Tele-forensic Interviewing to Elicit Children's Evidence – Benefits, Risks, and Practical Considerations.

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None of the ideas presented in this manuscript have been disseminated in any form prior to publication. Data from a forthcoming study by Dickinson et al described in a webinar is included in the discussion of evidence for tele-forensic interviewing with children (<https://learn.nationalchildrensalliance.org/telefi>).

We have no known conflict of interest to disclose

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Abstract

Tele-forensic interviewing (tele-FI; e.g., via video-conferencing software) may be an effective way of increasing the accessibility of skilled interviewers for children who are questioned as part of a criminal or care and protection investigation. The current COVID-19 pandemic has highlighted how critical it is that we have evidence-based procedures to draw upon when traditional face-to-face interviews cannot be employed. In this paper we discuss the benefits and risks associated with tele-FI, review the small number of studies that have examined its effectiveness for eliciting memory reports from adults and children, and discuss practical considerations that should inform planning for an interview. Tele-FI appears a promising avenue for creating resiliency within organisations, and overcoming factors that might otherwise undermine the reliability of children's evidence. Available research indicates children's memory reports elicited in tele-FIs are likely to be as good or better than those from face-to-face interviews, but a more comprehensive evidence-base is needed. Interviewers should be aware of how using this approach may influence their questioning strategies and engagement with children.

In many countries forensic interviews investigating alleged child maltreatment have been disrupted by the coronavirus (COVID-19). In New Zealand, for example, during the five weeks of the highest level of restrictions (Level 4) just 32 interviews were conducted across the entire country, in comparison to an estimated 250 or more conducted in an average month prior to the pandemic (E. Godden, personal communication, June 10, 2020).

During this time of decreased investigations many children may have been at increased risk of maltreatment. For example, the extended periods of confinement, financial, social and emotional pressure on families may have taxed caregiver coping and behaviour management styles (Humphreys et al., 2020), resulting in harsh responses. The confinement of families to their homes may have meant perpetrators of abuse had more access to children within the household (Vieth et al., 2020), with the opportunity for others (e.g., schools, childcare centres, afterschool activities) to observe potential signs of abuse and make notifications to authorities curtailed (Humphreys et al., 2020). Services may have had less capacity to manage existing referrals during isolation, as well as respond to any new notifications. Investigations are therefore likely to be delayed, relative to usual practice, meaning children have more chance of forgetting important details about what occurred, and/or are more likely to be exposed to contaminating influences prior to an investigation. The pandemic has thus highlighted several problems: a potential increase in the incidence of child maltreatment (Humphreys et al., 2020), an increase in processing delays in responding to referrals, and an increase in the potential for children's recall to become compromised as a result of these delays (Vieth et al., 2020).

In this article we draw from extant research on the use of digital technologies during memory-based interviews with children, and influences on children's memory, to offer evidence-informed guidelines for interviewing children when face-to-face interactions are precluded. Our paper is particularly prompted by the current global health crisis, but we hope

it may contribute more broadly to developing resilient systems and protocols for ensuring children's testimony can be elicited in a safe and timely way when obstacles arise (e.g., natural disasters, remote locations, insufficient numbers of trained local personnel). How to increase access to forensic interviewers is a question that predates the pandemic, and so it is likely that the solutions developed in response to COVID-19 may add momentum to service development initiatives generally. Here we discuss what we know from the extant evidence-base and raise practical considerations for developing protocols that may allow children from underserved or remote areas, or those with special considerations to access skilled interviewers in a timely way. We note that our discussion of potential benefits and pitfalls is necessarily speculative, given the paucity of studies that directly compare tele-forensic interviewing (tele-FI) to face-to-face interviews, and limits to the ecological validity of existing research.

We focus on the impact of tele-FI on children's reports of their experiences (e.g., effects on memory, rapport, and interviewer questioning) as part of an investigation of maltreatment. The evidential value of forensic interviews will vary across jurisdictions depending on their legal requirements. In some countries and jurisdictions the recording of the interview may be admissible in court and serve as the child's evidence-in-chief (e.g., because special measures for vulnerable witnesses are enacted in legislation (e.g., Melinder et al., 2016; Hanna et al., 2012; Westera et al., 2020), or because it meets the requirements of one or more exceptions to the rule against hearsay (e.g. in the USA)). We do not review or discuss the legislation surrounding the admissibility of video-recorded interviews as evidence-in-chief, nor any special arrangements that might be needed to facilitate this. We direct interested readers to the guidelines developed by Veith et al. (2020) regarding defending a tele-FI in court for a more focussed discussion of issues that may arise with respect their use in the courtroom.

Tele-interviewing for information-gathering and service delivery

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Tele-interviewing has a broad evidence base supporting its effectiveness across a range of contexts and service provision. Dale and Smith (in press) suggest that tele-interviews can be used effectively in child custody evaluations, drawing from research from assessment and treatment studies in the telehealth field. Its efficacy has been demonstrated with assessment and treatment in forensic settings (e.g., Fox et al., 2000; Lexcen et al., 2006), and across a range of psychological services in the health and mental health fields, including the assessment and diagnosis of dementia (e.g., Barton et al., 2011) and to conduct neuropsychological testing (e.g., Cullum et al., 2014).

A substantial evidence base supports the potential of tele-interviewing for increasing access and engagement with otherwise hard-to-reach clients (Backhaus et al., 2012; Gros et al., 2013; Myers et al., 2017). The evidence to date suggests that telemental health services can be successfully used across developmental stages, disorder, service type, and with diverse youths in underserved communities (Bashshur et al., 2016; Comer et al., 2017; Myers et al., 2017; Nelson et al., 2017). Research trials and professional guidelines inform the conduct of telehealth assessments and interventions, highlighting benefits and obstacles associated with the approach (American Academy of Child and Adolescent Psychiatry [AACAP] Committee on Telepsychiatry & AACAP Committee on Quality Issues, 2017; Myers, Cain & Work Group on Quality Issues [WCQI], 2008; Myers et al., 2017).

Tele-interviewing is not universally successful, however. As a tool for informing personnel decisions, for example in job selection (Blacksmith et al., 2016) or medical residency placements (Chandler et al., 2019), findings are more ambivalent, with the potential cost savings associated with it offset by negative evaluations from applicants and interviewers, and concerns it cannot substitute for face-to-face meetings.

Tele-interviewing has also been used for evidential purposes in courtrooms. Children may provide testimony or be cross examined via live video link (or Closed-Circuit Television,

CCTV) in many countries and jurisdictions (Hanna et al., 2012). Although there is some evidence that employing video-conferencing in this context confers positive benefits for the children (e.g., by reducing anxiety: Landström & Granhag, 2010), studies also show that mock jurors rate children less favourably than when they hear from children live (e.g., (Goodman et al., 1998, 2006; Landström et al., 2007), suggesting the impact of children's testimony may be undermined. An investigative interview is very different from children's testimony in the courtroom, however. During an investigative interview children's memory of their experience is elicited in detail for the first time, whereas in the courtroom children are being questioned about accounts they have previously provided. Studies of lawyers' questioning styles during direct and cross examination also highlight that the types of questions children are asked differ markedly from evidence-based recommendations for an investigative interview (Andrews et al., 2015; Andrews & Lamb, 2016; Klemfuss et al., 2014; Zajac et al., 2012). As such, research evaluating the impact of CCTV on children's evidence may be limited in its generalisability to forensic interviews with children conducted as part of criminal or care and protection investigations.

Many of the reasons advocated for adopting video-conferencing technology for information gathering and telehealth are relevant for forensic interviewing, and many of the recommendations and practical considerations also apply. In this paper we reflect upon how tele-forensic interviews (tele-FIs) may be useful and review the small number of studies that have directly examined their use for eliciting memory reports of an event. Drawing on literature from the telehealth field for guidance, we discuss interview preparation, engagement and rapport, and questioning in the context of tele-FI, and practical considerations to plan for ahead of implementing this approach.

Benefits of tele-forensic interviewing (tele-FI)

Tele-FI technology (e.g., video-conferencing software such as Zoom, FaceTime, or Skype) to conduct an interview via a computer may facilitate investigations of child maltreatment when usual operations are suspended or reduced. In this paper we use “tele-FI” to describe forensic interviews conducted with the use of video-conferencing technology, where the interviewer is not in the same room as the child.

Developing an evidence base for how to effectively interview children outside of face-to-face interactions offers many benefits, with respect to the current pandemic and beyond. Many video-conferencing applications provide for recording the meeting, which creates a lasting record of what children reported and how their accounts were elicited. A recording means that the interviewing strategies used can be evaluated. A clear benefit of tele-FI (preceding the pandemic, and likely to be continually relevant) is that it offers increased access to interviewers for children living in remote locations, where travel may provide an obstacle to a timely interview (Gloff et al., 2015; Myers, Cain & WGQI, 2008; Myers et al., 2017; Nelson et al., 2017; Nelson & Patton, 2016). Access to an appropriately trained and experienced interviewer, especially one with particular expertise (e.g., with children with developmental delays or disorders, or children from cultural groups) may also be facilitated by tele-FIs. Additionally, children who may face other obstacles to attending an interview at a conventional location (e.g., a child who is hospitalised, or who has significant mental health difficulties (e.g., separation anxiety) may be able to engage with a tele-FI more readily. Many children may have experienced anxiety as a result of the pandemic, and may be particularly anxious about visiting unfamiliar places, or being separated from their parents for some time to come (Jiao et al., 2020). Identifying the benefits associated with tele-FIs, along with any risks and how they may be mitigated, is thus an important step in ensuring equity for children in having concerns about maltreatment investigated. Such processes could, of course, also be

of benefit in other domains (e.g., other courts, such as those that administer civil court proceedings or custody disputes).

Telemental health services have also been explored as a way of improving access to culturally appropriate care. Patients with English as a second language have reported a preference to speak with a telepsychiatrist in their native language as opposed to having an interpreter provide translation assistance (Mucic, 2010). Interviewers with sufficient language or cultural expertise to provide a match for children from indigenous or immigrant cultures may be limited in number, and unequally distributed across geographical areas. Tele-FIs may therefore make providing a culturally competent interviewer to children more achievable, which, in turn, may facilitate rapport, engagement, and the quality of testimony elicited from children.

A tele-FI may also minimise delays that would otherwise occur in trying to arrange a face-to-face interview (e.g., because of travel requirements, space limitations, scheduling difficulties). Delays between disclosure and interview can be detrimental to the amount and accuracy of children's testimony (Brown et al., 2012; Pipe et al., 1999). Minimising delays between disclosure and interview is also likely to reduce children's exposure to potential sources of contamination that may undermine the accuracy of their testimony. By conducting the interview as soon as possible, the number of conversations about the target events is likely to be reduced, meaning less chance for children's memories to include details that were suggested to them, or that were obtained from sources other than direct experience (e.g., thoughts, dreams, media, other people's conversations). Given children can have difficulty in identifying and distinguishing between the sources of their information (Roberts, 2002), preventing the likelihood of children integrating false information into memory is critical for preserving the integrity of their testimony.

Some researchers have suggested that tele-FIs may reduce the pressure that children feel when being interviewed by an unfamiliar person, with levels of anxiety or distress consequently reducing (Fängström et al., 2017; Westera et al., 2020). In support of this theory, children (10 – 11 years) who gave their evidence via CCTV (which could be considered analogous to a tele-FI, albeit with the caveats expressed earlier), found it less difficult than those testifying live (Landström & Granhag, 2010). Increasing children's comfort can assist with increasing accurate responding to suggestive questions (Almerigogna et al., 2008), and conversely, increased anxiety is associated with decreases in accuracy (Almerigogna et al., 2007; Bettenay et al., 2015). Dale and Smith (in press) propose that young people are comfortable and familiar with video-conferencing applications and software, so the use of this approach is unlikely to pose a source of anxiety beyond the purpose of the conversation itself. Thus, to the extent that tele-FI may diminish children's anxiety, the quality of their evidence may be enhanced. Whether children do find tele-FIs less anxiety-provoking is an empirical question yet to be comprehensively addressed. A good interview encompasses more than good questions, and we should therefore establish the effectiveness of tele-FI across a range of dimensions, including children's experience of them.

Research investigating digital technologies for interviewing children

We found few studies evaluating the effectiveness of tele-FIs for eliciting testimony from witnesses (see Table 1). We identified just nine studies that employed some form of digital technology as part of an interview with a child (Doherty-Sneddon & McAuley, 2000; Fängström et al., 2016, 2017; Hamilton et al., 2017; Hsu & Teoh, 2017; Powell & Wilson, 2004) or an adult (Kuivaniemi-Smith et al., 2014; Nash et al., 2014; Taylor & Dando, 2018) about a target event. Vieth et al. (2020) also describe preliminary evidence from an as yet unpublished study completed by Dickinson and colleagues. Within the nine published studies

technology was variously used in the form of a video-conference interview (Doherty-Sneddon & McAuley, 2000; Hamilton et al., 2017; Kuivaniemi-Smith et al., 2014; Nash et al., 2014), use of a computer avatar (Hsu & Teoh, 2017; Taylor & Dando, 2018), use of a computer to mediate communication between interviewer and child (Fängström et al., 2016 – during the interview, Fängström et al., 2017 – during rapport building) or assess language (Powell & Wilson, 2004). Thus, when we consider only studies that focussed on using video-conferencing to elicit children's memory reports for an experience, there are just two published studies (Doherty-Sneddon & McAuley, 2000; Hamilton et al., 2017), with a further study in preparation (Dickinson, 2020).

Although the nine studies examining the use of digital technologies used different technology for a variety of purposes and across adult and child samples, the studies demonstrated remarkable convergence in their findings: broadly speaking, studies showed that use of technology was either comparable to traditional face-to-face methods, or enhanced witness' (and, at times, interviewers') contributions to, and experiences of the interview. Improved outcomes were noted across such variables as amount of information, accuracy, resistance to leading questions, talkativeness, perceived confidence, experience of the interview, interviewer's assessments of usefulness, and rapport with the witness.

Doherty-Sneddon & McAuley (2000) interviewed 6 and 10 year olds ($n=32$ in each age group) in a face-to-face or video-link interview about a series of staged events and interactions that occurred during their visit to the university to participate in the study. The interview took place later that day, and followed a structured protocol that progressed from free recall to increasingly specific questions, concluding with a series of leading and misleading questions. No differences were observed in the total amount of information reported. Older children reported more information in free narrative when they were interviewed face-to-face, but to open questions in the live video feed. Children reported more

incorrect information when interviewed face-to-face. No differences were observed in older children's resistance to suggestive questions across interview types, but younger children were more accurate when responding to misleading questions with the live video feed.

Hamilton et al. (2017) interviewed 5 – 12 year old children about a staged event after a 1 – 2 day delay, either face-to-face, or using a video-conferencing application (Skype). Children recalled equivalent numbers of details, and proportions of details across the two interview conditions, and were equally accurate when they answered leading and misleading questions. The forthcoming study by Dickinson, Lytle and Poole (described in Vieth et al., 2020, and by Dickinson, 2020, in a recent webinar, see <https://learn.nationalchildrensalliance.org/telefi>) also indicates equivalent performance across tele-FIs and face-to-face interviews with over 230 4- to 8-year-old children interviewed about a staged event. They observed no differences in true and false reports, source monitoring abilities or responses to questions about the event (including suggestive questions). Younger children were less talkative in the tele-FI group but were no less accurate. Dickinson concluded that the evidence supports tele-FI as a safe practice with children that does not compromise the quality of their testimony.

Some studies have highlighted some important caveats, however. For example, Nash et al. (2014) showed no differences between adults interviewed with a modified version of the Cognitive Interview via video conference compared to a group who were interviewed in person, and the two groups rated the experience and process of the interview in similar ways. In another study, however, Kuivaniemi-Smith et al. (2014) showed that adults who were interviewed to produce a facial composite sketch via video conference had sketches that were rated more poorly as accurate matches for the person they were describing than those produced based on face-to-face interviews. Thus the effectiveness of video-conferencing may vary according to the function of the interview. We also do not know how well these findings would generalise to children of different ages.

Participants in Kuivaniemi-Smith et al.'s (2014) study noted that one limitation of their experience of being interviewed via video was that they felt they could not communicate as effectively with gesture, which may have assisted the sketch artist in creating the facial composite sketch. Hsu & Teoh (2017) and Doherty-Sneddon & McAuley (2000) also noted that nonverbal communication may be impaired when video-conferencing is used, because gestural information may be lost, or nonverbal cues that might be used to maintain a child's focus or provide feedback are precluded.

Although scant, the extant evidence for the utility of video interviewing and use of digital technology throughout all or part of an information-gathering interview is thus far positive. As can be seen from Table 1, however, the evidence base for using tele-FIs needs expanded to include forensically important factors that may influence how a video interview unfolds. For example, none of the studies have used delays between the event and interview that are representative of what would be likely in a forensic context. Although children may be interviewed within a few days or weeks of a disclosure or concern arising, the abusive events may have occurred much earlier. All of the studies to date have used delays between the event and interview of less than a week, when in all likelihood such a delay would be exceeded in investigations of alleged maltreatment. On the one hand the potential benefits of video interviewing may be more evident when delays are extended and memory recall is more challenging – on the other, challenges in engaging children may increase when the work of responding to interviewers' questions is more difficult. The types of events children were asked about also varied, and were singular rather than repeated. Finding ecologically valid and ethical event paradigms is a challenge for researchers seeking to understand children's eyewitness testimony, but a greater breadth of experiences (including frequency, salience, and valence) would be useful in establishing a strong evidence base for tele-FIs (Brown & Lamb, 2019). The interview protocols employed across the studies also varied in

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the extent to which they were similar to how a child might be interviewed in the field (e.g., inclusion of rapport building, ground rules, practice narrative, child-led questioning strategies). We also need to know more about how the effectiveness of tele-FI may vary across childhood and require adaptation to match developmental needs of the child. As such the field would benefit from research that builds on the foundation of these studies to examine the utility of video interviewing under conditions more similar to those that forensic interviewers encounter (Brown & Lamb, 2019).

Table 1

Descriptive characteristics of studies using digital technology in interviews about events

Authors (year) / location	Sample Size	Age range (years), Mean (<i>M</i>) & (Standard Deviation)	Function	Event	Delay	Interview Type
<i>Studies with child samples</i>						
Hsu & Teoh (2017) Taiwan	<i>N</i> =30	ASD ^a : <i>M</i> = 7.58 (0.71) TD ^b : <i>M</i> = 7.67 (0.66)	Computer-mediated interviewing aid – Novel avatar interview vs face-to-face interviews for ASD vs TD children	5-10-minute scavenger hunt game (including role-play and taking photos)	1-week	NICHD modeled protocol
Hamilton et al. (2017) Australia	<i>N</i> =100	5-12 <i>M</i> = 7.68 (1.48)	Remote interviewing – Examining the effects of event reporting between video-conference vs face-to-face interviews.	‘Deakin Activities’ 30-minute event including 12-target details.	1-2 days	NICHD modeled protocol
Fängström et al. (2016) Sweden	<i>N</i> = 54	4 - 5	Computer-assisted interview protocol (“In My Shoes” (IMS)) where interviewer and child use computer for choosing content and responses, compared	Visit to Child Health Centre for annual checkup.	2-4 weeks	Semi-structured interview

			to standard interview protocol			
Fängström et al. (2017) Sweden	N=60	4 – 5	Computer-assisted interview protocol (IMS) during rapport building – IMS vs standard interview between shy and non- shy children.	Visit to Child Health Centre for annual checkup.	2-5 weeks	Semi-structured interview
Powell & Wilson (2004) Australia	N=82	5-6 $M = 5.80$ (2.71)	Computer-assisted pre-interview assessment tool (‘Marvin the Mouse’) to assess linguistic knowledge	Mock shopping exercise.	4-days	Target event interview by police officer – no specific protocol used.
Doherty- Sneddon & McAuley (2000) UK	N=64	6 $M = 6.16^c$ 10 $M = 10.16^c$	Remote interviewing – Examining effects of video-conference vs face-to-face interview.	Neutral event – experimenter ‘found’ item in car when driving child to the university which they took to lost property.	Same day	Structured phased approach – free recall to closed questions.
Dickinson, Lytle & Poole (in preparation) USA	> 230	4–8	Assessing memory report performance between video- conference vs face-to- face interviews	Not described	Not described	Not described
<i>Studies with adult samples</i>						

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Taylor & Dando (2018) UK	N=38	18-36 <i>M</i> = 24.92 (4.76)	Computer-mediated interviewing aid – Examining effects of Avatar-to-avatar vs face-to-face interview on episodic recall.	Short film (1-minute 45 seconds) depicting mock car theft.	48-hours	PEACE & Achieving Best Evidence Advice modeled protocol.
Nash et al. (2014) UK	N=65	<i>M</i> = 20.71 (4.18)	Assessing memory report performance between short delay video-conference vs face-to-face interviews, and long delay face-to-face interviews.	Short film depicting non-violent car theft.	Short delay = 1-day, long delay 1-2 weeks	Cognitive Interview
Kuivaniemi-Smith et al. (2014) – <i>Study 1</i> UK	N=42	<i>M</i> = 20.80 (4.69)	Remote facial composite interviewing – Quality of video-conference vs face-to-face interviews.	Viewed photograph of face of unfamiliar person for 1-minute.	1-day	Enhanced Cognitive Interview
Kuivaniemi-Smith et al. (2014) – <i>Study 2</i> UK	N=20	29–65 <i>M</i> = 44.40 (11.16)	Remote facial composite interviewing – Examining method of sketch presentation method in remote interviews.	Viewed photograph of face of unfamiliar person for 1-minute.	1-day	Enhanced Cognitive Interview

Note. ^aASD = Autism Spectrum Disorder; ^bTD = Typically developing; ^cStandard deviation not reported.

Applying general interviewing considerations to tele-FIs

Decades of research have revealed that how well a child recalls and describes their experiences is influenced by a broad variety of characteristics relating to the child, the event and how recall is elicited (see Brown & Lamb, 2015; Brubacher et al., 2019; Goodman et al., 2019; Lamb et al., 2018; Saywitz et al., 2017 for reviews). Here we highlight a few critical factors that are especially relevant to considering whether and how forensic interviewing should proceed when conventional processes are disrupted.

Preparation. Children's contributions in a forensic interview are enhanced when they are effectively prepared for their role as informants, because the expectations of them differ from typical interactions with adults (Lamb & Brown, 2006; Zajac & Brown, 2018). Highlighting the difference between everyday interactions and the interview is often achieved via the introduction of ground rules to guide the children's responding (Brubacher et al., 2015). It is also widely acknowledged that it is important to manage the socio-emotional demands of participating in an interview by establishing and maintain rapport throughout the conversation (Ahern et al., 2017; Collins et al., 2014; Saywitz et al., 2015). To facilitate children's engagement and responsivity to questions about the target event, researchers also recommend a brief practice recounting a recent past event (Brown et al., 2013; Lamb et al., 2018; Roberts et al., 2011), which can enhance children's responsivity in the substantive phase of the interview. Importantly, the structure of questions used both during rapport building and a practice narrative can influence how children subsequently respond to questions about the target event(s), as can the focus of the practice narrative (Brown et al., 2013; Brubacher et al., 2011; Price et al., 2013; Sternberg et al., 1997). Given the difficulties that may arise in setting up a tele-FI, interviewers may be tempted to keep the interaction as brief as possible, to get the best from children before technological difficulties arise or attention and engagement wanes. We would encourage interviewers to continue to include all

of these elements of evidence-supported practice in tele-FIs just as they would in face-to-face interviews. Vieth et al. (2020) caution, however, that during the pandemic children may have more difficulty identifying a recent positive event to talk about, and suggest asking about the events of that day, as an alternative.

Engagement and rapport. Many studies, using experimental manipulations and observations from field interviews, have demonstrated that supportive interviewer behaviour can facilitate children's responding, and diminish suggestibility (Almerigogna et al., 2008; Brubacher et al., 2019; Hershkowitz et al., 2015; Olaguez et al., 2018; Rush et al., 2014; Saywitz et al., 2019; Teoh & Lamb, 2013). Supportive behaviours are thought to promote children's responding by making them feel more comfortable with the interviewer, which, in turn, makes it easier for them to discuss sensitive topics, allocate cognitive resources to recall processes, and contradict or correct an interview when needed. Establishing rapport and a supportive context is thus important for children to be willing to make a disclosure.

Differences in the dynamics of interviews with children who do not make a disclosure are often evident from the very early stages of the interview – even prior to questions about the alleged maltreatment (Hershkowitz et al., 2006). The National Institute of Child Health and Human Development (NICHD) investigative interviewing protocol has recently been revised to incorporate supportive behaviours that interviewers might use to address emotional and motivational factors associated with children's responding (Lamb et al., 2018). Hershkowitz et al. (2014) showed that the number of children making an allegation during an interview about suspected maltreatment was higher when children were interviewed with the supportive version of the protocol.

Tele-FIs may preclude the use of key supportive behaviours from interviewers, including nonverbal exchanges or signals that facilitate rapport and engagement, and exacerbate perceptions of cold or intimidating behaviour. For example, when interacting via screens it is

difficult to create a sense of mutual eye-contact, because when looking into a camera (to create a sense of eye-contact for the child), an interviewer cannot simultaneously look at the picture of the child to monitor their response. Important nonverbal cues may be missed or be less effective in facilitating the child's responding. For example, facilitative utterances from the interviewer such as "uh-huh" or "mmhmm" are thought to be a safe way encourage a child to keep talking (Olaguez et al., 2018). If the audio transmission of such utterances is delayed, however, the synchrony of the exchange between the interviewer and child will be disrupted (Straus et al., 2001), and may result in the child stopping, or becoming more hesitant because they are unsure if it is still their turn to talk, or because they are distracted by a change on screen that highlights the interviewer speaking.

In telemental health research, some clients have reported a loss of naturalness in the relationship when using video-conferencing (Sibley et al., 2017). Demonstrations of open and relaxed body posture (often included in operationalisations of supportive behaviour) may also be difficult if the camera field captures just the head and shoulders. On a positive note, however, screens may obscure interviewer's nonverbal behaviours that may negatively affect children's accuracy (e.g., fidgeting, Almerigogna et al., 2008).

Beyond demonstrating supportive behaviours, establishing rapport between the interviewer and child is universally recognised as an important component of forensic interviews, to provide optimal conditions for a child to participate (Saywitz et al., 2015). When rapport is not effectively established, children's responsivity to questions may diminish (Hershkowitz et al., 2006; Orbach et al., 2007). As uncooperative behaviours or nonresponding from children increases, interviewers may become less supportive or even more suggestive in response, potentially compromising the amount and accuracy of information elicited from children (Gilstrap & Ceci, 2005; Hershkowitz et al., 2006; Saywitz et al., 2015). The cognitive load placed upon both partners in the conversational exchange in

monitoring the information being asked and answered, the social distance imposed by the tele-FI approach, and the difficulties in capturing naturalistic and nonverbal social signals that may contribute to rapport, may create challenges for interviewers attempting to establish rapport across a screen (Doherty-Sneddon & McAuley, 2000; Hamilton et al., 2017), and potentially influence both child and interviewer behaviour.

Fängström et al. (2017) noted that a computer assisted rapport-building conversation was particularly helpful for shy children, who demonstrated increased talkativeness and decreased response time by the end of the rapport building exercise, relative to shy children who experienced a standard rapport-building interview. They proposed that shy children may especially benefit from the reduced stress of a face-to-face interview. Although not a video-conference interview this study nonetheless highlights how rapport building may be facilitated rather than compromised by a more indirect style of interaction. Similarly, Doherty-Sneddon & McAuley (2000) and Hamilton et al. (2017) suggested that tele-FIs may create more positive experiences for witnesses compared to face-to-face interviews because they reduce social pressure on the respondent. Indeed, Hamilton et al. (2017) concluded that video-conferencing interview facilitated rapport to a *greater* degree than a face-to-face interview (e.g., Hamilton et al., 2017), and Dickinson (2020) commented that there was no evidence that rapport was compromised during the tele-FIs. Dale and Smith (in press) speculate that tele-interviews “may be especially suited for youth who frequently use the technology and may positively respond to the personal space and feeling of control allowed by video-conferencing” (p24). Whether these findings and theories can be generalised to conversations about potentially distressing topics or to reluctant children needs to be established. Further research will be useful in determining the extent to which tele-FIs may mitigate anxiety associated with being interviewed about maltreatment.

In the telemental health field, some researchers have raised cautions about the appropriateness of video-conferencing for preschool children, because they may have difficulty understanding that the practitioner on the screen is a “real” person (Nelson et al., 2017). Goldstein and Glueck (2016) suggest that the appropriateness of a telemental health approach will depend on the child’s developmental age and experience talking to people through video-conferencing (e.g., FaceTime or Skype). Hamilton et al. (2017) found that children’s overall accuracy when interviewed about an experience was greater when they had more experience with technology. Their sample did not include preschoolers, however, and so it will be important for the field understand more about how experience with technology influences children’s testimony when interviewed remotely, and how this might change across childhood.

Questioning. The way in which children are questioned about their experiences has a profound impact upon the amount and accuracy of information that they recall, and how coherently they report their memories (Brown & Lamb, 2015; Szojka et al., 2020; Zajac & Brown, 2018). Much evidence supports the effectiveness of child-centred practices such as asking children broad, open-ended questions (e.g., “Tell me everything you can remember about that”) for promoting comprehensive and accurate responding from children (Brown et al., 2013; Lamb et al., 2018). Such prompts are not invariably successful, however, as they may also be associated with higher rates of nonresponding (Wolfman et al., 2016). Younger children, in particular, may benefit from more scaffolded prompting (e.g., recall prompts using direct (“wh-”) questions, Hershkowitz et al., 2012). Broadly speaking, recall based questions (broad or more specific) are more effective than those that activate recognition-based processes: Questions posed in a yes/no manner or those that ask children to select from a range of options are associated with higher rates of error and inconsistency (Andrews et al., 2015; Brown et al., 2013). Similarly, much research has demonstrated the dangers of leading

questions and other suggestive practices (e.g., response-contingent reinforcement, provision of misleading information) on children's accuracy (Ceci et al., 2007). What then, does this mean for tele-FI practices? We see no reason why the conclusions derived from studies of effective interviewing strategies conducted with children face-to-face would not equally apply tele-FI. As Dickinson (2020) and Hamilton et al. (2017) note, the types of questions that children are posed may be more important than the means by which they are delivered.

Doherty-Sneddon & McAuley (2000) found that interviewers had to engage in more "management talk" to keep younger children on camera when interviewing via video. Similarly, in Hamilton et al.'s (2017) study interviews via live video feed contained more clarification prompts, which were attributed to time lags, pauses and unstable sound quality with Skype interviews, although the increased use of such prompts did not impair the children's testimonial quality. Fängström et al. (2016) observed an increase in the total number of questions asked by interviewers using a computer-mediated interviewing program (In My Shoes), with a smaller proportion of invitation and greater proportion of direct questions asked with this program relative to the standard interview. Other studies have not observed any changes in questioning strategies when digital technologies are used, however (Doherty-Sneddon & McAuley, 2000; Nash et al., 2014; Powell & Wilson, 2004). Clearly the impact of video-conferencing on interviewing behaviour is an important focus for future research, given the critical contribution that question type has on children's evidence.

One question that should be addressed, however, is the extent to which technological aspects of tele-FI may drive an increased use of overly focussed, or even leading, questions from interviewers. For example, if poor sound quality obscured a child's response, as in Hamilton et al. (2017), the interviewer may pose a closed question to clarify what they thought they had heard. Question repetition may elicit inconsistent responses from the child if they assumed the repetition was because the interviewer wanted different information (Howie

et al., 2009, 2012; Krähenbühl, et al., 2009; Melinder et al., 2007). Question repetition does not inevitably result in inconsistency, however (La Rooy & Lamb, 2011). When interviewers clearly signal that they are seeking clarification or elaboration, children are less likely to contradict themselves or provide inconsistent responses (Andrews & Lamb, 2014). If they misheard or misquoted the child (thus posing a leading question) the child may not correct the error (Roberts & Lamb, 1999). If a child has been minimally responsive (perhaps because rapport has not been established effectively, or the child has not understood the level of detail the interviewer is after) then interviewers may increase their use of nonoptimal questioning strategies, which are associated with poorer quality testimony (Gilstrap & Ceci, 2005; Hershkowitz et al., 2006).

Practical considerations

A number of pragmatic concerns are relevant when considering whether tele-FI is feasible for eliciting children's evidence. Some of these concerns relate to the quality of the recording and whether it will be sufficient for use as part of the investigation. Other concerns relate to psychosocial factors that may impact on how children respond during the interview.

The extent to which children and their families have access to sufficient resources for a tele-FI to take place is a critical consideration. Many of these problems are likely to be managed by staging the interview in a dedicated facility (e.g., a Child Advocacy Centre) or similar professional environment (e.g., doctor's rooms, school, police station). As we discuss below, conducting a tele-FI in a child's home is unlikely to be advisable, for numerous reasons, and may undermine the credibility of the child's evidence in court. Irrespective of where the interview is conducted, however, there are a number of practical considerations to work through, which we now discuss (see also the National Children's Alliance's guidelines for remote interviewing for forensic purposes:

<https://learn.nationalchildrensalliance.org/telefi>).

Children will need access to a device with audio and video capture capabilities, stable internet with good bandwidth, and a room where the interview can take place in private and without interruption. A familiarisation interview might be of use to assess the quality of the technology and space, allow the child to practice talking to the interviewer on a screen, and establish the requirements of the interview (e.g., remaining within camera view, and talking clearly). Telehealth research indicates that rapport, engagement and a therapeutic alliance may improve over time, especially with adolescents (Sibley et al., 2017), and so a familiarisation interview may also assist with engagement and rapport during the subsequent investigative interview.

Location. Identifying an adequate location for a remote interview to take place may pose a number of challenges. Indeed, the physical space used for telemental health delivery is one of most frequently raised issues in guide documents and research papers. Lighting may pose challenges (Comer et al., 2015; Myers et al., 2017; Nelson et al., 2017), especially if there are windows where changing daylight or weather conditions may alter the visibility of the child. Background noise from other rooms may also be problematic, both for the sound quality of the recording, and because they are distracting to the child. For young children it is important that the room is not overstimulating and therefore a distraction from the interview (Goldstein & Glueck, 2016).

There are many reasons why a home-based interview is unadvisable. For many families, some or all of the necessary technical requirements will exceed their resources. If a home-based interview is the only option available, parents or caregivers may need help to set up the space to reduce the likelihood of interruptions and support an effective interview (Comer et al., 2015). Examples might include putting up a sign to remind others not to interrupt and having a plan to care for other children in the home while the interview is in progress (Comer et al., 2015). Safety concerns are an obvious concern if the alleged perpetrator is in the home

with the child (Comer et al., 2015; Myers et al., 2017; Nelson et al., 2017). Indeed, the possibility of any family member being present during an interview raises issues relating to the potential impact of this on what children say (or do not say). Vieth et al (2020) outline a number of challenges that defense attorneys may raise with respect to a tele-FI, and a key concern is likely to be whether the risk of pre-interview contamination and /or coaching might be higher if there is a home-base tele-FI. As such, if a home-based tele-FI proceeds, care must be taken to show that there is no-one else in the room with the child, and that others in the home are not able to hear what is said (e.g., by having a professional supervise the child, and/or the rest of the household for the duration of the interview, Vieth et al., 2020, National Children's Alliance, 2020).

Having a familiar adult in the room during an interview may make the child's testimony vulnerable to challenge on the basis of influence from them. Adults may intentionally or unwittingly influence what children say during an interview through their verbal reactions, or through nonverbal signs of encouragement, suggestion, disinterest, or displeasure (Almerigogna et al., 2008; Kirk et al., 2015). If it is deemed necessary to have an adult present in the room to manage the technological aspects of the interview, having them in full view of the camera at all times, positioned behind the child where their reactions will be less apparent to the child, and without the child's video feed displayed on the screen may minimise such influences. An additional benefit of not having the child's own screen on display to them is that distractions arising from them watching themselves on screen may be minimised.

Telehealth assessments and interventions have been tested using school sites (Nelson et al., 2017; Nelson & Patton, 2017) and local hospital or community health spaces (Myers, Valentine & Melzer, 2008; Nelson & Patton, 2016), to good effect. Such locations are likely to be useful and more advisable alternatives for remotely interviewing a child who cannot

attend a specialist service (e.g., because of travel distances). Supervised settings have the advantage of site staff to assist with technical set-up and support should any issues arise (Goldstein & Glueck, 2016). Care must still be taken, however, to ensure that the child and interviewer's privacy is protected, and the confidentiality of the conversation preserved (Myers et al., 2017; Nelson et al., 2017). During times of restricted travel, such as the current pandemic, the costs and safety issues associated with a home-based interview will need to be weighed against the benefits of investigating the allegations of maltreatment as soon as possible. Vieth et al. (2020) provide a useful list of practical steps that practitioners can take to manage health and safety concerns, and minimise infection risks (e.g., use of personal protective equipment, sanitising rooms and equipment, setting up interview spaces to provide adequate social distance, and managing schedules and waiting rooms to minimise the occupancy of a building).

Recording quality. Technological issues may pose problems during a tele-FI. Children will need access to a screen that allows a good view of the interviewer. The camera type and function may affect what is captured and conveyed between both parties. Sufficient bandwidth to allow clear and consistent transmission of audio and video signal is also important. The American Academy of Child and Adolescent Psychiatry recommends that for clear observations of subtle human behaviour and affect and communication a high-speed bandwidth of 384 kbit/s or above combined with a monitor resolution of at least 30 frames/sec is used (AACAP Committee on Telepsychiatry & AACAP Committee on Quality Issues, 2017; Myers, Cain & WCQI, 2008). While most standard equipment will meet this requirement, consumer bandwidth is affected by surrounding network "traffic" that can result in interrupted video and audio feeds (Goldstein & Glueck, 2016). Pre-interviewing screening should therefore evaluate the capabilities of the interviewee's bandwidth. The time scheduled for the interview should also be considered to optimise connectivity, by avoiding network

traffic increases that may occur at regular times in the household or setting where the interview is to take place.

If the sound quality of the exchange is poor, miscommunications may ensue because the interviewer or child misheard each other, or words were lost. Research on cognitive fluency suggests that we monitor the ease with which we process information, and when we experience information as difficult to process in some way, it undermines the impact or credibility of the information (Schwartz, 2015; Schwarz et al., 2016). The source of difficulty may come from content, but we may also be influenced by superficial factors relating to the presentation of the material. For example, when the sound quality of a scientific presentation (conference or radio show) was poor, listeners rated the quality of the science and the researcher less favourably than when the sound quality was good (Newman & Schwartz, 2018). A poor quality recording used in court in lieu of a child testifying may potentially undermine their credibility and affect the outcome of the trial. Poor quality sound may result from the hardware available for conducting the interview, less-than-optimal settings used within software programs, or because the child moves around or away from the microphone during the interview. Even should the interview not be used in the courtroom, poor sound quality may mean that key information is missed, or misinterpreted by listeners, which may influence the subsequent investigation.

Technical issues may also disrupt communication, and the credibility of the child's testimony. Frozen screens from one party or the other may mean important information is lost, and children may not recognise that they should stop speaking until the connection is restored. Delays in signal transmission may also mean that speakers overlap, or have extended pauses between questions and answers, which may impair the quality and fluency of the communication exchange (Straus et al., 2001). Important information may be lost if the camera field does not capture it (e.g., gestures, behavioural re-enactment or demonstrations

from the child that clarify or contextualise their verbal utterances). Finally, disruptions from notifications from other applications running in the background may serve as a distraction to the child or interviewer, and to those who subsequently view the interview, and as such part of the setup instructions should include a direction to close all programs running in the background. As the duration of the interview increases, the opportunity for technical glitches to occur increases. The duration of interviews in the extant studies were relatively short compared to what might be expected when child maltreatment is investigated. The evidence to date does not therefore inform us about the potential for or impact of such technical difficulties on children's responding or interviewer behaviour.

Use of interview aids and tools. One popular strategy for assisting in maintaining rapport and comfort during the interview for children is to make use of tools that provide children with a way to relieve the pressures that they might experience from the intensity and formality of a forensic interview (Katz et al., 2014). Interviewers may offer comfort tools such as dough, drawing or koosh balls for children to interact with while they talk (Poole & Dickinson, 2014). During a tele-FI this could be provided for by asking parents or caregivers ahead of time to bring a familiar item for children to interact with (which may also have the added benefit of being a useful topic to talk about to begin rapport building), or by ensuring such items are present in the room where children will have their interview. Interviewers may also use visual aids (e.g., directed drawing, body diagrams, timelines) as tools to facilitate children's recall and reporting during an interview (Poole et al., 2011; Poole & Bruck, 2012; Rivard & Schreiber Comp, 2017; Vieth et al., 2020; Wolfman et al., 2018). Utilising such tools might be challenging during a tele-FI, in terms of being able to view any interactions occurring out of the camera field, but is not impossible. If directed drawing were to be used, for example, interviewers would need to prepare for this ahead of time, by making sure appropriate materials were in the location, and ask the child to hold their drawing up to the

camera so that its content could become part of the recording of the interview. After the interview it would also be important that the drawing was collected and included in the file materials. If some other kind of tool or prop was to be used to assist children to communication their experience similar planning would need to be in place along with instructions during the interview to clearly display the child's interaction on the screen. Being unable to use such tools is unlikely to substantially compromise an interview, however, given research examining their contribution to children's recall has demonstrated mixed outcomes, and highlighted a range of potential risks associated with their use (including decreased accuracy, and increased use of undesirable question types from interviewers) (Lamb et al., 2018).

Delay. Multiple studies have demonstrated that as delays between experiencing an event and being interviewed about it increase, the amount and accuracy of information that children report decreases (Jones & Pipe, 2002; Lamb et al., 2000; Peterson, 1999, 2011; Peterson & Bell, 1996; Peterson & Whalen, 2001; Salmon & Pipe, 2000), and children's vulnerability to suggestive influences increases (e.g., Burgwyn-Bailes et al., 2001; Ceci et al., 1994; Leichtman & Ceci, 1995). There is also evidence that forgetting occurs most rapidly soon after an experience (e.g., within a month, Jones & Pipe, 2002), and that younger children forget faster than older children (Bauer & Larkina, 2016). Thus, interviewing a child as soon as possible after a disclosure or notification of concern is important, to provide optimal conditions for eliciting detailed and uncontaminated accounts from children. In considering whether to adopt a tele-FI practitioners might therefore consider the timeframe for the alleged events – when the disclosure is about historical abuse or events from the distant past it may be less important to use a tele-FI to enable an immediate response to a complaint, because the continued decay of memory is less likely to be an issue (Jones & Pipe, 2002).

Conclusions

Video-conferencing represents an important technological advance for forensic interviewing with children. As the current global pandemic has highlighted, resilience strategies for organisations that interview children about suspected maltreatment are critical. Remote interviewing offers benefits in terms of increased accessibility, equity, cultural responsiveness, and minimisation of delays and other influences that may undermine children's reliability. Capturing a record of the interview also allows for the way in which children's evidence was elicited to be scrutinised. Alongside these benefits come potential problems: difficulties managing the technology, quality of connections, and the child's behaviour, which may all potentially impact on interviewer questioning behaviour, and questions about the children's experience of such an interview and its impact on rapport and engagement. Many of these problems may be able to be managed with careful planning prior to the interview, and (as with face-to-face interviews) effective preparation with the children via ground rules, rapport building and practice recounting a past event before talking about the allegation. Such planning is likely to optimise the quality of the interview and, by extension, the quality of the evidence obtained from the child. The limited research available suggests that tele-FI can be an effective way to obtain children's accounts of their experiences, although there is much yet to learn about when, and with whom, such an approach will be most effective, and when it ought to be avoided. With a greater number of studies we can develop evidence-based guidelines and expectations for conducting a tele-FIs, to assist practitioners, and those who must evaluate the reliability of children's testimony.

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