is encouraged to elaborate in their own words followed by more specific and potentially leading questions. Leading questions should be as minimally leading as possible ( <i>e.g.</i> "what happened next?") and strongly worded or accusatory questions be avoided. At times more specific questioning will be developmentally appropriate and interviewers must make pragmatic decisions of this order at that time;
• flexibility	interview techniques need to be flexible and not follow rigid protocols or expectations based merely on a child's chronological age. Research has shown that factors such as temperament, attachment and coping style can play a greater role in the recall of stressful as opposed to mundane events ( <i>e.g.</i> Goodman, Quas, Batterman-Faunce, Riddlesburger and Kuhn, 1994). The interview's pace, breadth and depth will depend on the way the individual child copes with anxiety, details of the specific alleged offence, and the investigative process itself;

(Table 1.2 continued)

• overcoming anxieties	children are likely to be anxious about being interviewed and maltreated children may be less well equipped to cope with the anxiety and separation from their attachment figure than others because of their insecure or disorganised attachment to caretakers (Cicchetti and Toth, 1995). Empathy is a clinical tool which can be appropriately used to support a child's anxiety. Equally, rapport-building is likely to be closely associated with anxiety. Carter, Bottoms and Levine (1996) reported beneficial effects of rapport and social support on children's recall comprising "warm socioemotional support in the form of eye contact, smiles, and general emotional approval, given without regard for the accuracy or inaccuracy of children's responses"(p. 353). Saywitz and Camparo (1998) recommended the use of empathy, appropriate rapport-building and the outlining of the interview purpose and rules as strategies to overcome anxieties;
• interpreting responses	children's answers should always be interpreted within the context of a developmental framework. Answers which may not be factually accurate, may well be developmentally appropriate and should be considered as such. Equally, emotional responses ( <i>e.g.</i> indecision, avoidance, anxiety) should be interpreted according to their developmental appropriateness.

In addition to the necessity of interviewing from a developmental perspective, there is a growing body of research on the importance of interviewer technique on children's information given in terms of its content and completeness. Lamb, Hershkowitz, Sternberg, Esplin, Hovov, Manor and Yudilevitch (1996) and Sternberg, Lamb, Hershkowitz, Esplin, Redlich and Sunshine (1996) found open-ended prompts ("invitations") yielded responses which were 3 times longer and richer than more focused prompts. Although younger children provided briefer responses, they too gave longer and richer responses following open-ended prompts. However, as analogue studies show (*e.g.* Saywitz *et al.*, 1991), important forensic details may be omitted from narratives unless direct questions are asked. It was argued that, for example, omitting details about genital touch was due to embarrassment (Saywitz *et al.*, 1991). Disclosure too may be affected by factors such as embarrassment, fear of retaliation and fear of intervention (Sternberg, Lamb, Hershkowitz, Yudilevitch, Orbach, Esplin and Hovav, 1997), and the child's understanding of the purpose of the interview and its social context. Given that children who have been abused have often been told not to tell others or something will happen to them or a significant other, there are many barriers to disclosing. Keary and Fitzpatrick (1994) found that children who had previously disclosed abuse to another, *e.g.* caretaker, were six times more likely to disclose during formal investigation than those who had not. However, children under 5 years of age were the least likely to disclose, irrespective of previous disclosure. Sternberg *et al.* (1997) argued that this research gives some preliminary information on patterns of disclosure, but that there is a need for further research in understanding what aids or inhibits children's abilities to describe abusive experiences.

Wood, Orsak, Murphy and Cross (1996) provided the first empirical description of child and interviewer behaviours in semi-structured child sexual abuse interviews. They explored the relationship between child

and interviewer characteristics, and interview credibility, using a method of coding devised by Wood (1990). The Child Abuse Interview Interaction Coding System (CAIICS) was developed from the recommendations of Bakeman and Gottman (1986) and consists of a set of child behaviours (observed behaviours, observed emotions and types of disclosure) and of interviewer behaviours (type of question asked, support provided, and information provided) to code interactions, for example at 10 second intervals. Using this, Wood *et al.* (1996) analysed and coded 55 semi-structured child sexual abuse interviews, to examine the relationships between the child's behaviour, age and gender, and the behaviours of the interviewer. The results also showed: that the children were attentive, relaxed, and displayed little emotion during disclosure; interviewer behaviour did not differ for the child's gender, but older (school-aged) children were more likely to be asked choice questions which contained options whilst younger (preschool-aged) children were asked open-ended questions; younger children did not disclose as much as older, and were more difficult to form a rapport with, perhaps indicating the interview as less well suited to them developmentally; no interviewer behaviours were related to interview credibility, including use of leading questions; but the age and gender of the children was related to credibility, with older (schoolage) female children being perceived as more credible by the researchers. ("Credible" interviews were those in which the child's disclosure was adequate for use as evidence in legal proceedings).

### **1.2.3 Changes in Children Giving Evidence**

Under section 32A of the Criminal Justice Act 1988 (inserted by the CJA 1991), video-recorded interviews of child witnesses became admissible as evidence-in-chief in criminal proceedings involving cases of physical harm or threat, neglect, or a sexual offence. The interview would be admissible in court in criminal proceedings and not subject to the hearsay rules (such tapes are freely admissible in civil cases already). This was seen as a partial implementation of recommendations made by the Pigot Committee (1989), who published a report on the use of video evidence of child witnesses. The Home Office Advisory Group/The Pigot Committee (1989) actually recommended that children be jointly interviewed by police officers and social workers, the police then show the tape to the suspect, the judge then review the tape and rule on its admissibility before a preliminary hearing in which the child would be cross-examined on video (the deposition), an additional video be made if necessary, and then the tapes be used in court at a trial where the child does not have to be present. These recommendations were not accepted in total at the time, with only the use of video interviews being used to replace the child's evidence-in-chief. Children must currently be present at the trial for cross-examination via an open court, use of a screen (to shield either child or the accused), or live-link. The original Pigot proposals are, however, currently under further review.

Various arguments for and against the use of video recorded interviews have been critically discussed by Spencer and Flin (1993) in light of the CJA 1991. Most of the arguments against their use, for example that they distort the impact of evidence to jury members or that they make it easier for children to tell lies, are weak and fail to quash the overarching need to provide a way for children to give evidence in as minimally stressful a manner and as close in time to the allegation as possible. As Spencer and Flin (1993) have put it:

"Where a child has been abused, in the nature of things there will probably be only two eyewitnesses, one of whom is the offender and the other is the child. So it is vital - sometimes quite literally so - that the law should provide a workable means by which a child can tell his story to the court, and the court can evaluate it" (p.1)

Amongst the various arguments for video recorded interviews discussed by Spencer and Flin (1993) is the fact that they allow the court to see an accurate record of what was said when the allegation was made and how it was said, as well as providing a record of how the investigating officers questioned the child. In addition, Spencer and Flin have argued that showing the video of the child's evidence to the defendant may lead to earlier guilty pleas, although evidence for this appears to be speculative and anecdotal. Despite the advantages that have been argued for the use of video recorded interviews with children, of 100 cases identified by Plotnikoff and Woolfson (1995) as being investigated post CJA 1991 (in which video recorded interviews could be used as evidence-in-chief), in only 36 cases had such a video been made. And of these 36 cases, only nine proceeded to trial, with a mere three where the video was used as evidence-in-chief. In all these three cases, the trial ended in acquittal of the defendant. As noted by Plotnikoff and Woolfson (1995), these results may have had a significant impact on willingness to use this procedure in further cases. Equally, given that in 20 of the cases in which a video recorded interview had been made a guilty plea was entered, it is at least possible such tapes had the effect of increasing guilty pleas and avoiding trials.

In addition to legal changes allowing these video recorded interviews to be used as evidence-in-chief in child witness cases, a number of events took place which led to the establishment of guidelines on how these interviews should be conducted. Following high profile child sexual abuse cases and the subsequent Report into the Cleveland Inquiry by Lord Justice Butler Sloss (DHSS, 1988), a whole chapter was devoted to the issues of "listening to children", and 12 recommendations were made for professionals when interviewing children. These included the need for interviews to be conducted by trained and experienced interviewers, for careful recording of the interview to be made, and for the interview to be made with an open mind. These guidelines were then used to criticise poor interviewing techniques and procedures, although they were of course only guidelines as to what was seen as "good practice". Following another series of high profile cases in Orkney (Clyde, 1992), where apparently incompetent interview techniques led to the collapse of legal proceedings, there was general support for the development of a generic protocol on conducting investigative interviews with children and the Memorandum of Good Practice was developed.

#### **1.2.4 The Home Office Memorandum of Good Practice on Video Recorded Interviews with Child Witnesses for Criminal Proceedings (1992)**

The Memorandum has been criticised by a number of authors. McEwan (1993) said that it comprised "an uneasy mixture of legal technicality, sympathy for the child, and advice drawn from the experience of professionals" (p. 20). Roberts and Glasgow (1993) have suggested that it does not adequately address the issue of conducting interviews with children who are reluctant to speak, or who are highly traumatised. They also argued that it does not give guidance on which cases this phased approach is most suited to;

they suggested it was more likely to be appropriate for older children, who are more articulate and where a complaint of abuse has been made, whilst it may be less effective with younger children, who are more distressed, may have communication difficulties, and where no allegation of abuse has been made but is only suspected. Despite these criticisms, there has been a general acceptance of these guidelines (Davies, Marshall and Robertson, 1998) by police officers working in child protection across the UK.

Table 1.3: The phased interview in the Memorandum of Good Practice

Phase	Purpose	Approach	To be avoided	Additional comments
Phase I Rapport	To settle the child and relieve anxiety. To supplement the interviewer's knowledge of child. To explain reason for interview. To admonish child to speak the truth.	Any topic which relaxes the child. Play may be needed.	Any mention of the alleged offence. Staring at or touching child at any time.	This phase may need to be repeated at several points in the interview. Never start without it.
Phase II Free Narrative Account	To enable child to give an account in own words.	Provide opportunities to talk about alleged offence at child's pace. Use a form of "active listening".	Questions directed to events not mentioned by child. Speaking as soon as child appears to stop.	Be patient. If nothing related to alleged offence is mentioned, consider moving to Phase IV.
Phase III Questioning	To find out more about the offence.	Questions graduating from general to more specific (open to closed and non-leading to leading questions).	Interrupting child even to clarify language. Repeating a question too soon. Using difficult grammar /sentence construction. Asking more than one question at a time.	Consider at each stage of questioning whether it is in interests of child and justice to proceed further.
Phase IV Closing the Interview	To ensure child has understood interview and is not distressed.	Go over relevant evidence in child's language. Revert to rapport topics. Thank child and allow child to ask questions.	Summarising in adult language.	Never stop without it. Give child or accompanying adult contact name and number.

The Memorandum, which consists of a protocol developed through consultation with experienced interviewers, suggests that the interview process should proceed in a step-wise fashion, called the phased interview, which moves from an initial free recall (or open narrative) to more specific questions. This shares features with protocols devised by other workers (Jones, 1992; Yuille, Hunter, Joffe and Zaparniuk 1993). The protocol of the phased interview recommended in the Memorandum is summarised in table 1.3.

#### **1.2.5 Rapport-building in Evidential Interviews with Children**

As shown in table 1.3, the rapport-building phase is recognised in the Memorandum, as in other protocols, as crucial in investigative interviews with children. The Memorandum states that the rapport phase of the interview should always be present, regardless of previous contact between the prospective interviewer and child. The phase could involve play, drawing, talking about school or interests. It should not in any way be about gathering information regarding the alleged offence. However, interaction in this phase does give the interviewer information about the child's cognitive, social and emotional level of functioning and some indication of how to conduct the interview (*e.g.* sentence length). This phase should also involve explanation (on the interview, the rules and the room *e.g.* camera), reassurance, and a statement on the need to speak the truth, and is to be conducted in a neutral manner. The interviewer's role is one of "a facilitator, not an interrogator" (p. 17). According to Roberts and Glasgow (1993), the Memorandum fails to address how interviewers should proceed with highly reluctant or traumatised children. Similar concerns are also raised in reviewing what little research has been undertaken on rapport-building in evidential interviews.

Sternberg *et al.* (1997) evaluated the effectiveness in a field setting of two techniques for motivating children to provide detailed accounts of alleged sexual abuse. Two different rapport-building techniques were compared; one which elicited information from free-recall memory (open-ended script) and one which elicited information from recognition memory (direct script). In both cases, topics discussed included school, family and recent events and the phase was ended by the same question to start the substantive phase of the interview. The rapport-building techniques were intended to establish shared expectations between interviewer and child about the interview, and the need to correct interviewer misstatements. It was established that there were no significant differences in interviewer utterance types or amounts of information between the two groups.

The amounts of information (both number of words, and details) then provided in the first substantive utterance were compared between the two groups. In addition, to explore developmental differences in the amounts and richness of information provided by the two different protocols, comparisons of older and younger children were made. Results showed that the open-ended rapport-building group provided two and a half times more words and details in their first substantive utterance than the direct rapport-building group. Furthermore, this group continued to produce more details in response to questions in the rest of the interview, although interviewers no longer differed, and in fact tended to ask direct/focused questions. There was also a significant main effect for age, that is older children (over 8 years, 9 months) produced

significantly more words and details. These findings were seen to be consistent with laboratory/analogue studies (e.g. Saywitz *et al.*, 1991) in demonstrating the importance of motivational and contextual factors in shaping children's reporting. Of note was the fact that most children mentioned information about the central elements of the alleged crime in their first substantive utterance. Although this research demonstrates important effects that the rapport-building phase can have on the information provided by children in the substantive phase, and the researchers did make reference to factors such as the relationship between victims and perpetrators, parental support, and type of interview, it does not place a significant emphasis on the establishment of the interviewer-child relationship in rapport-building or the provision of a safe environment in which a child can disclose.

Other key researchers in the area of investigative interviewing with children have discussed important features of rapport. Lamb *et al.* (1994) have suggested that a moderate amount of rapport has a facilitating effect on interviews, whilst poor rapport is detrimental. Saywitz and Camparo (1998) have suggested that greater rapport is beneficial in: overcoming fear, shame and mistrust; facilitating disclosure of another adult's attempts to coach; and in promoting resistance to misleading questions through reduced fear of the interviewer. However, despite this recognition, "There is little useful research to guide practical efforts to establish rapport in the forensic context" (Saywitz and Camparo, 1998, p. 836).

In contrast to the amount of research that has been undertaken on children's abilities to provide evidence and developmentally sensitive interview techniques, there has been a real dearth in the literature and research on rapport-building. There are, however, some noticeable exceptions. For example as Stone, Tyler and Mead (1984) have recognised:

"The initial contact between the interviewer and the person being interviewed is a crucial point in which rapport and trust must be established. Victims of sexual abuse feel that they are the only victim of such an offence which adds to their feelings of isolation and guilt. Assuring the child that the officer has seen many other cases involving a child and this type of offence helps to establish trust and facilitates the victim's expression of negative and positive feelings" (p. 79).

Further, Stone *et al.* (1984) have argued that there are some important differences for officers in investigating extra- and intra-familial child sexual abuse and the importance of relationship factors. In the case of abuse by a stranger, the child's reaction can depend very much on the reactions of the family. A police officer must consider the emotional well-being of both victim and family, and assist the family in believing and supporting the child, whilst containing his/her own feelings of anger, guilt, and shame. The parents' reactions may be the strongest factor in determining the outcome for that child, and the potential for re-traumatisation by not feeling believed. Thus the adjustment of the child and the success of the interview depends on the relationship between the police officer and the parents. In the case of intra-familial abuse, the situation is a little different. If the perpetrator is the father or father figure, as in a high proportion of cases, the police officer must be highly supportive of the victim. The officer will need to be helpful in their attitude about the perpetrator, rather than punitive, as the child may well feel love and attachment for the perpetrator whilst hating the abusive act(s). In families where abuse has taken place in such circumstances, the father may well deny the act(s), whilst the mother may accuse the child of lying,

thus both are rejecting of the child. In situations where the child has been doubly betrayed, there is a risk of the allegation being later retracted and the officer has an important role to play in supporting the young person through this. Although not tested empirically, these arguments do at least suggest the importance of the relationship between officer and child (and indeed family) in the progression of the case.

In contrast with the lack of research on rapport-building in evidential interviews, an area in which rapport in interviews has for some time had particular emphasis is in psychotherapy. Unfortunately, the majority of psychotherapy research on the importance of rapport or the relational aspects of interviews has thus far been with adult clients, but researchers have recently begun to look at the importance of rapport in child psychotherapy. Findings that have emerged in this area will be discussed in order to better understand the importance of the establishing of a relationship between an interviewer and a child.

### **1.3 Rapport-building in Therapeutic Interviews with Children**

#### **1.3.1 Therapeutic Alliance**

Psychotherapy occurs within the context of an interpersonal relationship (between a patient and a therapist) which organises the delivery of techniques (Strupp, 1986). Within adult psychotherapy research literature, there has been increasing recognition of the importance of the therapeutic relationship to successful outcome (Stiles, Shapiro and Elliott, 1986; Marziali and Alexander, 1991). In a meta-analytic review of psychotherapy outcome research, Horvath and Symonds (1991) found the relationship between therapeutic alliance and outcome to be highly significant ( $p < .001$ ), and especially so for studies using client ratings of alliance. Effect sizes were similar regardless of therapy type, length of treatment, and whether alliance was measured early or late in the treatment.

Therapeutic alliance refers to the emotional relationship and mutual involvement of therapist and patient (Alexander and Luborsky, 1986). Bordin (1979) described therapeutic alliance as being essential to all "change-inducing relationships", regardless of theoretical orientation, and comprising three ingredients: agreement on the tasks of treatment; agreement on the goals or outcomes of therapy; and the building of a bond. This bond was seen to arise between client and therapist based upon mutual trust, acceptance, and confidence. Sandler, Holder and Dare (1992) argued that the forming of a therapeutic alliance requires that the client and therapist form a friendly rapport, and that the client is able to form an attachment to the therapist which will support the emergence of difficult issues arising in therapy. Rogers (1951; 1957) described the core conditions for therapy which he considered to be not only necessary but sufficient for client change. These are warmth (non-judgmental acceptance of the client), empathy (understanding of the client's experience and an ability to share some of their distress) and genuineness (communication to the client of being genuine to oneself). A body of research stemming from this has shown that therapists high in these conditions were more successful in facilitating change. Although there are some theoretical differences between these core conditions and therapeutic alliance, research has demonstrated a strong correlation between some aspects of alliance and client-perceived empathy. Whilst some have argued that the core conditions are merely instantiations of the therapeutic alliance (*e.g.* Watson and Greenberg,



1994), others suggest that the core conditions are the preconditions for the development of the alliance. Kanfer and Goldstein (1991) have elaborated on the behaviour of therapists who are described as showing high degrees of warmth, empathy and genuineness. Most significantly, some researchers (*e.g.* Luborsky, Crits-Christoph, Alexander, Margolis and Cohen, 1983) have found that the patient's contribution to this alliance is the best predictor of treatment outcome. This highlights the importance of patient participation as a predictor of outcome and suggests that it may be more important than technique employed (*e.g.* Stiles *et al.*, 1986). Within this research, several different measures of alliance have been developed which can be rated from the perspectives of the therapist, client or an observer.

A number of researchers have demonstrated that therapeutic alliance is a dynamic process which changes over the course of therapy. Luborsky (1976) described early phase alliance as being characterised by the client experiencing the therapist as supportive and helpful, and the client acting as recipient. Late phase alliance was described as where the client and therapist work together in a joint struggle on the goals of therapy. Horvath and Luborsky (1993) suggested that the early phase of alliance occurs between sessions 1 to 5, and the building of an emotional bond is likely to have peaked by session 3.

Sexton, Hembre and Kvarme (1996) investigated therapeutic alliance and moment-by-moment interaction (microprocesses), to look at differences in high and low alliance therapies. Results showed that alliance is a rapidly forming process, being largely established by the end of session 1, and remaining relatively stable throughout the course of therapy. Key processes at this stage were establishing the topic for discussion, building an emotional bond and the client relating the reasons for attending therapy. First session alliance-microprocess interactions showed that high and low alliance therapies differed most significantly on emotional content. For example, therapists demonstrating high alliance responded to clients' irritation in a neutral manner, and with engagement to clients' tension, whilst low alliance therapists responded in the opposite manner. In high alliance therapies, clients and therapists changed topic less often, which Sexton *et al.* (1996) suggested was due to less searching for a mutually safe area of discussion. High alliance therapists also directed discussion away from therapy and towards the client, and their clients talked more, suggesting they were listening and reflecting more. Mid phase microprocesses associated with high alliance consisted of therapists making more interpretations, giving information and advice, and emotional patterns alternating between encouragement and neutrality. Late phase microprocesses in high alliance therapies were broadly focused on consolidating on the work that had been done and looking beyond therapy.

### **1.3.2 Therapeutic alliance in child psychotherapy**

Despite the findings in adult psychotherapy research and child clinicians' interest in the therapeutic relationship, there has been a failure in clinical researchers exploring relationship processes in child psychotherapy (Shirk and Saiz, 1992). Specific research on these factors as they relate to child psychotherapy is especially important in light of the differences between adult and child patients attending therapy, not least as Shirk and Saiz (1992) have pointed out the fact that children rarely have made their own decision to attend, which must represent a major difference in orientation to the process of treatment.

Therapists cannot merely assume children are willing to participate in the treatment process. Thus, Shirk and Saiz (1992) argued there had been a neglect of interpersonal process in child therapy with researchers being "preoccupied with comparisons of therapeutic techniques" (p. 714).

Anna Freud (1946) (cited in Shirk and Saiz, 1992) discussed the child's relationship with the therapist as occurring at different levels of maturity ranging from a readiness to form a relationship as a product of a desire to gain gratification from it (least mature) to positive feelings towards the therapist enabling the child to accept the therapist as an aid in overcoming emotional difficulties (more mature). In this conceptualisation, therapeutic alliance is seen as the means by which the work of therapy can be done (Shirk and Saiz, 1992). In contrast, other therapists (*e.g.* Rogers, 1957) argued that the therapeutic alliance is not merely a means to an end but the task in itself. The core conditions of warmth, empathy and genuineness facilitate interpersonal growth and are both necessary and sufficient for change. In this conceptualisation, the alliance refers to the degree of which these core conditions are present (Shirk and Saiz, 1992). According to Shirk and Saiz (1992), although clinicians working with children in different theoretical ways, for example behavioural or psychodynamic, differ in how they view the importance of therapeutic tasks in addition to the relationship quality, they do agree that the bond is necessary for treatment collaboration:

"Common to all perspectives is the emphasis on the affective quality of the relationship between child and therapist.....whether a means to an end or an end in itself, a positive emotional relationship between child and therapist is viewed as essential for successful therapy." (p. 716)

The small amount of research available on the therapeutic relationship in child psychotherapy has been largely restricted to the behavioural content of interaction and tends to have significant methodological problems (Shirk and Saiz, 1992). However, there have been a small number of attempts to assess the relationship quality in child psychotherapy. Wright, Truax and Mitchell (1972) found that therapist conditions of warmth and empathy could be reliably assessed in child psychotherapy. Also, Siegel (1972) provided some evidence that the therapist's affective tone had an important effect on the verbal behaviour of the child. In the middle phase of therapy, where the therapist showed high levels of warmth, positive regard and genuineness, the child made significantly more positive self-statements. The importance of the child's affective experience, as well as therapist's affective tone, has been stressed by other researchers (*e.g.* Wright, Everett and Roisman, 1986). For example, it is important that the child feels safe within the therapeutic relationship. Shirk and Saiz (1992) noted that little research had been undertaken on the child's experience of the therapeutic relationship. However, Smith-Acuna, Durlack and Kaspar (1991) looked at therapy from the perspective of both therapists and children using measures adapted from adult psychotherapy research. They found several reliable dimensions of the therapy process, including a number concerned with the child's perspective; child's affective experience, perception of the therapist's affect, and perceptions of the therapist's behaviour.

From earlier unpublished work (Shirk *et al.*, 1990), Shirk and Saiz (1992) identified both empirically and conceptually the need to distinguish between affective components (interpersonal) and task components

(technical) of psychotherapy process. This led to the development of 2 scales to rate the affective component (bond and negativity) and one to rate collaboration on therapeutic task (verbalisation) with parallel child and therapist forms. In a study of 62 child psychiatric inpatients, aged between 7 and 12 years, they found evidence of a moderate degree of convergence between child and therapist perspectives of the affective quality of the therapeutic relationship, but the two perspectives were not entirely interchangeable. Also, this convergence was not so great on ratings of collaboration on task. Based on previous research, their expectation that the child's affective orientation to therapy would relate to collaboration on the therapeutic tasks was partly confirmed. However, whilst affective orientation (bond and negativity) was significantly related to collaboration for each participant (therapist affective orientation - collaboration and child affective orientation - collaboration), the results were not demonstrated between child and therapist perspectives. So, for example, child's ratings of affective orientation were not associated with therapists ratings of collaboration. Despite this, Shirk and Saiz (1992) argued that the research indicated that affective quality and task collaboration in psychotherapy can be measured from the perspectives of child and therapist, and there is evidence of some convergence between the two.

Eltz, Shirk and Sarlin (1995) looked at alliance formation in maltreated and nonmaltreated adolescents in a psychiatric service, who were receiving intensive psychotherapy. It was hypothesised that maltreatment would interfere with the formation of therapeutic alliance and thereby compromise the effectiveness of therapy. The results of this study indicated that maltreatment was significantly associated with the quality of initial alliance as perceived by both therapists and clients, even after level of psychopathology was controlled for. In addition, according to therapists, multiply maltreated adolescents had poorer initial alliances than nonmultiply maltreated adolescents, as did those whose maltreatment included parental abuse as compared with not. Sexual abuse was not found to compound this even further. However, multiplicity, type, and perpetrator of maltreatment were not found to have any significant effect on alliance progress over time and severity of interpersonal problems was the greatest predictor of alliance development over the course of therapy. This finding is in agreement with similar results in adult psychotherapy research that interpersonal difficulty may predispose to difficulties in alliance formation (e.g. Horvath and Luborsky, 1993; Muran, Segal, Samstag and Crawford, 1994). None of the hypothesised mediational factors (interpersonal expectations, social competence and interpersonal problems) were found to be mediators in the relationship between maltreatment and alliance formation.

Eltz *et al.* (1995) put forward a number of possible explanations as to why maltreated adolescents experience initial alliance difficulties which included decreased feelings of safety in new situations, reluctance to trust others and increased emotionality, all of which have a negative effect in building relationships. Similarly, Brassard, Germain and Hart (1987) have discussed the difficulties of maltreated children in new interpersonal relationships with adults because of the heightened mistrust they feel. Eltz *et al.* (1995) noted that in their study, children whose maltreatment included parental abuse had particular difficulties and the possible similarities between parent and therapist roles as caregivers may have elicited increased feelings of fear and mistrust. Fears about safety and exploitation are likely to have been

uppermost at the start of therapy and this may be why maltreatment status was so closely related to initial alliance formation. Eltz *et al.* (1995) concluded by saying:

"The strongest impact of maltreatment on the therapeutic alliance was during the initial phase of therapy. Consequently, therapists should be prepared to address safety issues that are likely to be salient to maltreated youths early in treatment." (p. 428)

Also in working with children who had been abused and neglected, Pearce and Pezzot-Pearce (1994; 1997) described the process of engagement as the first stage of psychotherapy. This was seen to comprise: creating a sense of safety for the child, in order to begin the process of challenging the established internal working model of others as dangerous; establishing the collaborative nature of work; the therapist providing simple explanations of the reasons for coming and the process of the work to alleviate some anxiety about why they have been brought to therapy; giving the child some control about the session timing; beginning the process of providing regular and reliable sessions to establish constancy and predictability; offering empathic understanding of the child's emotional expressions and beginning to verbalise these, particularly initial anxiety; and ultimately for the therapist to begin to function as a secure base from which the child can explore their internal world about the self and others (Bowlby, 1988; Pearce and Pezzot-Pearce, 1994). From this, the therapeutic relationship can offer discontinuity to the developmental pathway established by the abusive relationship(s) and counter the internal working model possessed by the child (Pearce and Pezzot-Pearce, 1994).

Pearce and Pezzot-Pearce (1997) argued that abused children need encouragement and time to build a therapeutic relationship with the clinician before being able to describe their abusive experiences. Like adult clients, these children are likely to have feelings of guilt, shame and stigmatisation about being seen by clinicians, and therefore work in building a rapport with the child at this early stage is crucial. Pearce and Pezzot-Pearce (1997) suggested rapport may be built by the clinician inquiring about other topics, such as likes, dislikes, hobbies, school, family and so forth. Although these descriptions of therapeutic work with abused and neglected children may be clinically well-grounded, and reflect what the authors have found to be the most effective ways of working with such a population, they have not been subjected to objective evaluation. They do not provide data on the relative efficacy of particular rapport-building techniques or how these may need to be adapted according to child age, gender or particular forms of abusive experiences the child may have suffered. The topics outlined are also very similar to those suggested for evidential interviewers to discuss with children, but no data is provided which may suggest differences in how this is approached in these contrasting settings.

Research on therapeutic alliance in child psychotherapy is still in its infancy in comparison with research on adult clients. Adult psychotherapy research has indicated that the therapeutic relationship is significantly related to outcome and consists of therapist and client agreeing on the tasks and goals of therapy and establishing an emotional bond. It is this bond element, which is built on trust, acceptance and confidence between therapist and client, which appears to most correspond with rapport-building in evidential interviews. Therapeutic alliance appears to be a rapidly forming process, which is established

largely within the first session and therapists in high alliance dyads show high levels of warmth, empathy and genuineness to their clients. Although further work is required to understand possible differences in work with children, research to date has suggested that therapeutic alliance is no less important a factor in child psychotherapy. Children in higher alliance therapies made more positive self-statements. Also, children's affective orientation in therapy was significantly related to collaboration on the tasks. There is also some evidence that maltreated children may be less able to readily form a good therapeutic alliance and issues relating to safety and anxiety need to be addressed.

#### **1.4 Summary**

Children and adolescents have the capacity to provide good evidence if interviewed sensitively and with developmental expertise. Part of interviewing sensitively means providing children with a sufficiently safe environment in which to disclose potentially distressing information. Large numbers of children are interviewed each year in cases of alleged child sexual abuse and sexually abused children may be more likely to feel anxious and fearful when being interviewed, and be less likely to build a good rapport readily with interviewers. Research suggests that they have an increased likelihood of having a range of psychological and behavioural difficulties in comparison with nonabused children, although in comparison to clinical populations of children they only suffer from PTSD and sexual behaviour difficulties at an increased incidence. However, research has increasingly highlighted the importance of understanding the effects of child sexual abuse in the context of pre-existing vulnerability and resilience factors, and factors surrounding the abusive experiences that may magnify or ameliorate the potential effects. The literature on evidential interviewing with children has provided some guidance on the content of the rapport-building phase (*e.g.* topics interviewers should discuss) and on techniques for motivating children to provide detailed narrative accounts of events. However, there is still little understanding of the relationship itself between child and interviewer during rapport-building, or of how investigative interviewers attempt to manage the anxieties of the children they interview. It may well be that interviewers and practitioners in the area have much clearer ideas about how they are approaching this whilst research is lagging behind. As Steward *et al.* (1993) have pointed out;

"Knowledge comes not only from research, but also from hands-on experience. Just as researchers can provide interviewers with important information, interviewers can also provide researchers with critical insights on how best to talk with and listen to sexually abused children". (p. 34)

The interpersonal processes of the therapeutic relationship in psychotherapy are strongly related to outcome. This relationship and the conditions offered by that are viewed either as the means by which the work of therapy can be done or as the essential ingredients of change. Research has indicated that the initial phase of therapy is critical in therapeutic alliance formation and that maltreated children may experience particular difficulty at this time. Therapists building rapport in initial interviews with children were, therefore, a highly useful group with which to compare police officers building rapport in evidential interviews. In both types of interview, the task of the interviewer is to establish a relationship which is sufficiently safe for the work to be done: in evidential interviews for the child to disclose details about the

alleged offence, and in therapeutic interviews for the child to relate their difficulties in order to work through them with the therapist.

### **1.5 Aims**

The following aims were identified in order to gain a greater understanding of how police officers build rapport in speaking with children in evidential interviews and how this compares with that of therapists building a relationship with children.

1. To compare police officers' and clinical child psychologists' perceptions of the initial phase of an interview with a child by means of a survey.
2. To describe in terms of speech acts how police officers speak to children in order to build rapport in evidential interviews and to compare this with how clinical child psychologists build rapport in the early stages of a first therapeutic interview.
3. To investigate the verbal style of police officers in rapport-building in relation to a number of interviewer and child characteristics.

## Chapter 2: Method

### 2.1 Ethical Approval

Prior to commencing this study, ethical approval was sought from the Yorkshire Multi-Centre Regional Ethics Committee (MREC), and subsequently from nine local research ethics committees (LRECs) around Yorkshire, to approach clinical psychologists and their clients. In eight cases ethical approval was granted. In the ninth case, the ethics committee found it difficult to assess the research proposal and decided to approach their psychology department. The clinical psychologist approached felt he/she did not wish her clients to take part so ethical approval was, therefore, denied. In the case of some of the local centres, research and development committee approval was also required and granted.

In addition, approval was also sought from and granted by the North Yorkshire Constabulary for access to the audiotapes of the rapport-building stage of closed investigations of alleged child sexual abuse.

### 2.2 Survey

Prior to the analysis of audiotapes, a survey was undertaken to explore how police officers and clinical psychologists perceive the functions of the rapport-building phase of interviews and to identify any key similarities or differences. A sample of police officers working in child protection units (N = 18) was identified either through direct contact with the researcher or through attendance at an evidential interviewing training day. A sample of clinical child psychologists (N = 22) was recruited at the Yorkshire special interest group meeting. Both of these samples contained a number of individuals who also provided an audiotape to the main part of the study.

In the survey, all respondents were asked to write down what they considered to be the aims of the first part of their initial interview with a child (seen alone), to identify the aim they saw as the most important, to say how long they thought this period generally lasted, and to state if and how the age of the child would affect this period (see appendix 8). Information on the respondents' gender and number of years experience working with children was also collected.

### 2.3 Participants

#### 2.3.1 Evidential interview sample

Forty-four audiotapes of the rapport-building stage of police evidential interviews of children alleging sexual abuse were made available by the North Yorkshire Police from their video data library. The tapes within this database were from the five police child protection units making up the North Yorkshire region. All the tapes were selected by the technician in a pseudo-random manner: she was asked to collect approximately equal samples of males and females within the two age groups (7 to 11 years, and 12 to 16 years). All the tapes were from interviews undertaken between 1995 and 1996. Audiotapes were used,

rather than videotapes to protect the confidentiality of the children. All tapes were of closed cases and were the first taped interview with the child (in most cases this was the sole interview).

Of the 44 tapes, 19 were of children aged between 7 and 11 years (mean age 8.8 years), and 25 of adolescents aged between 12 and 16 years (mean age 13.8 years) (overall mean age of 11.7 years). The gender mix was 23 boys and 21 girls. In all cases the allegation was one of sexual abuse, where the alleged perpetrator was in some kind of caring relationship with the child. Within the sample, the alleged perpetrators were fathers, step-fathers, brothers, mother's partners, youth workers, teachers, church members, other relatives and neighbours. Children who had a significant learning or communication disability, where the usual pattern of conversation would have been altered, were excluded from the study.

The police interviewers themselves (N = 21) comprised 9 men and 12 women, and represented a range of years of experience in evidential interviewing and in rank (police constables, detective constables and one detective sergeant). Between one and six tapes were obtained from each interviewer. Within the years 1995 and 1996, there were five units investigating child protection cases within North Yorkshire and the tapes represent all five of these.

### **2.3.2 Therapeutic assessment sample**

Clinical psychologists were identified as the most likely group to provide tapes of therapeutic assessment interviews for the purposes of this study. Prior to seeking ethical approval, clinical psychologists were approached, by means of a letter or a short presentation at the Yorkshire clinical child psychologists special interest group meeting, and asked if they would be willing to provide a tape of a first interview with a child for this study. In total 25 psychologists from across the Yorkshire region expressed an interest in providing one or more tapes.

Once ethical approval had been granted, those psychologists who had expressed an interest were sent a pack of information on the background to the study, guidelines for recruitment, information sheets and consent forms for children and parents, a blank tape and a brief additional information sheet (see appendices 1 to 7). They were asked to identify children or adolescents fulfilling the recruitment criteria who were willing to have their first interview on their own with the psychologist audiotaped (irrespective of whether they had previously met with the psychologist with family members). Inclusion criteria were as follows: aged between 7 and 16 years, referred for any reason except psychometric assessment exclusively, and not having a significant learning or communication difficulty. Consent for the session to be audiotaped by their individual psychologist was sought from the parent(s) and additionally from older children themselves using the appropriate information sheets and consent forms. A minimum age limit for consent to be sought from the child in addition to the parent was not specified, but was used at the psychologist's own discretion.

At the request of some psychologists at the special interest group meeting, psychologists were reminded that they could turn off the tape recorder after the first 20 minutes if they so wished. It was decided that



this should be left to individual preference as for some it could have been a disruption to the flow of the interview. Of the final sample of 8 tapes, the tape recorder was turned off after this period in 5.

Nine tapes were collected for the sample, but only 8 were sufficiently audible to be transcribed. Each was provided by a different psychologist and the sample comprised the work of 2 men and 6 women. Number of years of experience ranged from 2 to 22 years (mean number of years = 8.3). Theoretical and therapeutic orientation was varied and comprised cognitive behavioural, systemic, psychodynamic, personal construct, person-centred and eclectic ways of working.

Of the children being seen by the psychologists, there were 5 males and 3 females, ranging in age from 7 years to 15 years and 11 months. In all cases, the psychologist was unable to say whether sexual, physical or emotional abuse had occurred. Reasons for referral to see a clinical psychologist consisted of behavioural problems (aggressive, violent, disruptive), social skills/communication difficulties, and anxiety problems (specific phobias and post-traumatic stress).

## **2.4 Instruments**

### **2.4.1 Looking at Verbal Response Modes**

Verbal response modes (VRMs) represent types of micro-relationships, which in combination form human relationships (Stiles, 1992). They can be used to understand or describe aspects of relationships between people that are conveyed by language. Verbal response mode systems allow researchers to look at what speakers *do*, that is their verbal style or their speech acts, as opposed to the content of what they say (*e.g.* talking about anxiety, hobbies or school) or the paralinguistic features of conversation (*e.g.* gestures, tone, affect, facial expression). Different measures or coding systems have been developed to categorise speech acts. In particular there are many different coding systems of therapist response modes which have been developed, and Elliott, Hill, Stiles, Friedlander, Maher and Margison (1987) counted between 20 and 30. However, since there can only be a finite number of possible speech acts (Stiles, 1992), there is a considerable degree of overlap between these different coding systems. This is, of course, in contrast with content measures of speech of which there could be a seemingly infinite number of factors, and paralinguistic measures, again with a huge number of possible categories.

Elliott *et al.* (1987) looked at primary therapist response modes by comparing 6 coding systems, which included Stiles' VRMs (1978) and Hill's Counselor Verbal Response Category System (1978). Codings were made of 7 diverse therapy sessions (including different client types, therapy orientations, and early and late sessions) using the 6 different response-mode systems. Across the different coding systems, inter-rater reliabilities were found to be similar: using intercorrelations between raters in each system, the median reliability across different codes was generally between 0.5 and 0.6. Reliability between raters on Stiles Forms coding was, however, noticeably higher (0.73) as were all values within the Margison system (Goldberg, Hobson, Maguire, Margison, O'Dowd, Osborn and Moss, 1984). Stiles Forms were argued to be rated more reliably on the grounds that they are based on grammatical features, and the Margison

system requires highly trained raters. When the categories in each of the 6 rating systems were collapsed, moderate to strong convergence was found for the 6 modes that were rated in all of them (Question 0.61, Interpretation 0.28, Information 0.40, Reflection 0.38, Advisement 0.35 and Self-Disclosure 0.33) and these were, therefore, seen to be a set of fundamental response-mode categories. These modes successfully discriminated between the 7 contrasting therapeutic approaches, although no one clear system was better than others. It was noted, however, that whilst the systems measure the same primary modes, they are defined somewhat differently and do not converge entirely. Despite this Elliott *et al.* (1987) concluded that "researchers interested in assessing therapist in-session behaviours should consider incorporating measures which include these six modes" (p. 218). In addition, they suggested that researchers should also consider adding categories of reassurance, confrontation and acknowledgement where appropriate, according to their specific requirements.

#### **2.4.2 Stiles' Taxonomy of Verbal Response Modes (Stiles, 1978; 1992)**

One such coding system is Verbal Response Modes by Stiles (1978, 1992). This VRM model is highly useful as it is content-free, and because it has not been developed to explore a particular type of interaction (*e.g.* psychotherapy) it can be used across a wide variety of conversational settings. The categories are theoretically universal, that is they can be applied to any verbal interaction (Stiles, 1992), and thus permit comparisons across types of relationship or different types of discourse. The coding model has been used, for example, in such diverse settings as medical interviews, the courtroom, therapeutic situations, family relations, education, entertainment, politics and advertisement (Stiles, 1992). It can be used qualitatively to look at particular response categories used in particular interactions, or quantitatively to look at particular ways of relating across different relationships (*e.g.* distinguishing different models of psychotherapy). Stiles (1992) argued that this system, therefore, provides a bridge between the molecular level of coded utterances, and the molar level of relationship dimensions (*e.g.* presumptuousness) and theoretical concepts (*e.g.* different models of psychotherapy). The coding system is exhaustive (meaning all utterances can be coded) and categories are mutually exhaustive (utterances fit the criteria for one code alone).

Within Stiles' taxonomy of VRMs (1992) each utterance (defined as a simple sentence; an independent clause, a nonrestrictive dependent clause; an element of a compound predicate; or a term of acknowledgement, evaluation or address) is coded twice; once for its grammatical form (literal meaning) and once for its pragmatic (intended) meaning. The VRM Forms and Intents are summarised in tables 2.1 and 2.2 below. Forms are based on the grammatical structure of the utterance, whereas Intents are coded according to the three principles of classification; source of experience, presumption of experience, and frame of reference.

Table 2.1: Summary of Verbal Response Mode Forms

Category	Description
Disclosure (D)	Declarative. First person singular ("I") or first person plural ("we") where other is not a referent.
Edification (E)	Declarative. Third person (e.g. "he", "she" or "it").
Advisement (A)	Imperative or second person with verb of permission, prohibition or obligation.
Confirmation (C)	First person plural ("we") where referent includes the other.
Question (Q)	Interrogative, with inverted subject-verb order or interrogative words.
Acknowledgement (K)	Nonlexical or contentless utterances; terms of address or salutation.
Interpretation (I)	Second person ("you"); verb implies an attribute or ability of the other. Terms of evaluation.
Reflection (R)	Second person ("you"); verb implies internal experience or volitional action.

Note: Taken from Stiles (1992).

Uncodable (U) is only used to code incomprehensible or inaudible utterances, not those which are difficult to code.

In coding both grammatical form (literal meaning) and pragmatic meaning, the utterance is categorised as being one of 8 possible types; Disclosure (D), Edification (E), Question (Q), Acknowledgement (K), Advisement (A), Confirmation (C), Interpretation (I) or Reflection (R). Theoretically any utterance can, therefore, be one of 64 possible combinations which includes 8 pure modes and 56 mixed modes. For example, the utterance "Aren't you underestimating your own abilities?" is coded as QI as the grammatical Form is a question, and the Intent is to interpret the individual's underestimation (Stiles and Sultan, 1979). In mixed modes such as this, the grammatical Form is used to express other mode Intents. The relation of Form to Intent is expressed as "in service of". The utterance "Would you get me some coffee?" is coded QA as the literal meaning (Form) is to ask a question, whilst the pragmatic meaning (Intent) is to suggest what the other should do. In this example, the Form attenuates the Advisement Intent, making it appear a more polite request.

Table 2.2: Summary of Verbal Response Mode Intents

Source of Experience	Presumption about Experience	Frame of Reference	Category	Description
Speaker	Other	Speaker	Disclosure (D)	Reveals thoughts, feelings, perceptions intentions.
		Other	Edification (E)	States objective information.
		Speaker	Advisement (A)	Attempts to guide behaviour: Suggestions, commands, permission, prohibition.
Other	Speaker	Other	Confirmation (C)	Compares speaker's experience with other's: Agreement, disagreement, shared experience or belief.
		Speaker	Question (Q)	Requests information or guidance.
	Other	Other	Acknowledgement (K)	Conveys receipt of or receptiveness to other's communication: Simple acceptance, salutations.
		Speaker	Interpretation (I)	Explains or labels the other: Judgements or evaluations of other's experience or behaviour.
		Other	Reflection (R)	Puts other's experience into words: Repetitions, restatements, clarifications.

Note: Taken from Stiles (1992)

Uncodable (U) is only used to code incomprehensible or inaudible utterances, not those which are difficult to code.

In reply to criticisms made regarding the confusing nature of coding intentions in VRMs (Hill and O'Grady, 1985), Stiles (1987) argued that some intentions are observable. In his paper Stiles clarified the use of *intention* to mean the *intended meaning* of the utterance which is seen to be on record, rather than the *private purpose* of the intervention. The coder is seen to be in the same logical position as the recipient when hearing the communication, and given this can code the observable intention. Stiles (1987) accepted that there may be many different levels of intent in a speaker's utterance: the speaker may be misleading the hearer; the speaker may have quite a different intent, for example to manipulate the client to self-disclosure; the utterance may contain particular word meanings known only to the therapist-client dyad. However, it would be impossible to accommodate all this into any reliable and valid coding system. Stiles argued that it is not necessary to resort to asking speakers what they meant by each utterance, as was done by Hill and O'Grady (1985), but rather to restrict coding systems to on-record meanings (e.g. Stiles, 1981) and accept the possible limitations and miscommunications. All other meanings are off-record (e.g.

hints, deceptions, manipulations) and whilst they may be clinically or empirically important, they are not readily available to empirical investigation. Researchers using VRMs of several varieties need to be clear in their conceptual use of terms and to state them clearly.

Stiles (1992) has reported the inter-coder reliability of VRM coding to range from 95% for Form and 85% for Intent in a study of courtroom interrogation of witnesses (McGaughey and Stiles, 1983) to 81% for Form and 66% for Intent in a laboratory study of parent-child interaction (Stiles and White, 1981). Reliability was seen to be a function of the experience of coders, and of the nature of the interaction being coded in terms of how formal, clear, and structured the speech was. The validity of Stiles (1992) VRMs system has been demonstrated by its ability to distinguish between different roles, tasks and relationships in a study of parent-child interactions (Stiles and White, 1981), and between different models of psychotherapy (*e.g.* Stiles, Shapiro and Firth-Cozens, 1988), as discussed above.

### **2.4.3 Research using Stiles' Verbal Response Modes**

Many different studies have been undertaken using Stiles' VRM system which have explored its use in different settings, by different types of speakers.

Burton, Parker and Wollner (1991) used VRMs to compare the processes of the therapist and client in a chat versus a client-centred counselling intervention following a pre-operative interview for individuals awaiting breast cancer surgery. They found that there were significant differences in both therapist and client VRMs between the two groups. In the intervention group, the therapist used significantly more Reflection and Acknowledgement, which in turn was associated with greater client Disclosure. These significant differences between intervention and chat did not, however, lead to any significant differences on outcome measures.

Stiles *et al* (1988) used VRMs to evaluate therapist and client activities in two different types of therapy; exploratory (interpersonal/psychodynamic), and prescriptive (cognitive-behavioural). Although VRM categories themselves are independent of theoretical orientation, Stiles *et al.* (1988) demonstrated they can be used to express a theoretical position. For example, exploratory therapy was hypothesised to be characterised in VRM terms by therapist use of high levels of Interpretation and Process Advisement, and low use of Questions. By contrast, prescriptive therapy was hypothesised to have the therapist using high levels of Questions, Edifications and General Advisements. In their study, VRMs were used to show how therapists of different orientations and their clients differ in their verbal behaviour. Results showed that therapist differences in VRM use were in the directions of theoretical expectation as outlined above. Differences were larger for Intent than for Form, although Intent was not coded as reliably by coders (mean coding across Forms was 0.89, whilst across Intents it was 0.71 for therapists and clients), and therapist differences were higher than those of clients.

In another study, clients were found to behave similarly regardless of therapist theoretical orientation (Stiles and Sultan, 1979; Stiles, 1982). Stiles (1987) and Stiles and Sultan (1979) found that client use of

DD (Disclosure Form and Intent), and ED (Edification Form with Disclosure Intent) made up 50-66% on average of clients' VRMs. This high level of client disclosure distinguishes psychotherapy from other conversations, *e.g.* giving a medical history (Stiles and Sultan, 1979; Stiles, Putnam and Jacob, 1982; Stiles, Orth, Scherwitz, Hennrikus and Vallbona, 1984) or social conversations (Premo and Stiles, 1983).

In a study of parent and child dyads engaging in a two-phase laboratory conversation (Stiles and White, 1981), VRM profiles were found to significantly distinguish between parent and child roles, and in some modes to distinguish between task 1 (to reach agreement) and task 2 (to discuss feelings about the situation) for each role. They did not, however, distinguish between personality traits of the children (withdrawn, aggressive and nondeviant). The vast majority of parent VRMs were QQ or RQ, along with pure Advisements, Interpretations and Reflections. Children tended to use more Edification and Disclosure in both Form and Intent (reflecting giving information), and also Acknowledgement Form with various Intents.

Finally, this system has also been used to examine the verbal behaviour of attorneys and witnesses (rape victims) in direct examinations and cross-examinations (McGaughey and Stiles, 1983). In this study the researchers were able to demonstrate significant differences in verbal behaviour of attorneys and witnesses on direct and cross-examination as expected. In direct examination attorneys used more pure Questions (QQ), Advisements (AA) and various mixed Forms with Acknowledgement Intent (IK and KK), in order to elicit information, guide this narrative and simply acknowledge the information. Defence attorneys in cross-examinations used less pure Questions, but they more frequently used various Forms with Question Intents (EQ and RQ) and various Forms with Reflection Intents (RR, ER and QR) which was seen to demonstrate the use of closed questioning techniques. The results typically reflected different techniques employed to influence juries in their impressions: in direct examination the attorney seeks to increase the credibility of the witness and to encourage a free-flowing narrative, whilst in cross-examination the attorney seeks to discredit the witness and to limit his/her answers perhaps to affirm or disaffirm.

#### **2.4.4 Verbal Response Modes in the present study**

This system was chosen for the present study because it could be applied to both groups under investigation (police officers and clinical psychologists), had quantitative data published which allowed for some comparisons to be made in verbal style, had good and established training materials, had been used widely so a co-coder could be found to establish reliability of coding by the principle researcher, and its reliability and validity were well established. It was a system which allowed for the investigation of *how* interviewers build rapport with children (what they do), rather than what they say (content) which has already been discussed (*e.g.* the Memorandum), or the paralinguistic aspects of the relationship which would have been more difficult to code and interpret reliably and have required videotaped interviews.

## **2.5 Procedure**

### **2.5.1 Audiotapes**

It was decided that audiotapes of interviews would be used instead of videotapes for a number of reasons. Although videotapes of evidential interviews are routinely made, it was felt that making videotapes of therapeutic assessment interviews would have had major ethical, practical and financial implications (*e.g.* access to equipment). Also, as the coding system being used focused exclusively on verbal behaviour it was most appropriate to use audiotape data, although some of the context which could assist verbal coding was lost without a visual image.

### **2.5.2 Transcription**

As police approval was granted for the rapport-building phase only of the evidential interviews, this section alone was provided to be transcribed. Of the 44 evidential interviews tapes provided, the mean length of this stage was 4 minutes, 46 seconds (*s.d.* = 1 minute, 59 seconds) and ranged between 1 minute, 2 seconds and 9 minutes, 48 seconds. For the therapeutic assessment interviews, in which the rapport building phase is less structurally distinct, the first 15 minutes of all tapes were transcribed, with the exception of one in which only the first 10 minutes were sufficiently audible to transcribe. For all the audiotapes the passages were fully transcribed by the researcher.

### **2.5.3 Coding**

Interviewer behaviour in the transcripts was then coded using VRMs by the researcher. Training using the VRM coding system was undertaken using Stiles (1992) manual, which contains a training disk on which feedback is given on reliability of coding. Approximately 70 hours were spent using the manual, disk and interview transcripts to establish the appropriate use of the codes.

In order to establish the reliability of the coding, a sample of transcripts was also coded by a researcher suggested by Professor Stiles in a personal communication. The researcher had been trained by Stiles and had coded using VRMs on a number of other projects of Stiles'. Seven evidential interviews and three therapeutic assessment interviews were co-coded (19%) and inter-rater reliability was calculated using the intra-class correlation coefficient (ICC) of Shrout and Fleiss (1979) as suggested by Stiles (1992).

**3.1 Survey Results**

**3.1.1 Clinical Psychologists**

Twenty-two clinical psychologists completed the brief survey (4 males and 18 females) at a meeting of the Yorkshire special interest group for psychologists working with young people. In terms of years of experience, 27% (N = 6) had worked in this area for less than 1 year, 9% (N = 2) for 1 to 3 years, and 64% (N = 14) for more than 3 years. The reported aims for the first few minutes in an interview with a child or adolescent were grouped together into clusters of themes and the frequencies of these are listed below in Table 3.1.

Table 3.1: Clinical Psychologists' aims in an interview with a child /adolescent

Aim	Frequency suggesting the aim (N = 22)
Engagement, rapport, getting to know, and relationship building	17
Reassurance giving, reducing anxiety, putting at ease	15
Information giving on setting and service	9
Establishing the background to referral	7
Establishing the environment, boundaries, rules and confidentiality	6
Develop trust	4
Assessment, information gathering and observation	3
Introductions	2
Miscellaneous ( <i>e.g.</i> establishing expected outcome, getting to know the room)	10

Clinical psychologists, therefore, most frequently reported that the first few minutes of an initial contact were important in building rapport/engaging with the client, giving reassurance/relieving anxiety, providing information on the setting and service, and establishing the background to the referral.

When asked how long they thought this period would last on average, answers ranged from 5 minutes to several sessions. However, almost half the sample (N = 10) thought this lasted between 5 and 15 minutes, and another quarter (N = 6) said upwards from 10 or 15 minutes. Thus 73% (N = 16) of the group felt the period to be somewhere within the region of 15 minutes.

A total of 91% of the psychologists (N = 20) felt that the age of the child would make a difference to this period. Reasons given for this difference included: the need for greater emphasis in rapport-building to be with the adolescents themselves (who may be wary and take time to build trust) but with the parents of



young children; the need to take into account developmental age, level of understanding, and social development; the style of language used and the setting (verbal versus more use of play materials) used would be varied; and content of the interaction would be different.

### **3.1.2 Police Officers**

Eighteen police officers completed the survey (6 males and 12 females) either attending training sessions or through contact with the principle researcher during data collection. Experience in child protection work was varied: 28% (N = 5) had worked in this area for less than 1 year, 33% (N = 6) for 1 to 3 years, and 39% (N = 7) for more than 3 years. Frequencies of aims of the initial period of an interview with a child are shown below in table 3.2.

Table 3.2: Police officers' aims in an interview with a child /adolescent

Aim	Frequency suggesting the aim (N = 21)
Establishing rapport/conversation/get talking	13
Settling the child/putting at ease/making comfortable	10
Assessing the child's (cognitive) level of understanding	8
Gain/establish trust	7
Establish/explain the purpose of the interview	4
Establish ground rules	3
Establish truth and lies/the child's understanding of	3
Establish the names of those present	2
Miscellaneous ( <i>e.g.</i> establish the date, identify likes/dislikes, reassure against interviewer embarrassment)	13

The police officers in the survey thus saw the first few minutes of an interview with a child as important in building rapport (starting talking), settling the child, establishing trust and also assessing the child's level of understanding. Giving information in terms of the purpose of the interview was a less frequently reported aim.

Of the 15 officers who were able to answer how long they thought this period lasted on average, 40% (N = 6) said up to 5 minutes, 53% (N = 8) said up to 10 minutes, and 7% (N = 1) said up to 20 minutes. The majority thus answered on average that this period lasts up to 10 minutes.

Just over half of the officers (N = 10) said that they felt the age of the child made a difference to the length of this initial phase and the following reasons were cited: length depends upon the maturity and communication skills of the child; younger children take longer to settle, their attention span is shorter, and they can concentrate for less time; the rapport phase can seem artificial with teenagers and they have greater understanding. Reasons given for why the age of the child was not a deciding factor were that it all

depends on the individual, their understanding and abilities, and that age is less important than these factors.

### **3.1.3 Comparisons**

For both clinical psychologists and police officers the two most frequently cited aims of the initial part of an interview with a child were to establish rapport and to settle the child. They differed, however, in that police officers then reported the need to establish trust and to assess the child's level of understanding, whilst clinical psychologists stated the needs to give information on the service and to establish the background to the referral (which entails both giving and gathering information). Generally, however, the list of aims cited by the two groups were markedly similar and only differed on the ordering of most frequently reported aims. Given that the sample sizes were small, and differences in aims cited were minimal, no clear differences between how police officers and clinical psychologists perceive the initial phase of an interview were identified by this survey and in fact they appeared surprisingly similar.

The average length of time reported for this period was within the 15 minute region for clinical psychologists, either as an upper or lower limit, and this was seen to range from minutes up to a few sessions and may need to be returned to at times during therapy. Police officers', with the exception of one participant, reported that this lasted up to 10 minutes. In general, it would appear that there is some association between the two groups' views, but the range is clearly greater for clinical psychologists.

The majority of clinical psychologists believed that the age of the child would make a difference to this period, whereas only approximately half the police officers did. Whilst clinical psychologists emphasised a greater need to build rapport with adolescents, who may have more difficulty in building the relationship, police officers reported the opposite in that younger children take longer to settle. Police officers also suggested that the rapport-building phase can appear artificial with teenagers who are more likely to understand the reasons for the interview. Both groups, however, made reference to the importance of considering an individual's level of maturity and development, and not merely chronological age, with respect to length of this phase.

### **3.2 Reliability of VRM coding**

Reliability of verbal response mode coding and unitising (number of utterances coded) was investigated using inter-coder reliability on a random sample of 10 transcripts (19% of the total N = 52). This was done using frequency data of VRM Forms and Intents and total number of utterances coded for each transcript. As direct utterance-by-utterance comparisons were not possible, as coders varied in unitisation, the intra-class correlation coefficient (ICC) was used. The ICC (3,1) by Shrout and Fleiss (1979) was used to calculate the reliability of the two coders on all targets (VRM codes). This method was used because the final data used for analysis was only that of the principle researcher (i.e. data was not pooled) and the ICC (3,1) treats coders as fixed effects. Table 3.3 below shows inter-coder reliability for each VRM Form and Intent and total number of utterances coded.

Table 3.3: Inter-coder reliability of verbal response mode coding and unitising

VRM Form	<sup>a</sup> Reliability	VRM Intent	<sup>a</sup> Reliability
Disclosure	.96	Disclosure	.88
Edification	.93	Edification	.80
Advisement	.91	Advisement	.77
Confirmation	.79	Confirmation	.00
Question	.99	Question	.95
Acknowledgement	.93	Acknowledgement	.99
Interpretation	1.00	Interpretation	.36
Reflection	.96	Reflection	.48
Uncodable	.23	Uncodable	.68
Total no. utterances	1.00		

Note: N = 10 transcripts, where the principle researcher coded 1867 utterances, and coder 2 coded 1872 utterances.

<sup>a</sup> Calculated using ICC (3,1) of Shrout and Fleiss (1979)

These results indicate that it is possible to be confident in making interpretations about interviewers' VRM Form usage, and the number of utterances made. However, whilst further investigation of Disclosure, Edification, Advisement, Question and Acknowledgement Intents can be fairly confidently interpreted, Confirmation, Interpretation and Reflection Intents were coded markedly less reliably and results from these need to be interpreted with caution. It was noted that whilst the Confirmation Intent mode was apparently coded without any reliability (ICC (3,1) = .00), this code was used extremely infrequently by the principle researcher (5 codes out of 1867 utterances in the 10 transcripts) and not coded at all by the second coder (out of 1872 utterances).

The mean reliability of coding across VRM Forms, therefore, was 93.4% (excluding the uncodable category) and the mean reliability across Intents was 65.4%, or 74.7% if the Confirmation mode was excluded. In his manual of verbal response mode coding, Stiles (1992) reported the range of reliability of VRM coding in his studies to be from 95% for Form and 85% for Intent on a study of courtroom interrogations of rape victims (McGaughey and Stiles, 1983) to 81% for Form and 66% for Intent in a study of parent-child interactions (Stiles and White, 1981). As noted by Stiles (1992), the most reliably coded speech was more formal, with completed sentences and conventional grammar, and used a narrow range of modes whilst the least reliably coded speech was more fragmented, less grammatical and used a wide range of modes. In the present study, speech was often fragmented, incomplete and ungrammatical, which made it more difficult to code and unitise transcripts. However, the results for the reliability of coding on the sample of 10 transcripts were consistent with those of Stiles' body of research.

### 3.3 Verbal response mode profiles of police officers and clinical psychologists

A total of 7071 utterances were coded (5237 police officer utterances and 1834 clinical psychologist utterances). As the rapport-building interactions coded were of different lengths, the VRM frequencies were converted into percentages of each speaker's number of utterances in each interview for all further analyses. Table 3.4 shows the mean profiles of VRM Forms and Intents for police officers and clinical psychologists.

Table 3.4: Mean profiles of police officers' and clinical psychologists' verbal response mode use

Verbal Response Mode	Police Officers		Clinical Psychologists		Difference t-value
	<sup>a</sup> Mean %	S.D.	<sup>a</sup> Mean %	S.D.	
<u>Forms</u>					
Disclosure	9.20	4.59	7.91	3.76	0.75
Edification	16.58	6.86	14.07	7.45	0.94
Advisement	2.51	2.24	2.04	1.53	0.57
Confirmation	1.79	1.75	0.82	0.91	1.52
Question	32.89	8.47	26.41	11.29	1.89
Acknowledgement	9.65	4.26	17.84	11.99	-1.91
Interpretation	15.63	8.13	14.84	8.67	0.25
Reflection	11.08	3.89	14.08	6.60	-1.78
Uncodable	0.67	1.25	1.99	1.72	-0.26
<u>Intents</u>					
Disclosure	6.44	3.57	7.30	4.05	-0.61
Edification	20.43	7.23	9.33	6.22	4.07 p = .000**
Advisement	7.56	4.99	3.28	2.66	2.35 p = .023*
Confirmation	0.32	0.80	0.31	0.48	.01
Question	28.00	8.39	27.25	9.23	0.23
Acknowledgement	20.54	7.58	29.24	12.94	-2.65 p = .011*
Interpretation	6.25	4.40	3.68	1.37	1.62
Reflection	9.93	4.02	17.74	8.76	-2.47 p = .040*
Uncodable	0.53	1.07	1.86	1.83	-2.89 p = .006**
Number of utterances per interview	119.02	52.39	229.25	98.05	-

Note: N = 44 for Police Officers and N = 8 for Clinical Psychologists. Difference was calculated using independent t-tests with two-tailed significance.

<sup>a</sup> Mean percentage of each interviewers utterances

\* p<.05 \* p<.01

No significant differences were found between police officers' and clinical psychologists' use of VRM Forms. In both groups the most frequently used Form was Question,

*"What do you do at playtime then?"* QQ (police officer)

*"What are your other favourite films?"* QQ (clinical psychologist).

This was followed by frequent use of Edification,

*"And the person that's in the other room is your mum."* EE (police officer)

*"The second thing to say is I'm not a doctor."* EE (clinical psychologist)

Reflection,

*"And then you had porridge for your breakfast today."* RR (police officer)

*"So you can think yes it works for us both better."* RR (clinical psychologist)

and Interpretation,

*"You were a very lucky girl then, weren't you, to go to a wedding party."* II, QI (police officer)

*"Now you look pleased about that."* II (clinical psychologist).

In addition, some clinical psychologists also used Acknowledgement Form highly, although this was not statistically significantly different to police officers' use and variance was high,

*"Mm-hmm"* KK

*"Oh dear"* KD.

There were, however, a number of differences in use of VRM Intents. Police officers used significantly more Edification Intent ( $t(50) = 4.07, p = .000$ ), reflecting their greater use of stating objective information,

*"And I'm a policeman."* DE.

Although not strongly significant, police officers also used more Advisement Intent ( $t(50) = 2.35, p = .023$ ), reflecting greater use of attempts to guide the child's behaviour to do something,

*"I don't want you to leave anything out."* DA.

Again not strongly significant, Clinical Psychologists used more Acknowledgement Intent ( $t(50) = -2.65, p = .011$ ),

*"Ahh. Right. Alright."* KK, IK, IK

and Reflection Intent ( $t(7.55) = -2.47, p = .040$ , t-test using unequal variances),

*"I think you said he mithers you a lot, didn't you?"* DR, QR

indicating greater use of encouragement and of receiving information from the child, and commenting on or reiterating the child's experience.

The significant difference between police officers and clinical psychologists on uncodable Intent reflects the fact that the quality of audiotapes from the latter was inferior and transcripts contained more inaudible passages.

For both police officers and clinical psychologists, the use of Disclosure, Interpretation and Confirmation Intents were low, reflecting little revealing of their own thoughts and feelings, comparing their experience with that of the child, and of explaining or judging the child's experience. The use of Question Intent was high for both groups,

*"Do you know what the difference is?"* QQ (police officer)

*"So you like something with a bit of excitement?"* RQ (clinical psychologist).

Acknowledgement use was also high for both groups. Together these Intents reflect a high level of asking for and checking information, and of receiving it,

*"Oh."* KK (police officer)

*"Mm."* KK (clinical psychologist).

Whilst the above results give indications of both similarities and some differences between profiles of police officers and clinical psychologists, they must be interpreted cautiously in light of the fact that the clinical psychologists sample size is very small ( $N = 8$ ) and the varying degrees of confidence in the reliability of VRM Intents coding. With respect to the latter, Edification, Acknowledgement and Advisement Intents were coded moderately to highly reliably, Reflection Intent was coded less reliably and the results within this category need to be interpreted more cautiously.

### **3.4 Interviews by police officers**

#### **3.4.1 Length of rapport-building phase**

The overall mean length of the rapport-building phase in interviews by police officers was 4 minutes and 46 seconds (mean = 286.32 seconds, s.d. = 120.17). In order to investigate whether any variables were significantly associated with length of this phase, the following statistics were used: a Pearson correlation revealed no significant association between length of phase and child age ( $r = -.054$  n.s.); and independent t-tests (two-tailed) revealed no significant differences in length of phase between older (11-16 years) and younger (7-11 years) children ( $t(42) = 0.07$  n.s.), male and female children ( $t(42) = -1.38$  n.s.), male and female interviewers ( $t(42) = -1.06$  n.s.) or between interviews where there was another person present or not ( $t(42) = 1.41$  n.s.). There were, therefore, no variables investigated which were significantly associated with length of the rapport-building phase.

#### **3.4.2 The presence of others in police interviews**

A third person was present in 15 police interviews (34.1%), which consisted of 7 interviews with social workers, 5 with mothers, and 3 with fathers or step-fathers. Analysis of association with other interview variables using the chi-square statistic in 2 x 2 matrices revealed no significant associations between the presence of others and gender of officers (male/female) or age of child (younger/older):  $\chi^2(1) = 0.006$  n.s. and  $\chi^2(1) = 0.094$  n.s. respectively. However, a significant association between presence of other and child gender was found:  $\chi^2(1) = 10.79$   $p < .001$ , with phi demonstrating the level of this association to be strong,  $\phi(1) = -.495$   $p < .001$ . As shown in the contingency table 3.5 below, constructed for the chi-square analysis, female children were rarely interviewed with another present, whilst male children were in approximately half the number of interviews.

Table 3.5: Association between presence of other and child gender.

Count (Expected value)	Other present	No other	Row Count (Total expected)
Female	2 (7.2)	19 (13.8)	21 (47.7%)
Male	13 (7.8)	10 (15.2)	23 (52.3%)
Column Count (Total expected)	15 (34.1%)	29 (65.9%)	44 (100%)

### **3.4.3 Association between gender of officer and gender of child**

Analysis of the association between officer gender and child gender using the chi-square statistic in a 2 x 2 matrix revealed no significant relationship:  $\chi^2 (1) = 1.890$  n.s. There was, therefore, no systematic matching of officer and child gender within the interview sample in this study.

### **3.4.4 Factors affecting verbal response mode profiles of police officers**

Multivariate analyses of variance (MANOVAs) were performed separately on police officers' VRM Form and Intent profiles in order to investigate the potential effects of child age, child gender and officer gender. The independent variables within these MANOVAs were child age (younger = 7 - 11 years, older = 12 - 16 years), child gender and officer gender, and the dependent variables were the 8 Forms or 8 Intents. The uncodable categories were excluded from these analyses in order to prevent complete linear dependence of variables (see Stiles, 1988), although linear dependence remained very high. As a result of high linear dependency, significant differences which were found could be either primary (due to true effects of the independent variable) or secondary (due to changes in the VRM profile because of effects on the primary dependent variable).

The results of the two multivariate tests of three-way interactions (child age x child gender x officer gender) revealed that neither reached significance at the .05 level of significance. Of the sixteen (8 Form, 8 Intent) univariate F tests of three-way interactions, only one reached significance at the .05 level (Question Form). Exploration of the means revealed that male officers interviewing female children used more Question Form for younger children (48.9% versus 22.3%). However, numbers were very small within each subgroup (N = 2 and N = 3) and variance was high, and thus follow-up tests were not undertaken. As this effect was relatively weak with no multivariate effect, this result is best treated tentatively and may be the result of chance.

Tables 3.6 to 3.9 show the results of multivariate tests of two-way interactions on VRM Forms and Intents, and the means for each mode. The results of each interaction are discussed in turn, along with follow-up tests performed when significant MANOVA results were obtained. In the case of each interaction, tests of simple effects were undertaken between the four groups to determine where

differences in means lay (using one-way ANOVAs to calculate SS and MS, with the F ratio calculated using the  $MS_{Error}$  from the overall analysis, as described by Howell (1987)).

Table 3.6: Officers' mean VRM Form use according to child age and child gender.

VRM Form	Male Child		Female Child		Univariate Statistics for two-way interaction F(1,36)
	Younger <sup>a</sup>	Older <sup>a</sup>	Younger <sup>a</sup>	Older <sup>a</sup>	
Disclosure	9.34 (4.07)	11.47 (4.11)	6.25 (3.78)	8.85 (5.17)	0.00, p = .974
Edification	19.34 (8.45)	14.10 (4.87)	13.58 (4.46)	19.22 (7.49)	10.60, p = .002**
Advisement	2.86 (2.54)	1.91 (1.82)	2.39 (1.85)	2.95 (2.73)	2.95, p = .095
Confirmation	1.19 (1.10)	1.62 (1.85)	1.84 (2.16)	2.42 (1.76)	0.00, p = .973
Question	35.08 (6.30)	30.40 (8.91)	40.12 (7.41)	28.34 (6.65)	7.83, p = .008**
Acknowledgement	8.77 (3.43)	11.31 (4.64)	10.14 (4.77)	8.23 (3.85)	3.56, p = .067
Interpretation	12.20 (5.20)	14.33 (5.18)	14.79 (9.35)	20.53 (10.20)	1.77, p = .192
Reflection	10.90 (3.31)	13.68 (3.74)	10.62 (2.86)	8.76 (3.88)	1.87, p = .179
	N = 10	N = 13	N = 9	N = 12	Multivariate statistic Wilks F(8, 29) = 2.71 p = .023*

Note: \* p < .05, \*\* p < .01

<sup>a</sup> Mean percentage followed by standard deviation in brackets

The multivariate test of two-way interaction between child age and child gender (see table 3.6) revealed a significant interaction effect on VRM Form use ( $F(8, 29) = 2.71, p = .023$ ), with univariate effects for Edification ( $F(1, 36) = 10.60, p = .022$ ) and Question ( $F(1, 36) = 7.83, p = .008$ ). Tests of simple effects revealed significant differences in means for Edification Form for all four comparisons, that is between males and females for younger children ( $F(1, 36) = 4.24, p < .05$ ), between males and females for older children ( $F(1, 36) = 4.43, p < .05$ ), between younger and older children for females ( $F(1, 36) = 4.43, p < .05$ ) and between younger and older children for males ( $F(1, 36) = 4.19, p < .05$ ). As can be seen from table 3.6, the difference between means for younger and older children is reversed between the sexes; whilst Edification is used more frequently with the younger group of male children, with female children it is the older group with which it is used more. Tests for simple effects on Question Form revealed only a significant result between younger and older female children ( $F(1, 36) = 15.78, p < .01$ ), with Question being used more frequently with younger females.

Similarly, there was a significant multivariate two-way interaction effect of child age and child gender on VRM Intent use ( $F(8, 29) = 2.80, p = .020$ ), with univariate effects for Edification ( $F(1, 36) = 4.18, p = .048$ ), Advisement ( $F(1, 36) = 12.61, p = .001$ ) and Question ( $F(1, 36) = 10.57, p = .002$ ) (see table 3.7). Tests of simple effects revealed for Edification Intent a difference in means between males and females for the younger group ( $F(1, 36) = 6.20, p < .05$ ). For Advisement Intent, differences were found between males and females for the older group ( $F(1, 36) = 20.99, p < .01$ ) and between older and younger children



in the female group ( $F(1, 36) = 8.40$   $p < .01$ ). For Question Intent, differences were again found between males and females for the older group ( $F(1, 36) = 9.87$   $p < .01$ ) and between older and younger children in the female group ( $F(1, 36) = 12.89$   $p < .01$ ). As shown in table 3.7, Edification was used more with the male younger children. The results for Advisement and Question were reverse trends of each other: for the older age group, Question was used more with males whereas Advisement was used more with females; and for female children, Question was used more with younger whereas Advisement was used more with the older group.

Table 3.7: Officers' mean VRM Intent use according to child age and child gender.

VRM Intent	Male Child		Female Child		Univariate Statistics for two-way interaction F(1,36)
	Younger <sup>a</sup>	Older <sup>a</sup>	Younger <sup>a</sup>	Older <sup>a</sup>	
Disclosure	6.40 (2.25)	7.73 (3.49)	5.35 (3.86)	5.90 (4.26)	0.48, $p = .494$
Edification	24.45 (8.83)	19.11 (6.65)	16.95 (4.48)	21.12 (7.12)	4.18, $p = .048^*$
Advisement	6.43 (3.58)	4.95 (2.96)	7.01 (3.38)	11.75 (6.35)	12.61, $p = .001^{**}$
Confirmation	0.36 (0.59)	0.50 (1.11)	0.38 (1.00)	0.04 (0.13)	0.54, $p = .468$
Question	30.15 (5.58)	29.77 (10.16)	31.96 (6.40)	21.32 (6.13)	10.57, $p = .002^*$
Acknowledgement	16.21 (5.51)	21.67 (7.84)	19.77 (8.73)	23.50 (6.98)	0.00, $p = .967$
Interpretation	5.47 (3.15)	4.11 (3.07)	8.27 (5.63)	7.69 (4.78)	0.11, $p = .745$
Reflection	10.35 (3.57)	11.12 (2.47)	10.27 (2.68)	8.05 (5.93)	0.36, $p = .550$
	N = 10	N = 13	N = 9	N = 12	Multivariate statistic Wilks $F(8, 29) = 2.80$ $p = .020^*$

Note: \*  $p < .05$ , \*\*  $p < .01$

<sup>a</sup> Mean percentage followed by standard deviation in brackets

Multivariate tests of two-way interactions for officer gender and child age on Form revealed no significant multivariate effect. However, for univariate interaction effects on Form, an effect was found for Question ( $F(1, 36) = 4.58$ ,  $p = .039$ ). Tests for simple effects revealed significant differences in means between male and female officers with older children ( $F(1, 36) = 5.41$   $p < .05$ ), between younger and older children for female officers ( $F(1, 36) = 5.60$   $p < .05$ ) and between younger and older children for male officers ( $F(1, 36) = 10.94$   $p < .01$ ). As shown in table 3.8, both male and female officers used more Question Form with younger children, but female officers used more with older children than male officers. Question was used least frequently by male officers interviewing older children.

Table 3.8: Officers' mean VRM Form use according to child age and officer gender

VRM Form	Male Officer		Female Officer		Univariate Statistics for two-way interaction F(1,36)
	Younger <sup>a</sup>	Older <sup>a</sup>	Younger <sup>a</sup>	Older <sup>a</sup>	
Disclosure	9.64 (2.24)	13.67 (4.01)	7.06 (4.61)	8.27 (4.02)	0.82, p = .370
Edification	21.43 (9.64)	18.69 (7.85)	14.38 (4.91)	15.35 (5.82)	0.00, p = .998
Advisement	3.65 (3.09)	4.19 (2.75)	2.17 (1.59)	1.41 (1.26)	2.14, p = .152
Confirmation	0.99 (0.98)	1.46 (1.45)	1.73 (1.90)	2.32 (1.96)	0.01, p = .920
Question	36.96 (9.58)	25.24 (6.34)	37.70 (6.17)	31.76 (7.74)	4.58, p = .039*
Acknowledgement	9.10 (3.62)	9.39 (4.13)	9.57 (4.38)	10.08 (4.77)	0.34, p = .564
Interpretation	6.75 (5.81)	14.18 (8.38)	16.51 (5.89)	19.06 (8.19)	2.04, p = .162
Reflection	11.15 (2.55)	12.60 (5.25)	10.60 (3.30)	10.60 (4.00)	0.183, p = .671
	N = 6	N = 9	N = 13	N = 16	Multivariate statistic Wilks F(8, 29) = 0.89 p = 0.53

Note: \* p < .05, \*\* p < .01

<sup>a</sup> Mean percentage followed by standard deviation in brackets

Table 3.9: Officers' mean VRM Intent use according to child age and officer gender

VRM Intent	Male Officer		Female Officer		Univariate Statistics for two-way interaction F(1,36)
	Younger <sup>a</sup>	Older <sup>a</sup>	Younger <sup>a</sup>	Older <sup>a</sup>	
Disclosure	7.21 (1.71)	7.25 (1.89)	5.31 (3.42)	6.63 (4.73)	0.57, p = .454
Edification	27.08 (9.99)	22.46 (6.46)	18.04 (4.97)	18.73 (6.83)	0.60, p = .443
Advisement	5.73 (2.91)	10.88 (7.07)	7.16 (3.62)	6.71 (4.75)	10.23, p = .003**
Confirmation	0.30 (0.57)	0.30 (0.59)	0.40 (0.89)	0.27 (0.95)	0.01, p = .936
Question	31.07 (7.43)	21.58 (7.47)	30.98 (5.38)	28.04 (9.70)	5.44, p = .025*
Acknowledgement	12.49 (5.50)	19.77 (8.75)	20.39 (6.68)	24.12 (6.18)	0.73, p = .397
Interpretation	4.70 (1.35)	5.15 (3.74)	7.76 (5.26)	6.21 (4.66)	0.60, p = .443
Reflection	11.36 (4.00)	11.82 (5.93)	9.83 (2.62)	8.42 (3.38)	0.48, p = .493
	N = 6	N = 9	N = 13	N = 16	Multivariate statistic Wilks F(8, 29) = 2.24 p = .053

Note: \* p < .05, \*\* p < .01

<sup>a</sup> Mean percentage followed by standard deviation in brackets

The multivariate test of an interaction effect of child age and officer gender on Intent use did not reach significance, although it did approach significance. However, univariate interaction effects were found for Advisement (F(1, 36) = 10.23, p = .003) and Question Intents (F(1, 36) = 5.44, p = .025). Tests of simple

effects revealed differences in means between male and female officers with older children for both Advisement ( $F(1, 36) = 7.26$   $p < .05$ ) and Question ( $F(1, 36) = 5.31$   $p < .05$ ) and between older and younger children interviewed by male officers for Advisement ( $F(1, 36) = 6.94$   $p < .05$ ) and Question ( $F(1, 36) = 7.17$   $p < .05$ ). As shown in table 3.9, the trends for Advisement and Question were the reverse of each other. Male officers used more Question with younger children, but more Advisement with older children. For the older age group, male officers used more Advisement than female officers, but for Question female officers used more than male officers.

No multivariate or univariate effects were found for the interaction of child gender and officer gender on VRM Form or Intent, and results of these analyses are not presented.

Tables 3.10 to 3.15 below show the results of the analysis of main effects (child age, child gender and officer gender) on VRM Form and Intent.

The results of analysis of main effects revealed a significant multivariate effect on Form by child age ( $F(8, 29) = 3.08$ ,  $p = .012$ ), with univariate effects on Question ( $F(1, 36) = 21.91$ ,  $p = .000$ ) and Interpretation ( $F(1, 36) = 5.70$ ,  $p = .022$ ) (see table 3.10). Exploration of profile means showed more frequent use of Question Form with younger children and of Interpretation Form with younger children. No multivariate effect of child age on Intent use was found, although it approached significance, but univariate effects were found on Advisement ( $F(1, 36) = 6.57$ ,  $p = .015$ ), Question ( $F(1, 36) = 11.29$ ,  $p = .002$ ) and Acknowledgement ( $F(1, 36) = 6.09$ ,  $p = .019$ ) (see table 3.11). Profile means revealed there was slightly higher use of Advisement Intent with older children, higher use of Question with younger children, and higher use of Acknowledgement with older children.

Table 3.10: Officers' VRM Form use according to child age

VRM Form	Child Age		Univariate Statistics F (1, 36)
	Younger (7 - 11 years) <sup>a</sup>	Older (12 - 16 years) <sup>a</sup>	
Disclosure	7.87 (4.14)	10.21 (4.74)	3.04, $p = .090$
Edification	16.61 (7.30)	16.56 (6.66)	0.09, $p = .769$
Advisement	2.64 (2.20)	2.41 (2.31)	0.04, $p = .845$
Confirmation	1.50 (1.67)	2.01 (1.81)	0.63, $p = .432$
Question	37.47 (7.14)	29.41 (7.81)	21.91, $p = .000^{***}$
Acknowledgement	9.42 (4.06)	9.83 (4.48)	.01, $p = .917$
Interpretation	13.43 (7.36)	17.30 (8.43)	5.70, $p = .022^*$
Reflection	10.77 (3.02)	11.32 (4.49)	0.55, $p = .464$
	N = 19	N = 25	Multivariate statistics Wilks F (8, 29) = 3.08 $p = .012^*$

Note: \*  $p < .05$ , \*\*  $p < .01$ ,  $p < .001$

<sup>a</sup> Mean percentage followed by standard deviation in brackets

Table 3.11: Officers' VRM Intent use according to child age

VRM Intent	Child Age		Univariate Statistics F (1, 36)
	Younger (7 - 11 years) <sup>a</sup>	Older (12 - 16 years) <sup>a</sup>	
Disclosure	5.91 (3.07)	6.85 (3.91)	0.14, p = .715
Edification	20.90 (7.92)	20.07 (6.81)	0.50, p = .497
Advisement	6.71 (3.40)	8.21 (5.90)	6.57, p = .015*
Confirmation	0.37 (0.79)	0.28 (0.82)	0.07, p = .787
Question	31.01 (5.88)	25.72 (9.35)	11.29, p = .002**
Acknowledgement	17.90 (7.24)	22.55 (7.34)	6.09, p = .019*
Interpretation	6.80 (4.59)	5.83 (4.30)	0.25, p = .618
Reflection	10.31 (3.09)	9.64 (4.65)	0.03, p = .857
	N = 19	N = 25	Multivariate statistics Wilks F (8, 29) = 2.16 p = .061

Note: \* p < .05, \*\* p < .01

<sup>a</sup> Mean percentage followed by standard deviation in brackets

A multivariate main effect on Form was found for officer gender ( $F(8, 29) = 2.48, p = .035$ ), with univariate effects on Disclosure ( $F(1, 36) = 7.59, p = .009$ ), Edification ( $F(1, 36) = 6.52, p = .015$ ), Advisement ( $F(1, 36) = 13.80, p = .001$ ) and Interpretation ( $F(1, 36) = 9.27, p = .004$ ) Forms (see table 3.12). Mean profiles revealed higher use of Disclosure, Edification and Advisement by male officers, and the greatest difference of higher use by female officers of Interpretation.

Table 3.12: Officers' VRM Form use according to officer gender

VRM Form	Officer Gender		Univariate Statistics F (1, 36)
	Male <sup>a</sup>	Female <sup>a</sup>	
Disclosure	12.06 (3.89)	7.73 (4.26)	7.59, p = .009**
Edification	19.79 (8.38)	14.92 (5.36)	6.52, p = .015*
Advisement	3.97 (2.79)	1.75 (1.44)	13.80, p = .001**
Confirmation	1.27 (1.26)	2.06 (1.92)	1.68, p = .203
Question	29.93 (9.54)	34.42 (7.58)	1.32, p = .259
Acknowledgement	9.27 (3.80)	9.85 (4.53)	0.36, p = .551
Interpretation	11.21 (8.15)	17.92 (7.24)	9.27, p = .004**
Reflection	12.02 (4.32)	10.60 (3.64)	0.22, p = .643
	N = 15	N = 29	Multivariate statistics Wilks F (8, 29) = 2.48 p = .035*

Note: \* p < .05, \*\* p < .01

<sup>a</sup> Mean percentage followed by standard deviation in brackets

A significant main effect of officer gender on Intent was also found ( $F(8, 29) = 2.70, p = .024$ ) with univariate effects on Edification ( $F(1, 36) = 6.47, p = .015$ ), Advisement ( $F(1, 36) = 4.28, p = .046$ ) and Acknowledgement ( $F(1, 36) = 6.89, p = .013$ ) Intents (see table 3.13). Profile means revealed male officers used more Edification and Advisement, and female officers more frequently Acknowledgement.

Table 3.13: Officers' VRM Intent use according to officer gender

VRM Intent	Officer Gender		Univariate Statistics F (1, 36)
	Male <sup>a</sup>	Female <sup>a</sup>	
Disclosure	7.23 (1.76)	6.03 (4.18)	1.07, p = .309
Edification	24.30 (8.06)	18.42 (5.97)	6.47, p = .015*
Advisement	8.82 (6.20)	6.91 (4.21)	4.28, p = .046*
Confirmation	0.30 (0.56)	0.33 (0.91)	0.12, p = .734
Question	25.38 (8.64)	29.36 (8.07)	2.09, p = .157
Acknowledgement	16.86 (8.26)	22.45 (6.57)	6.89, p = .013*
Interpretation	4.97 (2.95)	6.90 (4.91)	1.85, p = .182
Reflection	11.63 (5.09)	9.05 (3.09)	2.69, p = .110
	N = 15	N = 29	Multivariate statistics Wilks F (8, 29) = 2.70 p = .024*

Note: \* p < .05, \*\* p < .01

<sup>a</sup> Mean percentage followed by standard deviation in brackets

Table 3.14: Officers' VRM Form use according to child gender

VRM Form	Child Gender		Univariate Statistics F (1, 36)
	Male <sup>a</sup>	Female <sup>a</sup>	
Disclosure	10.54 (4.14)	7.74 (4.71)	1.66, p = .206
Edification	16.37 (7.01)	16.80 (6.86)	0.03, p = .870
Advisement	2.32 (2.17)	2.71 (2.36)	2.29, p = .139
Confirmation	1.44 (1.55)	2.17 (1.91)	0.41, p = .526
Question	32.43 (8.08)	33.39 (9.05)	1.26, p = .270
Acknowledgement	10.21 (4.27)	9.05 (4.27)	0.58, p = .451
Interpretation	13.40 (5.18)	18.07 (10.03)	0.53, p = .471
Reflection	12.47 (3.75)	9.56 (3.53)	5.13, p = .030*
	N = 23	N = 21	Multivariate statistics Wilks F (8, 29) = 1.44 p = .224

Note: \* p < .05, \*\* p < .01

<sup>a</sup> Mean percentage followed by standard deviation in brackets

Finally, no multivariate main effects of child gender were found on Form (see table 3.14) or Intent (see table 3.15). A small univariate was found on Reflection Form ( $F(1, 36) = 5.13, p = .030$ ), where means showed more frequent use with male children but the frequency was very low. Also, a univariate effect was found for Advisement Intent ( $F(1, 36) = 13.99, p = .001$ ), which was used more frequently with female children.

Table 3.15: Officers' VRM Intent use according to child gender

VRM Intent	Child Gender		Univariate Statistics F (1, 36)
	Male <sup>a</sup>	Female <sup>a</sup>	
Disclosure	7.15 (3.02)	5.67 (4.00)	0.34, p = .564
Edification	21.43 (7.96)	19.33 (6.35)	1.26, p = .270
Advisement	5.59 (3.25)	9.72 (5.70)	13.99, p = .001**
Confirmation	0.44 (0.91)	0.18 (0.66)	0.81, p = .373
Question	29.94 (8.31)	25.88 (8.13)	1.19, p = .283
Acknowledgement	19.30 (7.32)	21.90 (7.80)	0.10, p = .759
Interpretation	4.70 (3.11)	7.94 (5.03)	2.15, p = .151
Reflection	10.79 (2.95)	9.00 (4.85)	0.81, p = .373
	N = 23	N = 21	Multivariate statistics Wilks F (8, 29) = 2.16 p = .061

Note: \* p < .05, \*\* p < .01

<sup>a</sup> Mean percentage followed by standard deviation in brackets

As a large number of statistical tests were conducted, the probability of type I error is quite high, and a more conservative significance level of  $p < .01$  may be more appropriate. However, using this more conservative level, many of the significant results outlined above remain significant, particularly the univariate results and tests of simple effects.

### **3.5 Police officer profiles in rapport-building versus other high status profiles**

Because the VRM system can be used to explore any interaction, it allows quantitative comparisons to be made across a wide range of different roles and relationships (Stiles, 1992). In order to explore the similarities and differences between how police officers speak to children and other conversational interactions already explored using VRMs, the mean VRM Intent profile of police officers was compared with the mean VRM Intent profiles of other conversational interactions where one member was of relatively high status (therapist, parent, attorney) and other of relatively low status (client, child, witness). This was done using the method described by Stiles (1992) and Hendricks and Stiles (1989) of measuring the geometric mean difference (GMD) between profiles, which is calculated as the square root of the sum of the squared differences of the eight VRM Intent categories:

$$\text{GMD} = \sqrt{[(D1-D2)^2 + (E1-E2)^2 + (K1-K2)^2 + (Q1-Q2)^2 + (A1-A2)^2 + (C1-C2)^2 + (I1-I2)^2 + (R1-R2)^2]}$$

Comparisons were based on recalculated percentages that excluded the uncodable utterances. As outlined by Stiles (1992) and Hendricks and Stiles (1989), the GMD is a generalisation of the Pythagorean theorem and yields a result which can be interpreted as the conceptual distance between speakers with respect to their VRM use. Where the Pythagorean theorem yields a hypotenuse based on co-ordinates in a two-dimensional space, the GMDs yield an analogous straight line between two sets of "co-ordinates" in an eight-dimensional "VRM space". This method was first used by Hendricks and Stiles (1989) to compare various help-intended interactions, in order to see in VRM Intent terms which interaction radio call-in hosts were most like.

In the present study, this method was used to explore which styles of verbal interactions police officers building rapport with children were most like. Table 3.16 below shows the results of GMD comparisons.

Table 3.16: Geometric mean differences between verbal response mode Intent profiles: police officers versus other high status interactions.

Comparison Group	GMD from Police Officers
Clinical Child Psychologists	17.2
Programme Hosts (from radio call-in shows)	18.8
Parents talking to children - reaching agreement	20.5
Professors in laboratory conversations	23.1
Professors in classroom discussions	27.1
Parents talking to children - discussing feelings	28.5
Prescriptive Psychotherapists	29.0
Exploratory Psychotherapists	35.9
Attorneys questioning witnesses - cross examination	44.2
Gestalt Psychotherapists	45.8
Psychoanalytic Psychotherapists	51.1
Attorneys questioning witnesses - direct examination	53.0
Client-centred Psychotherapists	55.2

Note: Comparisons are with verbal response mode profiles taken from the following research: Programme hosts from Hendricks and Stiles (1989); Prescriptive and Exploratory psychotherapists from Stiles *et al.* (1988); Client-centred, Gestalt and Psychoanalytic psychotherapists from Stiles (1979); Parents talking to children from Stiles and White (1981) and pers. comm.; Attorneys questioning witnesses from McGaughey and Stiles (1983) and pers. comm.; Professors in laboratory conversations and classroom discussion from Stiles *et al.* (1979).

According to the geometric mean difference comparisons, police officers building rapport in evidential interviews with children are most like clinical child psychologists building rapport in the early stages of therapy with children, programme hosts talking to callers on psychological radio call-in shows and parents

talking to children in a task of reaching agreement on a topic. The VRM Intent modes most frequently used by police officers were Question, Edification and Acknowledgement, with Confirmation and Interpretation used very little. Their range of modes was wide, and was reflected in the fact that they used modes representing both speaker and other in source of experience, presumption of experience and frame of reference. Clinical child psychologists were similar to this in that they used Question and Acknowledgement highly as well as Reflection, but Confirmation and Interpretation were used infrequently. Programme hosts also were similar as they too used Edification, Question and Acknowledgement frequently in addition to Advisement, and they used Confirmation very little. Parents talking to their children on a reach agreement task used Question and Interpretation frequently, and Confirmation and Reflection infrequently. In each of these conversational settings the task appears to have been to gather information from the other and often to give some in return, either by acknowledging, advising or stating information. Generally the speakers in these settings used a range of Intent modes, often from both the speaker's and other's perspectives in terms of the three principles.

Police officers were least like client-centred psychotherapists, psychoanalytic psychotherapists and attorneys questioning witnesses in direct-examinations. This would seem to reflect the fact that in each of these conversational settings, the speaker used a quite narrow range of modes, often almost exclusively within one or two. More than 90% of client-centred psychotherapists' speech was made up of Acknowledgement and Reflection, with little use of modes using the speaker's frame of reference. Psychoanalytic psychotherapists used Interpretation highly, and more than 90% of their speech was within the other's source of experience. Attorneys in direct-examinations also used a narrow range of modes with over 70% being Question.



## Chapter 4: Discussion

### 4.1 Police officers building rapport with children

#### 4.1.1 The survey

The survey of clinical child psychologists and police officers revealed that the two groups in general were quite similar in their perceptions of the aims of the first period of an initial interview with a child. Both groups most frequently reported aims were establishing a relationship (rapport) and settling the child. The next most frequently reported aims for police officers were the establishing of trust and assessing the child's level of understanding, whilst clinical psychologists reported the need to give information about the service and to establish the background to the referral.

In terms of the length of this period, clinical psychologists tended to see this as lasting longer at around 15 minutes and extending up to several sessions where appropriate. Police officers in contrast saw the rapport phase as lasting only about 10 minutes. In fact, in this study, the rapport-building phase within evidential interviews lasted on average only about five minutes. In a survey of police forces across the UK, Davies *et al.* (1998) found that police officers often felt that the phase was too long, and that it ought to be possible to omit the phase entirely where previous contact had been established with the child. This appears to highlight a fundamental difference in views about rapport. For police officers, rapport-building is about establishing a basic relationship from which the task of undertaking the interviewing can begin. For clinical psychologists rapport-building is perhaps more an integral part of the task which is beginning and the process is likely to be a continuous one. However, it is important to note that 10 minutes in an evidential interview, which is going to last between 30 and 60 minutes is quite substantial, especially as it is currently recommended in the Memorandum that additional interviews should be undertaken only in exceptional circumstances. In contrast, 15 minutes within the first part of a first session with a child which may lead to a therapeutic contract of several sessions is much less substantial.

It was also found in the survey that both police officers and clinical psychologists regarded the level of maturity and development of the child as a relevant influence on the length of this phase. Whilst almost all clinical psychologists considered the age of the child to have an effect on the length of rapport, only half of the police officers did. Also, whilst clinical psychologists reported more difficulty in building rapport or a relationship with adolescents, police officers suggested that building rapport and settling children is more difficult with the younger age group, and one officer said that it can seem to be an artificial process with some teenagers. It was not possible to investigate any associations for clinical psychologists as the sample size was too small, but for police officers the length of rapport-building was not associated with any factors, such as child age. Verbal response mode profiles of police officers, however, did vary according to child characteristics.

#### 4.1.2 Verbal Response Mode profiles of police officers and clinical psychologists

The verbal response mode profiles of police officers and clinical psychologists were, like the results of the survey, broadly similar, despite apparent differences in the foci of the literature. Within the research literature, rapport in investigative interviews was discussed largely as a means to an end, that is to establish as sufficient a relationship in order to undertake the interview. In addition, the style of the interviewer's questioning technique could have important effects on the amount and details of information provided by the child (Sternberg *et al.*, 1997). In contrast, research on the relationship in psychotherapy has suggested that it is an integral part of the work being undertaken, is strongly associated with outcome success, and is a dynamic process which changes over time. Despite these differences in the literature, no differences in VRM Form use were found, thus the literal meaning of speech acts was similar. For both groups the most frequently used mode was Question, with this making up one quarter to one third of speech. The range of modes used by both groups was varied. Only Confirmation and Advisement were used infrequently (less than three percent) by both groups. This range of modes reflects the fact that neither police officers nor clinical psychologists were solely firing questions at the children.

Some significant differences were found in VRM Intent profiles, of which the most significant was police officers higher use of Edification (stating objective information). Interestingly, in the survey, it was clinical psychologists who more frequently reported the need to give the child information. This result may reflect the fact that the videotape produced of an evidential interview may be viewed by many others (judge, lawyers, defendant, jury) and much contextual information must be provided (day, date, who is present, the names *etc.*). In addition, the room in which the interview is conducted may contain many more strange items than the average therapy room (video camera, microphones *etc.*) which need to be explained to reassure the child. Clinical psychologists used significantly more Acknowledgement Intent, perhaps suggesting they were listening more to the child and encouraging the child to speak. Alternatively, it may be that psychologists used more of what could be thought of as fillers (*e.g.* "Right"). Although the frequencies of Advisement Intent were fairly low for both groups, police officers used significantly more, suggesting that they tended to give children more instructions to do certain things, for example to tell the whole truth, not to leave information out, to speak up for the microphones and to state their name and age. Again, this may reflect the fact that police officers go through a number of procedures with the child before the main phase of the interview in order that the tape will be regarded positively in evidential terms. However, it could also suggest that much of the rapport-building phase is taken up with preliminaries necessary for the production of an evidential videotape, and that less time is spent on actually building a relationship through conversation. With respect to low use of Advisement Intent by clinical psychologists, Sexton *et al.* (1996) found that therapists in high alliance dyads advised their clients less than those in low alliance dyads. Although advisement in Sexton's study did not refer to the VRM category specifically, there is likely to be a high degree of convergence between general advising of clients and the Advisement mode in VRMs. It was not possible to investigate this further with the data from the present study, but it would be interesting to consider the effect that interviewers who used Advisement and Edification Intents more frequently have on the number of child utterances in rapport stages. One might speculate that in such interactions, the child will speak less than in those rapport-

building phases where the interviewer engages the child in talking about hobbies, school and their friends. Finally, clinical psychologists used significantly more Reflection Intent, which perhaps demonstrates the importance of empathy in therapeutic interviews, where the interviewers used Reflection to communicate understanding of what the child was saying or feeling for the child's point of view. Where police officers used Reflection, it tended to be more of the nature of exact repetition of what the child had said. It will be important in future studies to look at differences between use of Reflection by police officers and clinical psychologists in terms of exact repetitions versus the speaker putting into words the experience of the other, where this has not been previously expressed in words.

Whilst police officers and clinical psychologists differed on the above use of Intents, they were similar in their less frequent use of Disclosure (revealing own thoughts and intentions) and Interpretation (judging and evaluating the other). Disclosure would generally be regarded as less appropriate in both settings. In an evidential interview, the task of the interviewer is to facilitate the child giving a description of the alleged offence(s) and as such, disclosure on the part of the interviewer would be inappropriate. In therapeutic settings, there is no evidence of beneficial effects of therapist self-disclosure (*e.g.* Bierman, 1969). According to Kanfer and Goldstein (1991), the use of self-disclosure of background information and views may have a limited effect, but disclosure of personal difficulties are likely to be of high risk. Whilst Interpretation would be inappropriate in evidential interviews, in which the task of the police officer is to gather evidence in a neutral manner and judgement for others to evaluate, it is less so in therapeutic interviews. In certain psychotherapeutic models (*e.g.* psychoanalytic) the use of interpretation is indicated and verbal response mode studies have found high level of Interpretation Intent (*e.g.* Stiles, 1979; Stiles *et al.*, 1988). The relatively low level in clinical psychologists' interviews may reflect the fact that less Interpretation is used in child psychotherapy or, perhaps more likely, that it is not a fundamental part of the rapport-building process, but will emerge in later stages of therapy. The results from clinical psychologists were unfortunately from a very small sample, and they represent practitioners working in different therapeutic models, including person-centred, psychodynamic and cognitive-behavioural. As a result, the variance within some modes was high. Further research is required to investigate whether clinicians working with children in different orientations produce different verbal response mode profiles, as has been found in adult psychotherapy research (*e.g.* Stiles, 1979; Stiles *et al.*, 1988), or whether in fact they are less distinct.

#### **4.1.3 Factors affecting police officers' VRM profiles**

Despite the fact that some police officers in the survey reported differences in length of rapport-building according to the age of the child, no such association was found. Length of rapport was not related to child age, child gender or officer gender. The length of the phase varied considerably from just over one minute to almost ten minutes, with the mean length being four minutes and 46 seconds. Roberts and Glasgow (1993) and Wood *et al.* (1996) argued that interviewers find it more difficult to build rapport with younger children, who may be more distressed and difficult to communicate with. Unfortunately there was not sufficient data available in the present study to explore whether length of rapport was related to the level of previous contact between an officer and child prior to commencing the interview. It was clear from the

transcripts that some officers had made previous contact with the child, and perhaps visited them at home within the few days prior to the interview. There were, however, clearly other officers who had only met the child a matter of minutes before the interview had started. One officer in particular had been brought in to undertake the interview in a different locality because of her training in evidential interviewing with children, and only met the child at the interview suite. Further research on whether this factor effects the length and nature of rapport-building needs to be undertaken in order to make recommendations for best practice.

A third person was found to be present in approximately a third of interviews, and comprised social workers and parents. Such a person was more likely to be found in interviews with male children, and was very infrequently found with female children. This association was not related to interviewer gender, despite the practices of some police child protection units in the UK for male officers to interview male children and female officers to interview female children. This study cannot conclusively answer why a third person was included more often in interviews with male children, but it is interesting in light of the findings of Wood *et al.* (1996) that older female witnesses are more likely to be viewed as credible (though older referred to ages 6 to 11 years). It is possible that male children were perceived as more distressed or struggling to communicate, or that male children felt more able to say they wanted another person with them to give support or comfort. Below are some examples of where third parties were present in interviews with male children, which illustrate that such a person was often there to offer support to the child. In the following example, a boy of 12 years was interviewed by a female officer, and the child's step-father was present.

INTERVIEWER: Now Chris is sitting in the room to make sure that you're OK and he's not going to do any talking, he's just going to make sure that everything's alright in here.

In the next example, of a boy of 15 years being interviewed by a female officer, the child's father was present.

INTERVIEWER: And the reason that you're here really is to make sure that Aidan's OK. And you're here as his father, to make sure that he's alright. Yeah?

Another possible explanation for this finding is that interviewers may have perceived female children to be more verbally competent or confident, and therefore less in need of additional support. Alternatively, interviewers may have felt less skilled in interviewing male children as they interview female children more frequently (*e.g.* Plotnikoff and Woolfson, 1995). A further alternative explanation is that the presence of others is not a factor relating to the children themselves or their anxieties, but to the officers interviewing them. The presence of others was not an idiosyncratic practice of one unit within the study, as interviews where another was present in the room were found in four out of the five units in this study. The practice may, however, represent the preferences of individual interviewers. The 15 interviews in which another person was present represented the work of 7 police officers (with 1 to 6 interviews from each). It was found that in all the interviews conducted by these 7 officers, another person was present. If this explanation is true, it is the more accurate one, it is important to ask why this would be so.

Further analysis of police officers' verbal response mode profiles revealed important effects in terms of child and interviewer characteristics. Given the strong linear dependency between modes (such that as one mode frequency increases, others will necessarily decrease), it was difficult to determine which differences were due to primary effects and which were secondary. Interpretations were based where possible on the research literature, clinical judgement and results from other analyses.

Significant interaction effects of child age and child gender were found on VRM profiles. In terms of Form, Edification was used more with younger males and older females, and Question was used more frequently with younger females. Similarly for Intent, Edification was used more with younger males than younger females, Advisement was used more frequently with older females, and Question was used less frequently with older females. The results for Edification (both Form and Intent) show that officers gave more objective information to young males and it is interesting to note that this was the group that were most likely to have another party present in their interview. The following example is of a boy of 8 years being interviewed by a male officer.

INTERVIEWER: She's a police lady and they came and sat on the chairs so as you could see how it worked. Do you remember? Well, that big camera there is the camera that's watching us now. And that little camera, that's a special little camera, and urr has a little tiny picture on it of this room. (EE, EE, QQ, KK, EE, EE, EE)

As in this example, the greater emphasis on information giving with young males may have been due to the high level of anxiety being displayed by them, or it may have been due to the presence of another and a greater need to establish the facts at the start of the interview. Interviewers used more Edification Form and Advisement Intent, and less Question Intent with older females. Wood *et al.* (1996) found that older females were more likely to be perceived as giving a credible interview. One explanation for the higher use of these modes with older females is that they were perceived as less anxious and more aware of the reasons and process of the interview. Interviewers may, therefore, have been able to proceed in a more formal manner, making explicit the expectations of the children (*e.g.* admonishing them to tell the truth). The following example, with a female of 12 years, contains typical statements made to older females.

INTERVIEWER: You've got to tell me all that you possibly can remember about what happened in the night. Don't make anything up and don't leave anything out, if you can possibly remember it. It's very important that you don't do that. (EA, AA, AA, EA)

Clinical impressions, however, indicate that adolescent females may be the group most often perceived as making false allegations of sexual offences. It is possible that statements like that contained in the above example were made because of such concerns.

No significant interaction effects of child gender and officer gender were found on VRM profiles. This finding suggests that male and female officers speak to children in a similar way, regardless of their gender, when building rapport. No support, therefore, was found for the practice of matching officer gender to child gender, as has been the practice in some child protection units.

Significant interaction effects of child age and officer gender were found and were largely related to male officers. With respect to VRM Form, Question was used less frequently with older children by both male and female officers, but to a larger degree by male officers. Similarly for VRM Intent, male officers used less Question with older children and more Advisement. These findings appear to suggest that it is male officers who find it easier to build rapport with older children, and less easy to engage younger children. Alternatively, they may perceive older children as more likely to make false allegations and feel a need to stress both objective information as well as make advisements on telling the truth, such as in the example above.

The analyses of main effects revealed effects for child age, child gender and officer gender. With respect to child age, Question (both Form and Intent) was used more than 20% more frequently with younger children. Conversely, Interpretation Form and Advisement Intents were used more frequently with older children, and may be secondary effects to those for Question. The reasons why Question was used more frequently with younger children (as found within the interaction effects outlined above, particularly female younger children, and by male officers) may be because they gave less informative answers (Pillemer and White, 1989) or briefer answers (Lamb *et al.*, 1996; Sternberg *et al.*, 1996) to interviewers' initial questions, and further questions were asked to prompt children into elaboration. Alternatively, interviewers may have found that younger children were more difficult to build rapport with and to settle, as suggested by Wood *et al.* (1996) and the police officers in the survey in this study. According to Lamb *et al.* (1994), children tend to be reticent with unknown adults and this can make them uncommunicative. In this instance, the frequent use of Question may be a sign of searching for a mutually safe topic of discussion (Sexton *et al.*, 1996). Below are some examples of police officers using Question to engage children who either were reluctant to speak, as suggested by Lamb *et al.* (1994), or who merely gave brief, uninformative answers as outlined by Pillemer and White (1989) and required questioning to prompt further conversation. The first example is with a female child of 9 years, who was interviewed by a male police officer.

INTERVIEWER: I like making things as well, what do you make? (DC, QQ)

CHILD: Urrm, I don't know.

INTERVIEWER: Do you draw? (QQ)

CHILD: Yeah.

INTERVIEWER: And paint? (QQ)

CHILD: Yeah.

INTERVIEWER: Do you have any of this plasticine? (QQ)

CHILD: Yeah.

In this example, the initial open-ended question failed to elicit conversation so the interviewer resorted to a series of more closed questions to invite the child. The next example is from an interview by a male officer with a female child of 7 years.

INTERVIEWER: And what were you eating when I came down? (QQ)

CHILD: Toast.

INTERVIEWER: Toast. And what was on your toast? (RR, QQ)

CHILD: Jam.

INTERVIEWER: And did you have anything else last night? Did you have anything else for your tea?

(QQ, QQ)

In this example, the child did not appear to be reluctant to speak, but gave brief answers of only one word. Further questions were asked to continue the conversation. In the final example, from an interview with a female child of 11 talking with a female officer, the child was clearly responding to the officer nonverbally, and the officer tried to engage the child in verbal conversation by asking questions.

INTERVIEWER: And you enjoyed that then? Right. Do you like school then? Do you? Do you have lots of friends at school? (RQ, IK, QQ, QK, QQ)

Main effects for child gender were less significant. Officers used slightly more Reflection Form with male children and more Advisement Intent with female children. The effect on Advisement with female children corresponds to that of the above interaction effect of child age and child gender. Research in investigative interviewing with children has not identified any differences in the ways female and male children provide information or made any recommendations that interviews question the two differently.

Finally, there were some main effects for officer gender which revealed differences in how male and female officers spoke to children. Male officers used more Disclosure, Edification and Advisement Form, whilst female officers used more Interpretation. Similarly, for Intent male officers used more Edification and Advisement, whilst female officers used more Acknowledgement. Male officers' use of Edification and Advisement have been discussed above with respect to interaction effects. Of interest are the effects for female officers, who more frequently tended to use such utterances as "right" or "good" (coded Interpretation Form, Acknowledgement Intent).

These findings illustrate important differences in how rapport is built by officers according to child age, child gender and officer gender. Some of these findings are consistent with research in evidential interviewing (particularly greater use of questions with younger children) but others are not and, therefore, warrant further research attention.

#### **4.1.4 Comparisons with other conversations**

The results of comparisons between police officers talking to children and other conversational settings using the geometric mean difference score provided evidence that officers do not generally speak to children in an interrogatory manner, which is consistent with recommendations in the Memorandum (1992). Officers used a wide range of modes, not focusing exclusively on questioning, unlike attorneys, and were most similar to parents talking to children, radio call-in programme hosts talking about mental health issues, and the small sample of clinical child psychologists of this study. At the present time, the only published study which has investigated verbal response mode use in conversations with children using Stiles' method is that of Stiles and White (1981). Further studies of conversations with children (*e.g.* with teachers, peers and fathers) are required in order to explore whether there are any commonalities in the ways adults speak with children, or if the setting exerts a greater effect (*i.e.* the task).

## **4.2 Methodological issues**

### **4.2.1 Data collection difficulties**

Despite an extended period of data collection for obtaining audiotapes from clinical child psychologists, and considerable effort on the part of the researcher to maintain contact with clinicians who had provisionally agreed to supply tapes, only nine were obtained (of which one had to be excluded as it was largely inaudible). Contact with some of the clinicians who were unable to provide a tape suggested a number of reasons why the sample was so poor. A number of people had difficulties with their recording equipment and either failed to make the appropriate checks before the session was complete or to make contact for better materials to be supplied. Some clinicians did not take on new clients within the data collection period, or see children meeting the inclusion criteria. A few made decisions not to record sessions where consent had been obtained because the child was too anxious or distressed. This was, of course, the ethically responsible action to take. However it becomes difficult to gather research data on how clinical psychologists attempt to manage highly anxious children in comparison to police officers (who may be particularly likely to be interviewing anxious children) and criticisms have been made of the Memorandum for not discussing how interviewers should attempt to work with such individuals (*e.g.* Roberts and Glasgow, 1993). Other hypotheses as to why the response rate was so low include; a perceived extra workload in taking part in the study; lack of consent from parents and children to their sessions being recorded; psychologists' anxiety at being recorded (and mistaken belief of being evaluated) which, according to Vizard (1989) (cited in Spencer and Flin, 1993), may be higher than children's concerns about it; and psychologists' anxiety being unwittingly communicated to parents and children, resulting in their opting not to participate. The fact that psychotherapy research with child clients has been undertaken far less frequently than with adult clients could, in part, be because it is practically so difficult to gather data.

### **4.2.2 VRM coding issues**

The results of the analysis of inter-coder reliability showed VRM coding of Forms was highly reliable, but coding of Intents was less so for some modes. A number of difficulties were found regarding differences in use of VRM codes between the two coders, which are likely to have had at least some effect on the results of coding reliability. The researcher was a novice at the start of the project, and as such repeatedly referred back to the manual (Stiles, 1992) to check that codes were being used appropriately and to compare utterances in the transcripts with examples cited there. The second coder (used only to assess reliability) had greater experience in VRM coding and coded the 10 transcripts in 5 hours, approximately one fifth of the time it took the researcher. Further analysis of the second coder's data revealed use of codes which Stiles (1992) has not used because they do not theoretically make sense (*e.g.* IQ - an evaluative utterance in service of a question), and use of the uncodable category for difficult to code utterances, when according to Stiles (1992) it should only be used for utterances which are incomprehensible or inaudible. This raised the issue of coder drift, in that it is possible the more experienced coder made more assumptions when coding the transcripts than the novice, who frequently checked codes with the manual. In addition, the researcher had the benefit of having also listened to and



transcribed all of the audiotapes, giving far greater access to the context of utterances. As such, she was often able to recall the tape in question and understand the context of the interviewer's utterance, which is so essential in VRM coding. These issues may, if anything, suggest the statistics obtained on the reliability of coding by the researcher are on the conservative side.

Another area in which the researcher and second coder varied was in coding highly telegraphic or elliptical speech which was found especially in the clinical psychology interviews. In this particular transcript, the psychologist was commenting on drawings being made by the child in the following way:

INTERVIEWER: A face. A cat. Another face. Big smile on that one. Arms. Legs. Another face. Somebody else. Another face. Some very good drawing.

This was coded by the researcher as ER, ER, ER, ER, ER, ER, ER, ER, ER, ER, II and by the second coder as UE, UE, UE, EE, UE, UE, UE, UE, UE, UI. Apart from issues regarding use of the uncodable category discussed above as was used here for coding Form, there was almost total disagreement on how to code the Intent of this passage. Whilst the researcher coded this passage as the speaker commenting on the intentional behaviour of the child (Reflection about the action of drawing), the second coder saw it as the speaker stating objective information which he held (Edification). This example illustrates the potential benefits of coders being able to meet regularly and discuss issues arising in the coding, as has been recommended by Hill (1991) and Stiles (1992). This was beyond the scope of this study, as the second coder was in the USA. Also, although the manual and training materials contain many examples of transcripts of conversations from a wide range of settings, they cannot cover all types of verbal interaction. Extended training with transcripts of highly telegraphic and informal speech, as in the two settings explored in this study, may have been beneficial in ensuring greater reliability of coding.

Several researchers using various verbal response mode coding systems (*e.g.* Hill, 1991; Stiles, 1992) have recommended the use of multiple coders from which the final data used in the study should be pooled, for example by using 3 coders to code all transcripts the data used is that of agreement from at least 2 of the 3. On utterances where there is total disagreement across all 3 coders, no code is given. This method apparently ensures greater reliability in coding. Further research using this method would be appropriate, but again was beyond the resources of this study. Reliability of coding was assessed using the most practicable method available.

#### **4.2.3 Awareness of aims**

Neither the researcher nor the second coder were blind to the aims of the study or to the nature of interviews when coding the transcripts. However, the content of most transcripts clearly contained details of who the interviewer was and why the interview was taking place, making any attempt to have coders blind to this illusory. Also, as the study was exploratory, expectations of difference between police officers and clinical psychologists were non-specific regarding VRMs and bias to code a particular way knowing the interviewer type was unlikely. This is in contrast to the studies of Stiles (*e.g.* Stiles *et al.*, 1988) where VRM coding was used to identify differences in psychotherapists' verbal style according to their therapeutic orientation, where expectations of difference were clearly identified by theoretical

underpinnings of their prescribed model (*e.g.* high use of Interpretation for analytic psychotherapies) and it was essential coders were at least blind at the start of the study.

### **4.3 Limitations of the study**

The appropriateness of generalising the results of this study to other interviews with children is limited by the relatively small number of interviews used overall, but most particularly for the clinical child psychologist sample. Further research on a larger data set, using a similar methodology, is required in order to fully understand differences in verbal style between police officers and clinical psychologists in building rapport with children. This study also focused on interviews undertaken by police officers in child protection units in North Yorkshire only. There are indications in the study of Cherryman *et al.* (1999) that one of these units may be conducting work at a higher standard than the national average, and thus generalising the results from the present study must be done with caution. Despite the publication of guidelines (Memorandum of Good Practice, 1992), differences in practice do exist between forces (*e.g.* the matching of gender of officer and child used in at least one force in England).

This study explored only the verbal processes of building rapport by police officers and clinical psychologists. Whilst similarities and differences have been described in this study, there may be equally important similarities and differences between how police and psychologists build rapport in terms of speech content (which is highly likely as the interview purposes are divergent), but perhaps more interestingly in paralinguistic features/nonverbal aspects (facial expression, body language, tone *etc.*). In a psychotherapy setting, Beck, Rush, Shaw and Emery. (1979) argued that therapist warmth is communicated through manner, tone of voice and the phrasing of words. In an evidential interview setting, Carter *et al.* (1996) described the beneficial effects of rapport and social support on children's recall in terms of eye contact, emotional approval and smiles. It is possible that whilst police officers and clinical psychologists are largely similar in terms of their speech acts with children, they may differ considerably in their facial expression, tone, and use of eye contact and gestures when building rapport. Further research using measures of paralinguistic aspects of conversations must be undertaken in order to understand these potential differences.

### **4.4 Further research**

This study demonstrates the application of Stiles' (1992) VRM taxonomy to the investigation of how interviewers speak to children. The taxonomy could be used routinely to monitor interviewer style over time and to evaluate training programmes for police officers working in child protection. Evaluation and feedback on performance in interview technique are areas which have been highlighted as lacking in investigative interviews with children (Glasgow and Aldridge, unpublished) and are necessary parts of ensuring good practice. Stiles (1992) has argued that the VRM system can be further subdivided according to the specific needs of a particular study. For example, in studies of psychotherapeutic process, the Reflection Intent mode was subdivided into Exploratory and Simple Reflection in order to compare

and contrast therapies of different theoretical orientation. In investigative interviewing of children the research literature has repeatedly highlighted the need to use open questioning in the rapport-building phase, and to move from more open to more specific/closed questions in the substantive phase. The VRM code for Question could appropriately be subdivided into Closed and Open Question for such investigation. Similarly, Stiles (1979) looked at different phases within the medical interview (open question, examination, disposition) using factor analysis, and identified specific VRM use within each phase. This method could be used to investigate whether such specific phases are consistently found in police officers interviews with children as suggested in the Memorandum (1992).

As the present study explored only the verbal processes of interviewers speaking to children, further research is required on the effects that different verbal styles have on the verbal styles of children, both in the rapport-building phase and the substantive phase. For example, officers' use of Disclosure or Advisement in rapport-building on the child's narrative in the main phase could be investigated.

Stiles (1992) has used different VRM Intent clusters to identify particular role dimensions (Informativeness versus Attentiveness, Unassumingness versus Presumptuousness, and Directiveness versus Acquiescence) according to the relevant proportions of modes associated with the speaker or other on the three principles (source of experience, presumption of experience, and frame of reference). For example, high Informativeness corresponds with the speaker's source of experience (refer to table 2.2) and the frequent use of Disclosure, Edification, Advisement and Confirmation. Police officers gathering information in investigative interviews ought not to be making presumptions about the child's experience when making a video and hence be high on Unassumingness (which corresponds with use of Disclosure, Edification, Question, and Acknowledgement). An important research question to be answered by this method is what effect high and low interviewer Unassumingness in rapport-building has on a child's verbal style in the substantive phase.

With respect to rapport-building in evidential interviews, research is required which evaluates the quality of rapport built between officers and children, and then investigates the effects that good and poor rapport have on the interview process. Psychotherapy research has produced some interesting findings on differences between high and low alliance therapies (*e.g.* Sexton *et al.*, 1996) and demonstrated the importance of the therapeutic relationship to outcome (*e.g.* Horvath and Symonds, 1991), albeit largely with adult populations. There appears to be no research which has specifically looked at the quality of rapport in investigative interviews with children, but there are opportunities to adapt measures developed in psychotherapy research to undertake this.

Stiles' (1992) VRMs have been used very little in investigating interactions with and by children, and so there are few profiles with which to compare the data in this study. At the time of undertaking the present study, only one such piece of research was identified (Stiles and White, 1983). It is clearly a useful system, and a pool of data needs to be collected in order to understand commonalities in how adults speak

with children, and differences according to the specific requirements of the setting (formal, informal, teachers, parents, police, therapists, other children).

#### 4.5 Summary

Despite ideas prior to conducting this research that police officers and clinical psychologists may speak to children in distinct ways in building rapport because of differences in (a) their training backgrounds (b) the purposes of the interviews and (c) the relative importance of the potential relationship between interviewer and child, the results of this study suggest the two groups may not be so distinct. Firstly, the results of the survey of clinical child psychologists' and police officers' beliefs about the initial period of an interview with a child or adolescent showed that the same aims were viewed as important by the two groups, and in particular the need to establish a relationship and to settle the child. Secondly, in the analysis of speech acts in the initial phase of an interview with a child, no significant differences were found between the clinical psychologists and police officers on verbal response mode Form use (literal meaning) and relatively few differences were found for Intent use (pragmatic meaning). Thirdly, comparisons of verbal response mode Intent profiles of police officers with clinical psychologists and other published data on profiles of high status speakers revealed that police officers and clinical psychologists were amongst the most similar.

Further investigation of police officers' verbal response mode profiles revealed that child age and officer gender had significant main effects. Interaction effects were also found for child age and officer gender, and for child age and child gender. Some of these findings appear to correspond with expectations based on research in evidential interviewing and recommendations made therein. There were, however, a number of findings which warrant further investigation. There was little evidence from VRM data collected that police officers spoke to children in an interrogatory manner, as has been warned against in the Memorandum. In fact the GMD results showed they spoke to children more like parents and clinical child psychologists than they did attorneys.

A review of the literature on evidential interviews with children suggested that researchers have been as preoccupied with investigations of technique as Shirk and Saiz (1992) argued that child psychotherapy researchers have been. It is important that researchers and practitioners alike recognise that the rapport-building phase is present not solely to shape the communications from children in the substantive phase (*e.g.* the quality and quantity of evidential details given), but is a key part of the interpersonal process of the interview, and without effective rapport there is unlikely to be a substantive phase of any merit. Research is required on the quality of rapport built in evidential interviews with children and the effects of good and poor rapport investigated.

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## Appendix 1

### Research Summary

Children are used as witnesses in court for a number of crimes, but the majority in England and Wales are for cases of alleged child sexual abuse (Aldridge and Cottrell, 1995). The difficulties faced by such children, who have been victims of trauma and abuse, in giving their evidence in the adult world of the legal system are marked and anxieties high. Whilst the police need to gather accurate and reliable information for prosecution, it must be achieved in a sensitive and supportive way which takes account of the cognitive and emotional development of their witnesses, and the likely effects of the alleged trauma. The literature on semi-structured interviews for alleged child sexual abuse investigation often refers to an initial "rapport-building" phase. Whilst this has been discussed regarding the use of engaging a child on neutral topics, such as hobbies, there appears to be a lack of empirical research on rapport-building.

Although there is much interest in understanding the processes involved in building a working alliance in therapeutic relationships, this has been undertaken almost exclusively with adult populations. However, there is some evidence that children with a history of abuse have most difficulty in forming initial therapeutic alliances, and that those with interpersonal difficulties are likely to have the most prolonged alliance difficulties.

This study aims to explore the differences in interviewer behaviours in evidential and therapeutic interviews with children (aged 7 to 16 years) with respect to the initial rapport-building phase. Audiotapes of 40 evidential interviews (police tapes where CSA was alleged) and 30-40 therapeutic interviews (clinical psychologists tapes) will be made, and the first 10 minutes of each will be transcribed. The transcripts will then be coded using 2 coding systems: the Child Abuse Interview Interaction Coding System (Woods, 1990; Woods *et al.*, 1996); and Verbal Response Modes (Stiles *et al.*, 1988). Statistical comparisons will be made both within and between the two groups to answer the two main research questions:

(1) how does the rapport-building phase differ in interviewer behaviours between evidential and therapeutic interviews with children?

*and*

(2) does the age of the child affect these differences?

## Guidelines to Clinical Psychologists

Below are the guidelines to be followed to recruit children/adolescents to the study, and the procedure to follow in taping the interview.

- Any young person aged between 7 and 16 years, referred for any reason (except where you will only be undertaking psychometric assessment), but not having a significant learning or communication disability, can be considered for this study. The most suitable young people are those who you are considering taking on for individual work of some kind, possibly in addition to other interventions.
- Prior to the young person &/or their family attending their first appointment with you, the *Information Sheet (Parent Version)* should be sent out. This may be with their appointment letter, or with questionnaires that many departments send out. This should be sent at least a week in advance of the appointment in order to give the parent(s) time to consider the invitation. In addition, and at your discretion, you may wish to use the *Child Version* for adolescents and older children in the same way. A minimum age for this is not being specified, but should be used for older children.
- When the young person and their parent(s) attends, you may then explain in your own words (a) what you will do in the session as is your usual practice and (b) that the first session alone with the young person will be tape recorded if agreed and the reasons for this. This information is laid out in the *Research Summary*. If there are queries which you are unable to answer, further information can be obtained from me.
- When it is clear to you that the parent(s) understands and is happy to give consent to their child's session being taped, the *Parent Consent Form* should be completed. In addition, for older children, the *Child Version* should also be completed. In situations where you have given both parent and child consent forms, and there is disagreement, the young person should not be included in the study. Completed consent forms will be retained in a safe place by you, as I do not wish to have identifying details.
- Once informed consent has been obtained (from parent, or parent and young person), the first session that you have alone with the child can then be audiotaped. At your discretion you may turn off the tape recorder after 15 minutes. This is optional as some may find this intrusive or disruptive to the session, whilst others will prefer it. Whatever the case, I will only be listening to the first 10 minutes where rapport is established.
- Following this, please complete the very brief *Additional Information* sheet giving details about the child and a small number of factors about you (which may need to be statistically controlled for).

Appendix 3

**CONSENT FORM (Parent Version)**

**Version 1: Dated 14th August 1998**

**Project Title: Conversations with Children**

Please delete  
as applicable

- |  |        |
|--|--------|
| 1. I have read the client information sheet.   | Yes/No |
| 2. I have had the opportunity to ask the clinical psychologist questions about the research  | Yes/No |
| 3. I am satisfied with the answers to my questions.  | Yes/No |
| 4. I have had enough information about the study.  | Yes/No |
| 5. I understand that I am free to withdraw my child from the study at any time, without giving a reason and without this affecting our care. | Yes/No |
| 6. I agree to my child taking part in this research.   | Yes/No |

Signature.....

Name (block capitals).....

Date.....

Signature of Clinical Psychologist.....

Name (block capitals).....

Date.....

Appendix 4

**CONSENT FORM (Child Version)**

**Version 1: Dated 14th August 1998**

**Project Title: Conversations with Children**

Please delete  
as applicable

- |   |        |
|---|--------|
| 1. I have read the information sheet.   | Yes/No |
| 2. I have been able to ask the clinical psychologist questions the research.  | Yes/No |
| 3. I understand what I am being asked.  | Yes/No |
| 4. I have had enough information about the study.   | Yes/No |
| 5. I understand that I can stop taking part at any time without giving a reason and this will not affect my work with the psychologist. | Yes/No |

Signature.....

Name (block capitals).....

Date.....

Signature of Clinical Psychologist.....

Name (block capitals).....

Date.....



**INFORMATION SHEET  
(PARENT VERSION)**

**Version 2: Dated 28th September 1998**

**Project Title: Conversations with Children**

Dear Parent

This is to invite you and your child to take part in a research project. I am interested in comparing how clinical psychologists and the police talk to children, and in particular how they help children feel relaxed and safe. I hope to compare tapes of 80 adults talking to children in total.

If you and your child agree, the clinical psychologist will tape record the first interview with your child. What they will talk about is just what would normally happen in the first meeting and your psychologist will explain this in more detail. Taking part will be of no direct benefit to you or your child.

I will listen to the tape later. I am only interested in what the psychologist says to your child and how he/she tries to help your child feel relaxed. I will not be studying what your child tells the psychologist. Once I have listened to the tape it will be erased.

The only information about your child that I need is their age, sex and the reason they were referred to a psychologist. I will not require your child's name. All of this information will be kept confidential at all times, and any information that your child talks about on the tape will not be discussed with anyone.

Taking part is voluntary and you and your child are free to withdraw at any time, without giving a reason. If you do, this will not affect the care you or your child receive in any way.

If you require any further information you can contact me at the address below.

Thank you for your time and for your help if you are able to give it.

Yours sincerely

Katie Thurlow

Trainee Clinical Psychologist

**INFORMATION SHEET  
(CHILD VERSION)**

**Version 2: Dated 28th September 1998**

**Project Title: Conversations with Children**

This is to invite you to take part in a research project. I am interested in comparing how clinical psychologists and the police talk to children, and in particular how they help children feel relaxed and safe. I hope to compare tapes of 80 adults talking to children in total.

If you and your parent(s) agree, the clinical psychologist will tape record the first interview with you. What they will talk about is just what would normally happen in the first meeting and your psychologist will explain this in more detail. Taking part will be of no benefit to you.

I will listen to the tape later. I am only interested in what the psychologist says to you and how he/she tries to help you feel relaxed. I will not be studying what you tell the psychologist. Once I have listened to the tape it will be erased.

The only information about you that I need is your age, sex and the reason you were referred to a psychologist. I will not ask for your name. All of this information will be kept confidential at all times, and anything that you talk about to your psychologist will not be discussed with anyone.

Taking part is voluntary and you can withdraw at any time, without giving a reason. If you do, this will not affect your care in any way.

If you require any further information, you can contact me at the address below.

Thank you for your time and for your help if you are able to give it.

Yours sincerely

Katie Thurlow  
Trainee Clinical Psychologist

Appendix 7

Additional Information

Child/Adolescent

Age: .....

Gender: .....

Reason for referral: .....

.....

Has child/adolescent been abused: SEXUALLY/PHYSICALLY/EMOTIONALLY NOT KNOWN (circle as appropriate)

Clinical Psychologist

Theoretical orientation: BEHAVIOURAL/COGNITIVE-BEHAVIOURAL/SYSTEMIC /PERSONAL CONSTRUCTS/PSYCHODYNAMIC/ELECTIC/OTHER (circle as appropriate)

Other .....

Number of years qualified: .....

Did you turn off the tape recorder after 15 minutes? YES/NO (please circle)

Appendix 8

*Q: What do you consider to be the aims of the first few minutes of your initial interview with a child/adolescent? Please try to think of 3 or 4 aims. If possible, please asterisk the one you consider to be the most important aim.*

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*Q: How long on average would you see this period lasting?*

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*Q: Does the age of the child make a difference to this?*

YES/NO

*If YES, then how?*

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*Please indicate: (a) your gender*

MALE/FEMALE

*(b) years of experience working with children in this role*

< 1 YR/1-3 YRS/> 3 YRS.

Many thanks for your time.

**Katie Thurlow (Trainee Clinical Psychologist)**