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**Mental disorder and investigative interviewing: Towards a practice-based
framework**

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For the award of PhD

Declaration

Declaration of Authorship

I, Laura Farrugia, hereby declare that this thesis and the work presented in it is entirely my own. Where I have consulted the work of others, this is always clearly stated.

Signed:

Date: 16th September 2018

Acknowledgements

“Make your life a masterpiece; imagine no limitations on what you can be, have or do”

(Brian Tracy)

To those that assisted along the way, thank you.

Fiona, thank you for helping me make it a masterpiece.

Dedicated to my grandfather, for always being my hero.

“We must meet the challenge rather than wish it were not before us” (William Brennan)

Abstract

Since the process of deinstitutionalisation, increasing numbers of those with mental disorder are coming into contact with the criminal justice system. As such, police officers are required to be able to effectively interview this vulnerable cohort in an appropriate manner to elicit accurate and reliable information. However, there is a lack of psychological research that explores the vulnerable suspect during the investigative interview. This is concerning given that those with a mental disorder are at a heightened risk of providing misleading information and falsely implicating themselves. The current thesis sets to address this. Exploring police officers' perceptions of mental disorder indicated that there is still a lack of understanding of what constitutes a mental disorder, and that the level of experience the officer has impacts upon their perceptions of this vulnerable group. Thus, the treatment and outcome of the MD suspect is heavily dependent on whom they encounter. Further studies explored the actual interviewing of MD suspects by examining real-life transcripts, and via experimental methods. Results indicated that current practice may not be best for interviewing the MD suspect; that is, one size may not fit all in terms of questioning style. Other work explored the efficacy of the current safeguards utilised within the investigative interview; here it was found that Appropriate Adults continue to remain passive in their approach, thus not fulfilling their role as part of the Police and Criminal Evidence Act. Finally, the introduction of the Forensic Interview Trace© is outlined as a standardised structure for police officers to effectively evaluate their interviews in order to ensure their skillset does not decline, especially when one considers the complexities involved when interviewing MD suspects. Implications are discussed throughout in relation to relevant theoretical and empirical work, as well as applications and potential impact of the research.

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Chapter One: From Interrogation to Investigative Interviewing

Introduction

Undoubtedly, one of the most significant aspects of any police investigation is the interviewing of those involved; victims, witnesses and suspects (Walsh & Oxburgh, 2008; Williamson, 2007). Initially, interviewing practices in England and Wales were heavily influenced by American approaches to questioning which were typically interrogatory in nature (commonly known as “The Reid Interrogation Technique;” Inbau, Reid & Buckley, 1986; Inbau, Reid, Buckley, & Jayne, 2001). However, following several high-profile miscarriages of justice consequently leading to developments in legislation, a new approach – the PEACE model of interviewing – was adopted by serving police officers in England and Wales (Williamson, 2006). Now widely used around the world in the investigative interviewing of all types of suspects (those with and without vulnerabilities), the focus has shifted from interrogative and coercive measures to those of a more information-seeking method. Exploring the previous and current legislation and psychological literature base, this Chapter will outline the move from interrogation to investigative interviewing, with a particular focus on the questioning strategies used in both processes. Implications for practice will also be considered.

The Role of Interrogations: The Reid Interrogation Technique

Prior to the 1980’s, police officers often received little or no training regarding the interviewing of suspects. Any training that was received was delivered by more experienced colleagues often “on the job” (Milne & Bull, 1999). As such, interviewing methods concerning suspects tended to be confession seeking, and this ethos was bolstered by influential training manuals which prompted such inappropriate practices

and influenced early police interrogation manuals in England and Wales (Farrugia & Milne, 2012; Walkley, 1987). Known as The Reid Interrogation Technique (Inbau *et al.*, 1986; Inbau *et al.*, 2001), the authors base this technique upon three main principles:

Principle 1: Many criminal cases, even when investigated by the best qualified police departments, are capable of solution only by means of an admission or confession from the guilty individual or upon the basis of information obtained from the questioning of other criminal suspects.

Principle 2: Criminal offenders, except those caught in the commission of their crimes, ordinarily will not admit their guilt unless questioned under conditions of privacy and for a period of perhaps several hours.

Principle 3: In dealing with criminal offenders, and consequently also with criminal suspects who may actually be innocent, the investigator must of necessity employ less refined methods than are considered appropriate for the transaction of ordinary, everyday affairs by and between law-abiding citizens.

Focusing predominately on seeking confessions, The Reid Interrogation Technique advocates the use of a two-stage approach during a criminal investigation; the Behavioural Analysis Interview (BAI) and the nine-step interrogative process, displayed in Figure 1.1 below.

Figure 1.1. The Reid Interrogation Technique

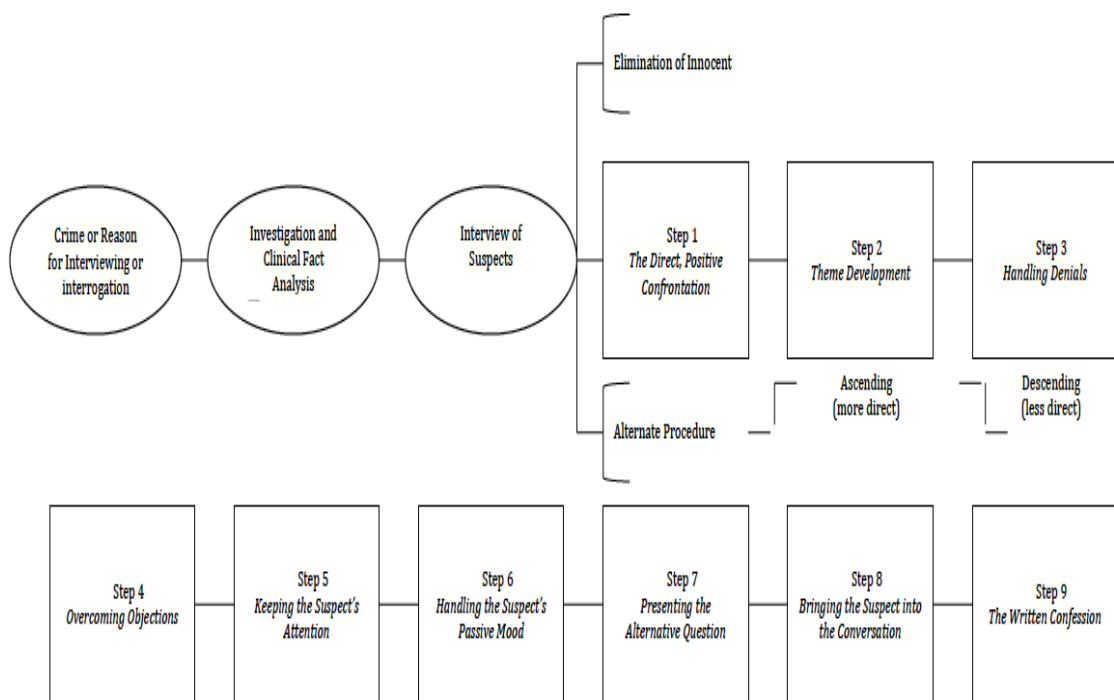


Figure 1.1. Taken from Inbau *et al.*, 1986; Inbau *et al.*, 2001.

The first stage of the approach, the BAI, is a pre-interrogation interview, which was originally developed in the 1970's when the polygraph was prohibited. Designed to be non-accusatory in nature, this early stage is designed to establish innocence or guilt of the suspect being interviewed. As such, the suspects' version of events, any independent sources who may be able to corroborate the version of events, and any potential motives or opportunities to commit the crime are explored through the use of three types of questions; (a) non-threatening questions; (b) investigative questions; and, (c) behaviour-provoking questions (Inbau *et al.*, 1986; Inbau *et al.*, 2001). Such questions are designed to elicit behavioural information and symptoms of a suspects' guilt or innocence, through the displaying of verbal and non-verbal indicators. For example, Inbau and his

colleagues believe that liars are more likely to cross their legs or shift about in their chair and are thought to be less helpful than truth-tellers (Inbau *et al.*, 2001).

Early research exploring whether the BAI can detect deception found that evaluators who watched recorded BAI's achieved a truth accuracy of 91% and a lie accuracy of 80% by observing non-verbal behaviours thought to be indicative of lying (Horvath, Jayne, & Buckley, 1994). However, such research included a small and under-representative sample size making it difficult to draw any concrete evaluations, and the "ground truth" in each BAI was often unclear. More recent research has found that the verbal and non-verbal measures endorsed by Inbau and his colleagues as indicators of deception or guilt are unreliable, and are actually exhibited by innocent suspects (Vrij, 2005; Vrij, Mann, & Fisher, 2006). In addition, further research has highlighted that the more police officers endorsed Inbau and his colleagues' views on cues to detecting deception, the worse they became as distinguishing between truth and lies (Mann, Vrij, & Bull, 2004). Furthermore, research has indicated that police officers are no more likely to be able to differentiate between lies and truth than chance level (Vrij, Mann, Kristen, & Fisher, 2007).

Following the BAI, if the interrogator believes that the suspects' behaviour indicates guilt, then the suspect is subjected to the nine-step interrogation. Inbau and his colleagues (2013) advocate for an immediate interrogation highlighting "benefits", such as the suspect being, "...most vulnerable to interrogation immediately following interview because of his concern that the investigator detected his deception" (p. 169). The interrogation phase of the investigation involves active persuasion, minimisation (often by offering a moral excuse) and maximisation of the seriousness of the offence. Interrogators often present real or fictional evidence and continue to monitor the

behavioural symptoms of the suspect. It is only when the suspect provides a confession that the interrogation ends.

Despite the interrogative nature and coercive use of tactics, the Reid Interrogation Technique is still widely used in some part of the world (mostly in the USA and parts of Canada). This is concerning given that psychological research has highlighted how oppressive interrogation methods are likely to cause individuals to falsely confess to crimes they did not commit, subsequently resulting in miscarriages of justice (Gudjonsson, 2003b; Gudjonsson, 2018; Kassin, 2005).

False Confessions and Miscarriages of Justice

Unfortunately, false confessions and miscarriages of justice are not new phenomenon and are areas that are often inextricably linked, and well documented within psychological research (Drizin & Leo, 2004; Gudjonsson, 2006a; Sigurdsson, Gudjonsson, Einarsson, & Gudjonsson, 2006), as well as the media (e.g. “Making a Murderer”). Early scholars have defined false confessions as follows; "A confession is considered false if it is elicited in response to a demand for a confession and is either intentionally fabricated or is not based on actual knowledge of the facts that forms its content" (Ofshe, 1989, p.13). Other definitions include, "...a detailed admission to a criminal act that the confessor either did not commit or is, in fact, ignorant of having committed" (Ofshe & Leo, 1997b, p. 240). More recent definitions highlight how a false confession involves an individual confessing to a crime of which he/she is completely innocent. Thus, the most central criteria in characterising a false confession is that the individual confesses to a crime of which they are completely innocent (Gudjonsson, 2003b; Gudjonsson, 2018).

Within the psychological literature, several types of false confessions have been described. Kassin and Wrightsman (1985) provided an early model in defining false confessions. They highlight that there are, in fact, three types of false confessions; (i) voluntary confession; (ii) coerced-compliant confession; and, (iii) coerced-internalised confession.

Voluntary false confessions arise when an individual provides a confession voluntarily (without coercion) and these can occur for a number of reasons. Individuals may voluntarily confess to a crime they did not commit to protect the actual perpetrator, or due to a morbid desire for notoriety. One exceptional example involved over 200 individuals falsely confessing to the Lindbergh kidnapping (Kassin & Wrightsman, 1985). Some individuals may provide a voluntary false confession because they are unable to distinguish fact from fiction; individuals with schizophrenia, for example, may experience a breakdown in reality monitoring (Johnson & Raye, 1981). In addition, other individuals provide voluntary false confessions to alleviate generalised feelings of guilt linked to a poor self-concept or high trait anxiety (Gudjonsson & Roberts, 1983), or to protect the real perpetrator.

A coerced-compliant false confession occurs due to the interrogative or coercive pressures experienced during the interrogation or interview. As such, the individual does not provide a voluntary false confession, and is aware that the truth is different to what they are confessing; however, the individual may comply with the interrogators' version of events being presented to them and confess for some perceived immediate instrumental gain such as believing they are able to go home after confessing and avoiding further contact (Gudjonsson, 2003b). Although there may be some awareness of the consequences of their confession, the perceived immediate gains far outweigh the perceived long-term consequences.

A coerced-internalised false confession occurs when an individual comes to believe they are actually responsible for the crime to which they have confessed (Gudjonsson, 2003b). Evidence suggests that this type of false confession is directly related to memory distrust (Gudjonsson, 2003b; Gudjonsson, 2018; Van Bergen, 2011). Defined as, "...a condition where people develop profound distrust of their memory recollections, as a result of which they are particularly susceptible to relying on external cues and suggestions" (Gudjonsson, 2003b, p. 196), memory distrust can be generated internally by the individual, but it is often developed through prolonged and persuasive interviews (Gudjonsson, 2003b), and involves the individual coming to believe that they committed a crime of which they are entirely innocent. Furthermore, those that provide this type of false confession may be highly prone to fantasy or confabulation (Horselenberg *et al.*, 2006).

Some scholars have critiqued the Kassin and Wrightsman (1985) model of false confessions. This has related to the type of terminology used (Gudjonsson, 2003b), and the number and categorisation of false confessions (see McCann, 1998, for example). Others have criticised the model for being over-simplistic (Davison & Forshaw, 1993), and not including categories of police induced false confessions that do not involve coercion (Ofshe & Leo, 1997a, 1997b). However, despite such critique, this model is a helpful framework in discussing the types of false confessions that may occur.

As well as false confessions, other factors can lead to miscarriages of justice, whereby innocent individuals are wrongfully convicted of a crime they did not commit (Poyser & Milne, 2011). The causes for such cases can often be somewhat similar (Brants, 2008), for example, unreliable forensic evidence (Lean, 2007) and unreliable expert testimony. However, a large proportion of cases have been directly tied to the police investigative process, with direct reference made to the interview process (Scheck,

Neufeld, & Dwyer, 2000). A coercive interview can result in individuals providing false confessions, particularly if the suspect is a vulnerable one (Gudjonsson, 2003b).

Perhaps, one of the most influential miscarriages of justice related to the murder of Maxwell Confait in the early 1970's. Although three individuals confessed to the crime at the time, their convictions were later quashed, with their psychological vulnerabilities being highlighted, and the interview processes used being flawed (Fisher, 1977). It was this particular case that led to a public enquiry that placed the spotlight onto the interrogative interview processes that were taking place in England and Wales at the time. Following this scrutiny, legislative changes occurred, and new interview practices were introduced.

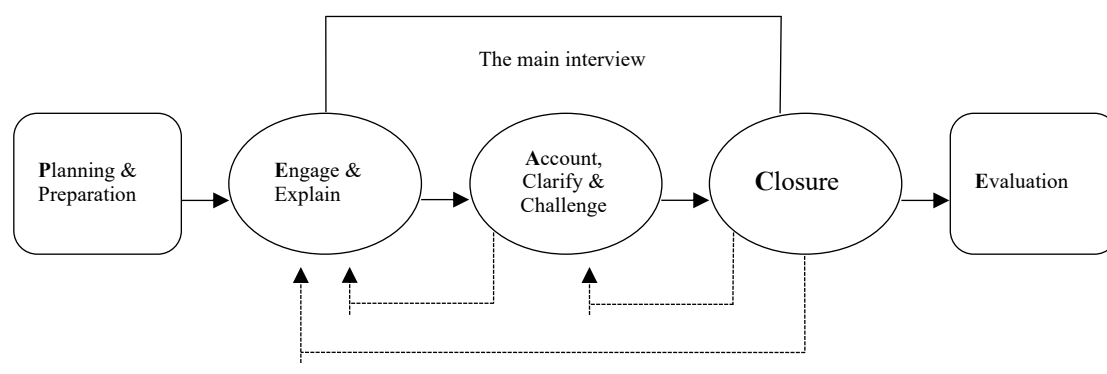
Investigative Interviewing in England and Wales

The Fisher Inquiry into the Maxwell Confait case, and judicial concerns over the oppressive nature and coercive techniques used to interview suspects (Gudjonsson, 2003b; Leo, 2008), led to the Royal Commission on Criminal Procedure in England and Wales (RCCP, 1981) paving the way for new legislation, by advocating for a change in the current interviewing approach (Irving, 1980). Prior to this, vulnerability was not well understood and suspects with mental health problems and the associated vulnerabilities were not considered within interviewing methods. The Royal Commission led to the introduction of the Police and Criminal Evidence Act (PACE, 1984) which provided a legislative framework for the use of police powers, including procedures such as stop and search, arrest, investigation, and the interviewing of suspects. This included the audio recording of the interview process, encouraging a transparent process subject to scrutiny (Home Office, 2008).

Following the introduction of PACE (1984), the nature of suspect interviewing changed. Initially conducted in an interrogatory nature, interviews became brief, amiable, and tentative-like discussions. Psychological research highlighted how the interviewing of suspects had become ineffective; for example, scholars highlighted how police interviews adopted a narrow focus, such as interviewers sticking to only one strategy even if it was not effective, and the suspect was not being reasonably challenged (Baldwin, 1993; Bull & Cherryman, 1995; Moston, Stephenson, & Williamson, 1993; Williamson, 1993).

Amid such concerns over ineffective interviewing, the PEACE mode of interviewing (“PEACE” being a mnemonic for each stage of the model; Planning and preparation, Engage and explain, Account, clarify and challenge, Closure, and Evaluation), was developed and introduced to police officers in England and Wales in the early 1990’s (Williamson, 2006; see Figure 1.2 below¹). The PEACE interview model was developed and based on psychological research and extensive academic/practitioner collaboration.

Figure 1.2. The PEACE Model of Interviewing



¹ The PRICE model of interviewing is used in Scotland (a mnemonic for Planning and preparation; Rapport building; Information gathering; Confirming the content; and, Evaluate and action). It has very similar principles to that of the PEACE model (Drummond, 2008).

Figure 1.2 Adapted from the National Crime Faculty [NCF], 1996, p.21

Police interview practices in England and Wales were encouraged to move from interrogation to investigative interviewing with an emphasis on obtaining accurate and reliable information and avoiding the coercive techniques previously used (prior to PACE, 1984). As such, training courses were introduced to each police service in England and Wales and mandatory training provided in relation to the PEACE model of interviewing. The five stages of the PEACE model of interviewing are outlined below as per the guidance provided by the College of Policing:

Planning and preparation: Described as one the most important phases in effective interviewing, the planning and preparation stage should take into account all information currently available to the interviewing officer. The key objectives and issues should be identified for the purposes of the interview, and interviewers are directed to consider the use of a written interview plan which should outline interview topics, points necessary to prove the potential offence or points which may be a defence, any exhibits, and preparation for a potential prepared statement, special warning or significant comments or silences. Where there are multiple interviewers, the guidance suggests that the roles should be allocated accordingly; e.g. who will act as the lead interviewer and who will take notes. Interviewee characteristics such as the age, gender, cultural background, physical and mental health, and any previous contact with the police should also be considered, and any practical arrangements that are required for an effective interview should be made.

Engage and explain: Interviewers are encouraged to engage the interviewee by demonstrating active listening and building rapport. The guidance also highlights that the interviewer should inform the interviewee of the purpose and objectives of the interview and ensure their understanding of such. In addition, interviewees should be informed that the interview is an opportunity to explain their involvement (or non-involvement) in the potential offence and ground rules should be established, such as not interrupting each other.

Account, clarify and challenge: Guidance suggests that the obtaining of an account involves both initiating and supporting the interviewee. Interviewers are encouraged to obtain as much information as possible through the use of an open-ended prompt, such as, “Tell me what happened”. In addition, guidance advocates for the use of non-verbal behaviours demonstrating active listening and prompting the interviewee to report their account until it is complete. Following this, interviewers are encouraged to clarify and expand upon the interviewee’s account by breaking the account into manageable topics and systematically probing such topics using appropriate questioning strategies.

Closure: The closure stage occurs once a full account is appropriately obtained. Where there are two interviewers, the second interviewer should be prompted to ask any questions before the interview is closed. The interview should be summarised and any clarification from the interviewee should be sought if necessary. Interviewers are encouraged to deal with any questions the interviewee may have before concluding the interview and turning the recording off. An explanation should be provided to the interviewee of what will happen next as part of the investigation.

Evaluation: Once an interview is concluded, the guidance recommends that the interviewer should evaluate the account of the interviewee and determine what action is necessary, and how the account of the interviewee impacts upon the rest of the investigation. Interviewers are also encouraged to reflect upon their interview performance and adherence to current policy and practice.

In addition to the introduction of the PEACE model of interviewing, seven core principles were developed to ensure the application of good investigative interviewing techniques, and are as follows (College of Policing, 2013b):

1. The aim of investigative interviewing is to obtain accurate and reliable accounts from victims, witnesses or suspects about matters under police investigation;
2. Investigators must act fairly when questioning victims, witnesses or suspects. They must ensure that they comply with all the provisions and duties under the Equality Act (2010) and the Human Rights Act (1998);
3. Investigative interviewing should be approached with an investigative mindset;
4. Investigators are free to ask a wide range of questions in an interview in order to obtain material which may assist an investigation and provide sufficient evidence or information;
5. Investigators should recognise the positive impact of an early admission in the context of the criminal justice system;
6. Investigators are not bound to accept the first answer given. Questioning is not unfair merely because it is persistent;

7. Even when a suspect exercises the right to silence, investigators have a responsibility to put questions to them.

The introduction of the PEACE model of interviewing and the core principles noted above, in addition to the mandatory training, was designed to ensure that all police officers were provided with the necessary skills and training to conduct effective, information-seeking investigative interviews. However, initial research examining the transference of the PEACE model into police interview practice highlighted mixed results. Early research found variations in interview performance and adherence to the PEACE model (Bull & Cherryman, 1995; McGurk, Carr, & McGurk, 1993), although admittedly such studies were conducted whilst the interview training was still being implemented in many police services. Later studies, including one of the largest evaluations of the PEACE model of interviewing (Clarke & Milne, 2001), found that police officers were using appropriate methods of interviewing, including the use of open-ended questioning techniques, good communication skills and little or no interruption of the suspects' account. Despite some concerns being raised regarding the initial stages of the PEACE model (such as effective planning and preparation and building rapport), positive findings regarding the overall interviewing techniques and questioning strategies were demonstrated across studies (Clarke, Milne, & Bull, 2011; Walsh & Milne, 2008). However, other research conducted around a similar time indicated that some poor practices still existed, including police officers reverting back to old interview techniques with little or no refresher training being provided, and an unacceptably high level of closed questions still being used (Oxburgh, Myklebust, & Grant; 2010a; Oxburgh, Ost, & Cherryman, 2010b; Wright & Powell, 2006). Despite a major investment in investigative interviewing, it appears that there are still problems

with transferring and maintaining effective investigative interview skills, particularly those relating to appropriate questioning strategies.

Questioning Strategies in Investigative Interviews

The police interviewing of a suspect is a complex interactive process. It is an opportunity for direct interaction between suspects and police officers (Haworth, 2013) with the intention to obtain accurate and reliable information that will assist in the progression of the investigation. The importance of this task has been highlighted extensively within psychological research with numerous psychological studies, research papers and guidance produced to provide assistance to police officers within this context (Fisher & Geiselman, 1992; Griffiths & Milne, 2006; Lamb, Hershkowitz, Orbach, & Esplin, 2008; Shepherd, 2007).

The use of appropriate questioning methods during the investigative interview is key to ensure that the necessary accurate and reliable information is gained, without contaminating the recall or memory of the suspect, or leading the suspect into agreeing to information that is incorrect. Research has indicated that there is no universally accepted method of categorising question types, with many discrepancies between academics and practitioners still existing (see Oxburgh *et al.*, 2010a for a full discussion). Indeed, even in the guidance produced to assist police officers when conducting investigative interviews, there appears to be some confusion in definitions of what constitutes an open and closed question (e.g. the Achieving Best Evidence document, Home Office, 2011). Such disparity within the definitions of question types is well documented (Aldridge & Cameron, 1999; Cederborg, Orbach, Sternberg, & Lamb, 2000; Griffiths & Milne, 2006; Korkman, Santtila, & Sandnabba, 2006; Shepherd, 2007). However, despite such differences in defining question typologies,

questioning strategies can and should be used appropriately to elicit reliable and detailed information.

When considering the types of questions that should be used during the investigative interview, the general consensus within the psychological literature advocates for the use of open and probing questions (Griffiths & Milne, 2006; Myklebust, 2009; Phillips, Oxburgh, & Myklebust, 2011). These types of questions generally tend to produce longer, more detailed and more accurate information when compared to questions deemed as inappropriate, such as the use of closed or leading questions (see Table 1.1 for a definition of each question type amalgamated from the literature base and used within the current thesis). Unfortunately, research has consistently demonstrated that more inappropriate questions, such as closed or leading questions, are still commonly used during investigative interviews (Davies, Westcott, & Horan, 2000; Myklebust & Alison, 2000; Snook & Keating, 2011; Wright & Alison, 2004), despite police officers believing that they use more open and other appropriate types of questions (Oxburgh, Gabbert, Milne, & Cherryman, 2016), and despite police officers being trained in appropriate questioning methods (Soukara, Bull, Vrij, Turner, & Cherryman, 2009). It is important to note, however, that the use of closed questions can be helpful for some vulnerable individuals; those with Autism Spectrum Disorders require concrete questions for example (this will be expanded upon later in the thesis). In addition, there is a paucity in refresher training provided to police officers, although, a pragmatic solution to maintaining effective investigative interview skills will be proposed later in the thesis.

Table 1.1. Definition of Question Types

	Question Type	Definition
Appropriate Questions	Open	Questions that are open-ended and encourage a free recall; known as “TED” questions, “Tell, Explain, Describe”
	Probing	Questions that are designed to probe the account; known as the 5WH, “What, Where, Who, When, Why”
	Encouragers/Acknowledgments	Utterances that are designed to encourage the interviewee to continue talking; e.g. “Uh huh”
Inappropriate Questions	Closed	Questions designed to elicit a “yes” or “no” response only
	Forced Choice	Questions that provide the interviewee with limited response options, e.g. “Was the car red or white?”
	Leading	Questions that mention new pieces of information that have not been previously mentioned by the interviewee, typically quite leading in nature
	Opinion/Statements	An opinion or statement offered by the police officer, no question asked
	Multiple	A number of questions asked in one instance
	Echo	Interviewer repeats the response of the interviewee

The use of inappropriate question types is not conducive when conducting an investigative interview, particularly when the aim is to obtain accurate and detailed information. For example, the use of multiple questions can make it difficult for the suspect to understand which part they are meant to answer (Snook, Luther, Quinlan, & Milne, 2012). Other inappropriate question types can also be problematic. The use of leading questions, which introduce new information that has not been previously

mentioned, and suggests the response required to the suspect, can lead to memory contamination, subsequently resulting in a decrease of accuracy and reliability of the information provided by the suspect (Bowles & Sharman, 2014). This is particularly hazardous if the suspect is vulnerable. Furthermore, the use of closed questions tends to elicit a “yes or no” response, often limiting the amount of information gained, whilst the use of forced-choice questions can result in the suspect providing a response even if those presented to him/her are incorrect (Milne, Clare, & Bull, 1999). This has subsequent implications upon the investigation and lines of enquiry.

Summary and Conclusion

No criminal justice system is “miscarriage proof” (Huff & Killias, 2008). However, the interviewing practice in England and Wales has come a substantial way from the interrogative methods that were previously endorsed, and which contributed significantly to the well-documented miscarriages of justice. Utilising an investigative model, the aim of any police interview now is to gather and obtain accurate and reliable information that can progress and further the investigation.

The investigative interviewing of a suspect is not an easy process; the interview process is a complex and dynamic one. A central part to the investigative interview is the questioning strategies utilised by the interviewing officer(s). Whilst appropriate questioning strategies are continuously advocated for, there remains some contentious issues surrounding the definition of different question types within the psychological literature and between academics and practitioners alike. In addition, there remains an over-reliance on inappropriate question types, which research has consistently demonstrated are more commonly used than appropriate questions. This has implications for the interview process as a whole, but also for the suspect in being able to provide an

accurate and complete account. Such difficulties in doing so are exacerbated when the suspect is a vulnerable one; this is where the focus of the next Chapter shall lie.

Chapter Two: Vulnerable Suspects and the Criminal Justice System

Introduction

Vulnerability within the criminal justice system (CJS) is not a new concept (Oxburgh *et al.*, 2016). Following the process of deinstitutionalisation, a large number of individuals are now treated within the community; it is a disproportionate number of these individuals that come into contact with the CJS (Sirdifield & Brooker, 2012). As such, police officers are regularly tasked in interviewing vulnerable suspects. This Chapter will explore current definitions of vulnerability, including those stipulated within current guidance, and the different types of vulnerability that individuals can present with, with a specific focus on suspects that have mental health problems. Concepts of “criminalisation hypotheses” and “dangerousness” will be explored within perceptions of mental health. In addition, current guidance regarding the management of vulnerable suspects will be examined, including the use of Appropriate Adults, and the impact of mental health upon these practices considered. Implications for practice will also be discussed.

What is Vulnerability?

Although Bull (2010) highlights that there is no internationally agreed definition of the term “vulnerability”, it has been defined within the context of the CJS as, “psychological characteristics or mental state which renders an [individual] prone, in certain circumstances, to providing information which is inaccurate, unreliable or misleading” (Gudjonsson, 2006b, p.68). Gudjonsson (2006b) further argues that there are four typical types of psychological vulnerability; (a) mental disorder (referring to mental illness such as mood disorders, schizophrenia), learning disability, and including

personality disorder), (b) abnormal mental state (referring to anxiety, intoxication or withdrawal from alcohol or drugs), (c) intellectual functioning (referring to the IQ score of an individual), and, (d) personality (referring to psychological constructs such as suggestibility, compliance and, acquiescence). However, it is important to note that whilst these types of psychological vulnerability are defined within the psychological literature, in reality, rates of comorbidity are high (Sartorius, 2013), thus increasing the complexities when interviewing a vulnerable suspect. It is the concept of mental illness that the focus of this Chapter shall now turn.

Perceptions of Mental Illness

Categorised as one type of psychological vulnerability (Gudjonsson, 2006b), mental illness can be defined as, “any disorder or disability of the mind” (Mental Health Act, 2007). Following the process of deinstitutionalisation, mental health care is now often received within the community. However, a relatively high number of individuals with mental health conditions come into contact with the police (Cotton, 2004; Cotton & Coleman, 2010; Price, 2005; Redondo & Currier, 2003). One suggested reason, coined the Criminalisation Hypothesis (Abramson, 1972), highlights that police officers inappropriately use arrest to resolve situations with these types of suspects. Some hold the belief that “many uncared for mentally ill persons may be arrested for minor acts that are, in fact, manifestations of their illness, the lack of treatment, and the lack of structure in their lives” (Lamb & Weinberger, 1998, p.485). Recent research has found that those with mental health problems are more likely to be arrested for minor offences, less likely to be granted bail and spend longer periods of time in police custody (Cummins, 2007). Furthermore, the prevalence rates of mental health problems within custody far surpasses the rates of mental health problems within the general community (McKinnon & Grubin,

2013, 2014). As a result, the concept of criminalising this type of vulnerable individual often holds negative connotations.

Unfortunately, suspects with mental health problems are often perceived by many as dangerous and unpredictable (Daff & Thomas, 2014), exacerbated, in part, by portrayals of such individuals in the media. In addition, there are numerous debates regarding these types of vulnerable individuals being responsible for a disproportionate level of serious and violent crimes (Neumann & Hare, 2008; Serin, Mailloux, & Malcolm, 2001), and presenting a greater risk of criminal recidivism (Douglas, Vincent, & Edens, 2006). Within the context of the CJS, some research has explored the perceptions of police officers when dealing with suspects that have mental health problems and has reported that those with a mental health condition are more likely to receive a serious use of force when compared to those suspects that do not have any mental health conditions. In addition, if the police officer perceived the individual to have a mental health condition prior to the encounter, such factors were associated with an increased likelihood of violent behaviour (Johnson, 2011; Kesic & Thomas, 2014). Other research has indicated that when police officers judged the presence of a mental health condition, this linked to a more dangerous/difficult schema held by the police officer (Watson, Swartz, Bohrman, Kriegel, & Draine, 2014). However, of the limited research conducted (mostly in parts of the USA), some research has reported opposite findings. For example, a UK study found that police officers demonstrated an eagerness to assist with individuals that have mental health conditions, displaying empathy and a need for collaborative working with health services (McLean & Marshall, 2010). Watson and her colleagues (2004a, 2004b) also found that the presence of a mental health condition had no effect on a police officer's proposed response to a hypothetical

scenario. Such mixed findings have implications for the way in which these types of suspects are treated within the CJS.

Although there has been some research conducted generally on police officers' perceptions towards those with mental health problems, little has focused on the impact of such perceptions of this vulnerable group within the investigative interview. This is surprising given that early psychological theories highlight how perceptions can influence subsequent interactions. For example, Schema Theory² (Anderson, 1977) indicates that individuals develop schemas and stereotypes of groups of individuals that subsequently guide future interactions with them (Mayer, Rapp, & Williams, 1993). According to this theory, the level of experience that individual has will impact upon their beliefs and perceptions of that particular group of individuals. Research has found support for this (Psarra *et al.*, 2008). If individuals with mental health conditions are labelled as dangerous and violent, then it is likely they will be stigmatised and treated as such (Noga, Walsh, Shaw & Senior, 2015). Labelling Theory (Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999; Scheff, 1984) proposes that professionals who enforce boundaries, including police officers, often provide the main source of labelling (Chambliss, 1973). This suggests that if these vulnerable suspects are viewed negatively, the way they are treated during an investigative interview may be different when compared to their non-vulnerable counterparts, due to the set of myths, stereotypes or beliefs that the mental health condition can evoke (Krameddine, Demarco, Hassel, & Silverstone, 2013; Link, *et al.*, 1999; Scheff, 1966). The way that individuals with mental health conditions are treated, therefore, may be heavily dependent on whom they

² Please note, the author is aware that the term 'schema' has an alternative definition within a clinical context; this relates to how an individual's world view is shaped by early experiences. However, the author is not using the term 'schema' within the clinical context and no references to schema therapy should be assumed.

encounter within the CJS. This has implications, also, for how this vulnerable suspect type may respond. Procedural Justice Theory (Tyler & Blader, 2003) highlights that cooperation with “authority figures” will be maximised if an individual feels they have been treated fairly, given an opportunity to voice their opinions and been afforded dignity and respect (Sunshine & Taylor, 2003; Watson, Angell, Vidalon, & Davis, 2010). Consequently, the perceptions of police officers of suspects with mental health problems do not only impact upon their own behaviour and decision making, but also on the potential response of the vulnerable suspect; this has serious implications for the investigative interview.

Vulnerable Suspects and the Investigative Interview: Current Guidance

Given the disproportionate number of individuals with mental health problems that come into contact with the CJS (Sirdifield & Brooker, 2012), the police interviewing of this vulnerable suspect type is becoming an increasingly common practice. As such, it is critical that police officers have an understanding of how best to effectively communicate with this vulnerable group. Indeed, if police officers have, “...a basic understanding of the common disabilities that they will encounter, police officers will be better prepared to respond to these individuals...” (Ochoa & Rome, 2009, p.132).

Legislation and guidance have been implemented in England and Wales when interviewing the vulnerable suspect. The Police and Criminal Evidence Act (PACE, 1984), in particular, is a legislative framework for police officers’ powers, such as stop and search, arrest, and investigation, and is accompanied by the Codes of Practice for those powers to be exercised (Home Office, 2014). Code C, in particular, provides guidance to police officers regarding the detention, treatment, and questioning of vulnerable suspects. For example, the guidance highlights "If an officer has any

suspicion, or is told in good faith, that a person of any age may be mentally disordered or otherwise mentally vulnerable, in the absence of clear evidence to dispel that suspicion, the person shall be treated as such" (Home Office, 2014, s.1.4, p.5).

However, Code C does not provide any definitions of what constitutes a mental disorder or mental vulnerability. Although the Code highlights that those who are vulnerable may, "Without knowing or wishing to do so, be particularly prone in certain circumstances to provide information that may be unreliable, misleading or self-incriminating" (s.11C, p.39) and highlights that, "Special care should always be taken when questioning such a person" (s.11C, p.39), it does not detail how or what special care should actually be taken or provide guidance to police officers in how to effectively interview such a vulnerable suspect. Thus, the current guidance is limited.

If a suspect has a mental health condition, it does not mean that they are unfit to be interviewed by the police. Following an appropriate assessment of this type of suspect (usually conducted by a Forensic Physician; previously known as a Forensic Medical Examiner), a decision is made if that individual is fit for interview. If so, current guidance makes provisions for the interviewing of such vulnerable suspects.

Identifying vulnerability and the role of the Appropriate Adult

The introduction of the Appropriate Adult. Prior to the implementation of PACE (1984), the treatment of suspects in custody was governed by the Judges' Rules and the accompanying Administrative Directions (Dehaghani, 2016). However, following several high-profile miscarriages of justice, most notably, the Confait confessions (Price & Caplan, 1977), the Judges' Rules were criticised for their inability to protect suspects. The Confait case, in addition to other miscarriages of justice (such as the Guildford Four), highlighted the significant disadvantage that those with a mental health condition

(or any type of vulnerability) can face within the CJS. Such cases also signified the importance of having appropriate safeguards for vulnerable suspects.

Following the enactment of PACE (1984) and its accompanying Codes of Practice, the role of an “Appropriate Adult” was introduced as one safeguard to assist with vulnerable suspects in England and Wales³. Described as either a relative or guardian responsible for the suspects’ care, an individual experienced in mental disorder/vulnerability or, some other responsible adult aged 18 years and over (PACE, Code C, 2014), the Appropriate Adult is required to advise the vulnerable suspect being interviewed, ensure the interview is being conducted properly and fairly, and to facilitate communication with the vulnerable suspect (PACE, Code C, s.11.17, 2014). As such, the Appropriate Adult should be present at key stages of the investigation including the police interview and other investigative procedures.

Although research has documented that the majority of suspects with a learning disability have a family member or carer acting as their Appropriate Adult (Howard, Phipps, Clarbour & Rayner, 2015), and it is often the custody officer’s first choice (Newburn & Hayman, 2002), a professional Appropriate Adult can also perform the role. A professional Appropriate Adult is one that volunteers or is employed within an Appropriate Adult scheme (NAAN, 2015), who has no connection with or prior knowledge of the vulnerable suspect (Perks, 2010; Pierpoint, 2011). Such professional Appropriate Adults have often received some element of training and hold a current DBS (Disclosure Barring Service). The use of volunteer professional Appropriate Adults was recommended over 20 years ago by the Home Office (1995) and has since been

³ Scotland have their own Appropriate Adult scheme, similar to that in England and Wales, although the role of the Appropriate Adult extends to victims and witnesses (see the Scottish Appropriate Adult Network, 2007, for full guidelines).

encouraged in more recent years (Pierpoint, 2004), although the professional Appropriate Adult schemes continue to be of a patchwork provision.

This is in direct contrast to the Registered Intermediary Scheme which hosts a national register of Registered Intermediaries in order to assist with vulnerable or intimidated victims/witnesses (as defined by s.16 and s.17 of the Youth Justice and Criminal Evidence Act, 1999). Originally piloted in 2004, the scheme ensures that a professionally trained and accredited Registered Intermediary is ‘matched’ to the vulnerable/intimidated victim or witness based on their vulnerabilities and the skillset of the Registered Intermediary. The role consists of assessing the communication abilities of the vulnerable/intimidated victim or witness and providing guidance to the interviewing officer or court regarding the communication abilities of the vulnerable individual to ensure that best evidence can be achieved (Ministry of Justice, 2015). Unlike the Appropriate Adult role, whereby a non-professional or professional individual can assist, Registered Intermediaries are required to maintain their accreditation via continuous and ongoing professional development and the scheme covers the whole of England, Wales and Northern Ireland.

Although there is variance in the types of assistance available to vulnerable suspects and victims/witnesses respectively, the utilisation of this provision for the vulnerable suspect depends heavily on the identification of vulnerability in the first instance.

Identifying vulnerability. The custody officer has a statutory responsibility for the welfare of all suspects detained in police custody (McKinnon, Srivastara, Kaler & Grubin, 2013). Specific provisions are afforded to those suspects that are vulnerable; as such, the custody officer is pivotal in identifying those that require the appropriate safeguards

(Cummins, 2007). Although the current guidance dictates that police officers are only required to recognise information or behaviours that arises to a suspicion of mental vulnerability (rather than being required to formally diagnose; Dehaghani, 2016), identifying vulnerability in the first instance is problematic (Pearse & Gudjonsson, 1996). Custody officers are required to complete a risk assessment when a suspect is booked into custody (ACPO, 2006, 2012). Comprised of 32 questions, the risk assessment relies on the self-reporting of suspects upon entering custody which can impact upon the accuracy of the assessment (Bradley, 2009); it is unlikely that all suspects will disclose information about their mental health (Cummins, 2012). In addition, there does not currently exist any information within PACE (1984) or Code C about how a vulnerability can be identified; the attempts made by the College of Policing's 'Authorised Professional Practice on Detention and Custody' unit (College of Policing, 2013a) fail to adequately link their guidance to that within Code C (Dehaghani, 2017).

As well as the issues identified within the current guidance, custody officers find it difficult to define "vulnerability". Dehaghani (2017) reported that when interviewed, none of the 15 custody officers made reference to the Code C definition. Although this appears somewhat concerning, it is not overly surprising given that there is little training available (if at all) for police officers identifying vulnerability (Carey, 2001). Research has highlighted that police officers do not feel prepared to deal with those that have mental health problems (Chappell & O'Brien, 2014; McLean & Marshall, 2010). Additionally, others have argued that the failure to identify vulnerability within those entering custody is due to the lack of knowledge, training and resources available to custody officers (Gudjonsson, Clare, Rutter & Pearse, 1993). This has significant implications for the use of Appropriate Adults as a safeguard for vulnerable suspects.

Using the Appropriate Adult. Although research regularly highlights the shortcomings of current guidance which is problematic in itself, other research has also indicated that even when vulnerability is identified, an Appropriate Adult is not always called (Bradley, 2009; Gudjonsson *et al.*, 1993; Medford, Gudjonsson, & Pearse, 2003; NAAN, 2015). Research conducted into the use of the Appropriate Adult with suspects that have been identified as vulnerable highlight some concerning results. When reviewing 19,472 custody records within four UK police stations, early research found that an Appropriate Adult was called in only 38 cases (0.2%) (Nemitz & Bean, 1994). More recent research has identified higher percentages, although still reveals concerning results. For example, Medford and colleagues (2003) reported that only 58% of “psychologically vulnerable” suspects had been interviewed with the use of an Appropriate Adult (see also Young, Goodwin, Sedgwick, & Gudjonsson, 2013, for similar results). In addition, even when the custody officer is explicitly told by the vulnerable suspect that they had a mental health condition, such as schizophrenia or depression, custody officers would not necessarily implement the Appropriate Adult safeguard, instead choosing to rely on their own observations of the vulnerable suspects’ behaviour (Dehaghani, 2017). This suggests that there are multiple components in the decision-making process to request an Appropriate Adult (HMIC, 2015).

Research has highlighted that obtaining the use of an Appropriate Adult can be dependent on other factors, including police perceptions of the Appropriate Adult (Cummins, 2007). Concerns relating to the suitability, availability and quality of Appropriate Adults have been well documented (Bath, Bhardwa, Jacobson, May & Webster, 2015; Nemitz & Bean, 2001; Oxburgh *et al.*, 2016; Pierpoint, 2001) and as such, the Appropriate Adult safeguard may not be implemented due to the attitudes of the custody officer (Dehaghani, 2016). Specific concerns of police officers relate to the

type of training an Appropriate Adult may receive, particularly if they are a family member (Pierpoint, 2001, 2008), and especially when one considers the extensive training that Registered Intermediaries receive for vulnerable victims and witnesses (see Plotnikoff & Woolfson, 2015, for further information). In addition, concerns have also been raised as to their role and input during the interview process. For example, research has highlighted how Appropriate Adults are often passive during the interview, and rarely intervene, despite the necessity to do so (Farrugia & Gabbert, submitted; Medford *et al.*, 2003; Nemitz & Bean, 1994). Thus, whilst the need for special care and safeguards have been highlighted and incorporated into guidance, the actual practice of these provisions is unsystematic. It relies responsibly on police officers, who may have differing perceptions and experiences of this safeguard, and who have had no standardised mental health training. As such, it appears the need for an Appropriate Adult is significantly under recognised by some (McKinnon *et al.*, 2013). This has implications for the suspect with mental health problems and the investigative interview.

The Investigative Interview: Questioning Strategies and Mental Health

It is well established that the interviewing of suspects (with or without a mental health condition) is an integral and crucial part of the evidence gathering process (Oxburgh & Ost, 2011; Williamson, 2006). Although psychological research consistently advocates for the use of appropriate questioning techniques when conducting investigative interviews, there has been very limited research exploring the impact of different question techniques on vulnerable suspects. This is concerning given that those with a mental health problem may not be able to understand the importance of the questions asked of them or of the inference or implications of their responses (Gudjonsson, 1993). This leads to them being particularly vulnerable and at risk of

providing unreliable, misleading or self-incriminating information (Gudjonsson, 2003b; Gudjonsson, 2018).

Of the research that has been conducted, some has focused predominately on vulnerable prisoners (Brinded, Simpson, Laidlaw, Fairley, & Malcolm, 2001). Other research has focused on the investigative interview stage, but has focused on the impact of vulnerabilities, such as intellectual disabilities (ID) and mental health condition, on witness accounts (Gudjonsson, 2010). This research has produced some interesting counterintuitive results. For example, Ternes and Yuille (2008) found that adults with ID reported fewer correct details than those without ID when asked free recall and open questions (despite such questions endorsed as best practice for all types of interviewees). Their findings supported much earlier research (Perlman, Ericson, Esses, & Isaacs, 1994) and is also demonstrated in more recent findings (Bowles & Sharman, 2014). Although research exploring the impact of questioning techniques on vulnerable suspects is scant, these consistent findings that different question types might be more or less appropriate for different groups highlights that consideration needs to be given to the impact of question types on the communicative and cognitive abilities of those who are vulnerable.

Suspects with mental health problems do not respond well to traditional methods of policing (Gudjonsson, 2018), and the needs of those first entering police custody are poorly understood (Baksheev, Thomas, & Ogloff, 2010). As such, interviewers' questions need to be matched to the abilities of those they are interviewing (Powell, 2002). Given the complexities already associated with this dynamic stage of the CJS, conducting investigative interviews with these types of vulnerable suspects is not an easy task (Herrington & Roberts, 2012), especially given the presentation and the impact of the mental health problem upon the interview process.

It is well known that memory is fallible, and the retrieval process is reconstructive, and can be easily influenced by police questioning and police behaviour (Baddeley, Eysenck, & Anderson, 2009). In addition to the cognitive impairments that individuals with mental health problems can experience, those with mental health conditions are prone to an overgeneral memory. As such, individuals tend to recall repeated events (known as categorical overgeneral memories) instead of single episodes (specific memories); this is prevalent in individuals with depression and post-traumatic stress disorder (PTSD) (Lemogne *et al.*, 2006). Also, impairments in memory function is found in individuals with schizophrenia; these vulnerable individuals tend to have deficits affecting the immediate processing of information as well as the longer-term temporal ordering of information. Some have also highlighted a possible disturbance on episodic memory in those with schizophrenia (Stip, 1996). Consequently, such deficits can lead to the vulnerable suspect finding it difficult to recall specific events and in the correct order, difficulties in concentrating and attending to questions asked of them (Kingdon & Turkington, 2005).

One common mental health condition is mood disorders, which are known to have quite profound impairments on the individual (Goodwin & Jamison, 2007). According to current psychological research, those with depression for example, tend to have a higher recall and encoding of negative words. In addition, such individuals tend to demonstrate an attentional bias towards emotional stimuli; known as a cognitive bias congruent with their mood (Beck, 1976, 1987; Blaney, 1986; Lemogne *et al.*, 2006). Recent research has also indicated that depressed individuals selectively attend to emotional cues (Beevers, Wells, Ellis, & McGeary, 2009) and that ambiguous information is generally interpreted in a negative manner (Rude, Wenzlaff, Gibbs, Vane,

& Whitney, 2002). As such, individuals with depression generally have a negative bias in all type of their information processing (Beevers & Carver, 2003).

During a police interview, the suspect should be asked for a 'free recall' of their alleged involvement within the reported crime; this draws on their episodic memory (an explicit memory task). However, according to Beck's Schema Model (Beck, 1976) and Bowers Spreading Activation theory (Bower, 1981), mood congruent cognitive biases are evident in a wide range of cognitive processes, including explicit memory tasks, such as those utilised during the free recall in a suspect police interview. As such, suspects with depression may be at a heightened risk of falsely implicating themselves, given the tendency to selectively attend to emotional cues; this is of particular importance if the alleged offence is distressing or emotional. In addition, those with depression are likely to experience feelings of hopelessness, leading to further problems for the police interview (Gotlib & Joorman, 2010); for example, these vulnerable individuals may give up expressing their innocence and instead falsely implicate themselves due to feelings of hopelessness and to end the interview process.

Those with depression are not the only individuals who may be at a heightened risk during a suspect police interview due to their vulnerabilities. Those with bipolar disorder also experience similar cognitive and attentional biases, in addition to fluctuating mood symptoms that can impact upon their functioning (Bauer *et al.*, 2010; Benazzi, 2004). For example, individuals with bipolar disorder tend to experience significant impairments in their cognitive processing of speech (Antila, Kieseppa, Partonen, Lonnqvist, & Tuulio-Henriksson, 2011), and tend to have heightened levels of rumination when compared to those who do not have bipolar disorder (Jones *et al.*, 2005). In addition, as well as experiencing physical symptoms, such as pressure of speech, individuals with bipolar disorder will often experience manic episodes as part of

their illness. During such episodes, grandiose or delusional beliefs may be exhibited leading to these individuals appearing arrogant or narcissistic to the interviewing officer. Consequently, such vulnerable individuals are at a heightened risk of misinterpreting events, potentially leading to them falsely implicating themselves during a police interview (Adams, Shapero, Pendergast, Alloy, & Abramson, 2014).

Other mental health conditions may also have a profound impact on the vulnerable suspect interview. Research has indicated that individuals diagnosed with obsessive compulsive disorder (OCD) may have an impaired episodic memory (van den Hout & Kindt, 2003) and selective encoding (Konishi, Shishikura, Nakaaki, Komatsu, & Mimura, 2011) and thus may be particularly vulnerable to believing that they are responsible for crimes that they have not actually committed. In addition, individuals who have post-traumatic stress disorder (PTSD) experience abnormalities in memory and attention (American Psychiatric Association, 2000). During the suspect interview, these individuals may demonstrate difficulties with their attention span and experience hyper-vigilance or flashbacks (Vasterling and Brewin, 2005) subsequently affecting their ability to respond appropriately to interview questions. This may be judged by the interviewing officer as withholding information or a lack of co-operation.

Furthermore, individuals that have personality disorders may behave differently to other vulnerable suspects. Emerging in adolescence or early adulthood, personality disorders are pervasive and persistent and can cause significant distress and functional impairment. It is important to note that different behavioural characteristics may impact upon the investigative interview depending on the type of personality disorder. For example, individuals with schizotypal personality disorder may exhibit suspiciousness and paranoid ideation (Dickey et al., 2005) compared to individuals with antisocial personality disorder who are likely to demonstrate irresponsibility and a lack of empathy

(Compton, Conway, Stinson, Colliver, & Grant, 2005). This may lead to such vulnerable suspects falsely implicating themselves or appearing disinterested.

As well as impairments that may affect specific groups of mental disorders, those who have mental health problems tend to present with heightened levels of suggestibility, compliance and acquiescence (Gudjonsson, 2006a, 2010). An early definition of suggestibility was provided by Gudjonsson and Clark (1986) as “the extent to which, within a closed social interaction, people come to accept messages communicated during formal questioning, as a result of which their subsequent behavioural response is affected” (p. 84). Compliance is defined as “the tendency of the individual to go along with propositions, requests, or instructions for some immediate instrumental gain” (Gudjonsson, 1992, p.137). Early scholars identified acquiescence as the tendency to agree with or say yes to statements or questions regardless of their content (Block, 1965; Couch & Keniston, 1960). Others refer to acquiescence as “yea-saying” in interviews (Finlay & Lyons, 2002). Research has highlighted the association between these three psychological constructs and the intellectual/cognitive abilities of individuals demonstrating heightened levels (Everington & Fulero, 1999; Gudjonsson & Clarke, 1986).

Although psychological vulnerabilities place an individual at a heightened risk of providing inaccurate or misleading information, it is important to note that such vulnerabilities should not be interpreted in isolation (Gudjonsson & MacKeith, 1997; Gudjonsson 2003a, b). For example, just because an individual is highly suggestible, it does not mean that a confession during an interview is unreliable or false. If such vulnerable individuals are treated appropriately and carefully interviewed, then they will be able to provide reliable and accurate information.

Summary and Conclusion

The police interviewing of suspects with mental health problems is becoming an increasingly common practice, especially since the process of deinstitutionalisation and mental healthcare being delivered within the community. However, the way such vulnerable suspects are treated may depend heavily on whom they encounter, given the perceptions of dangerousness that may still exist within police officers. Indeed, various psychological theories have explored the impact of perceptions upon subsequent behaviour as well as the impact upon the vulnerable individuals' behaviour and response.

Given the relatively high numbers of individuals with mental health problems that come into contact with police custody (Sirdifield & Brooker, 2012), attempts have been made within the current guidance and legislation to assist those dealing with these individuals. However, despite changes in legislation and interview practice, there still remains some contentious issues when interviewing the suspect with mental health problems. There is an onus on police officers to be able to identify and appropriately interview this type of suspect (Cant & Standen, 2007; Vermette, Pinals, & Appelbaum, 2005). This is problematic when there is no standard mental health training across the 43 police services in England and Wales. Furthermore, the current safeguards available, such as the use of Appropriate Adults, are not always sufficient to assist the vulnerable suspect; research has highlighted how Appropriate Adults are rarely called even when vulnerability has been identified (Bean & Nemitz, 1994; McKinnon *et al.*, 2013; Medford *et al.*, 2003; Young *et al.*, 2013) and when they are present in interview, research has documented the passivity of Appropriate Adults (Farrugia & Gabbert, submitted; Medford *et al.*, 2003; Nemitz & Bean, 1994). This is not surprising given the lack of training they may receive in comparison to that of the Registered Intermediary. Indeed, there have been calls recently for the Police and Criminal Evidence Act (PACE,

1984) and the accompanying Codes of Practice to be reviewed in order to implement changes to the role of the Appropriate Adult when attending a vulnerable suspect interview (Herrington & Roberts, 2012).

Suspects with mental health problems do not respond well to traditional policing methods. Such vulnerable individuals often present with deficits in processing and memory and are at a heightened risk of falsely implicating themselves during a police interview (Gudjonsson, Sigurdsson, Einarsson, Bragason, & Newton, 2010). However, the research base concerning the investigative interviewing of this type of vulnerable suspect is scarce. How can policy be enhanced, and guidance and legislation further developed when there is little to base it upon. Questions have been raised around the world (including from current serving police officers) about the preparation and training in dealing with suspects with mental health problems (Carey, 2001; Dew & Badger, 1999; Psarra et al., 2008; Wells & Schafer, 2006). The lack of research into this area echoes the concerns also made in a recent report in that police custody (and particularly the interviewing of vulnerable suspects) remains the most under developed area within the CJS (Bradley, 2009). This has serious implications and warrants a need for investigation into the interviewing of suspects with mental health conditions.

Chapter Three: Study One: Vulnerable Suspects: Police Officers' Perceptions and Experiences⁴

Introduction

Consider the following case: a male with paranoid schizophrenia brutally murders a young woman with a screwdriver. Following a media frenzy where he is demonised not only for the brutality of his crime, but also for his mental health, he is now known as the “Paranoid schizophrenic” as opposed to a “murderer” (RT Question More, 2017). The negative portrayal of individuals with mental health conditions, by the media, further exacerbates the existing stigmatising views of such vulnerable individuals and continues to reinforce the stereotypes that already exist; the symptoms and behaviours associated with mental health conditions serve to reinforce the public fears and desire for social distance from these types of individuals (Corrigan, 2006; Jorm & Griffiths, 2008; Reavley & Jorm, 2012).

Current psychological theories highlight how our perceptions of particular groups subsequently guide our future behaviour with them; but with limited research exploring police officers' perceptions of suspects with mental health problems, it is difficult to interpret how or if this is occurring. The current study, therefore, explores police officers' perceptions when interviewing suspects with mental health problems, in an attempt to investigate any subsequent impact upon their investigative interviews with this vulnerable suspect group. Adopting the use of a Grounded Theory approach, a total of nine conceptual categories emerged. Results suggest that the level of experience a

⁴ This study has been published: Oxburgh, L., Gabbert, F., Milne, R., & Cherryman, J. (2016). Police officers' perceptions and experiences with mentally disordered suspects. *International Journal of Law and Psychiatry*, 49, 138-146. See Appendix A for a copy of this paper.

police officer has impacts upon their perceptions when dealing with suspects that have mental health problems. Further analysis had led to the emerging of a new model grounded within psychological theory, termed “Police Experience Transitional Model”. As such, the treatment and outcome of this vulnerable suspect type is heavily dependent on who they encounter within the criminal justice system (CJS).

Police Officers’ Perceptions of Vulnerable Suspects: Current Research

The CJS is not unfamiliar with vulnerability given the high-profile miscarriages of justice that have previously occurred and since shaped current guidance and legislation (e.g. Maxwell Confait case, 1972; Fisher, 1977; Oxburgh *et al.*, 2016). It can be argued that any suspect entering a police station is vulnerable given the environment and context in which they are required to be there. The police station is not a neutral place for a suspect and the prospect of the investigative interview must seem unnerving; this is especially so for those with mental health problems.

Given the increasing contact with suspects that have mental health problems (Sirdifield & Brooker, 2012), police officers are often placed within a much more “social welfare” role (Thomas, 2013), rather than an upholder of the law. Psychological theories suggest that our perceptions of particular groups, such as those with a mental health condition, guide our future interactions with them (Schema Theory for example; Anderson, 1977). However, despite the heightened level of contact between police officers and those with mental health problems, the research base exploring the impact of police perceptions upon these types of vulnerable suspects is limited and rarely conducted in England and Wales.

Some research has explored data on the encounters between police officers and suspects with mental health problems, with a particular focus on the impact of the

suspects' mental health, and police officers' perceptions and assessments of the mental health on the subsequent use of police force (Johnson, 2011; Kesic & Thomas, 2014). Utilising quantitative measures, both studies report similar findings; Johnson (2011) found that suspects with mental health problems were more likely than suspects without mental health problems to receive a serious use of force (although, once intoxication was controlled for, the mental health of the suspect was no longer significantly correlated with any of the forms of force). Kesic and Thomas (2014) also highlight how a police officers' perceptions of apparent mental health problems, including if the individual's demeanour is that of irrational or unstable, were factors associated with an increased likelihood of violent behaviour during police encounters.

Research exploring the perceptions, attitudes and decisions regarding situations with suspects with mental health problems have also been conducted with other – more experimental and controlled – methods, such as the use of vignettes. Watson et al., (2004a, 2004b) found that a suspects' mental health had no significant effect on the police officers' proposed responses to a hypothetical scenario. This was also supported by recent research (McTackett & Thomas, 2017). However, this is in stark contrast to more recent research that found that police officers (from Crisis Intervention Teams (CIT) and non-CIT trained officers) think about mental health/emotional disturbance calls by anticipating the level of danger and difficulty involved. Judging the presence of a mental health condition also defines the dangerous/difficult call schema which they found contrasts with the less dangerous/easier call schema involving a more co-operative individual (Watson *et al.*, 2014).

In addition to research conducted with quantitative measures, studies of a qualitative nature have also explored the behaviour of police officers when encountering these types of vulnerable individuals. Charette, Crocker, and Billette (2011) explored

characteristics of interventions involving individuals with mental health conditions from the intervention logs recorded. They found that while police officers often took no formal action in terms of arrest or detention (often referring the individual to hospital), the bizarre behaviours of this type of individual often instigated the call to the emergency services in the first instance, reinforcing the perceived dangerousness of these individuals.

Perceptions of police officers when responding to calls relating to individuals with mental health problems has also been explored. One study found that police officers demonstrated an eagerness to assist and displayed empathy towards the needs of these types of vulnerable suspects. Reference was also made to the need for collaborative working with health services to ensure the appropriate outcomes for this vulnerable group (McLean & Marshall, 2010). To our knowledge, this is one of very few studies conducted within the UK.

Other empirical research makes reference to the Criminalisation Hypotheses and the self-fulfilling prophecy, whereby police officers encountering a situation with an individual with mental health problems expects them to be violent. Indeed, in recent research comparing the disposal attitudes of police officers, psychiatrists, and community members towards forensic psychiatric patients in China, Chen et al., (2013), found that significantly higher numbers of police officers agreed that patients with mental health problems were more violent than the general population when compared to psychiatrists, despite research advocating that these individuals are no more dangerous than those in the general public (Pilgrim, 2003).

Of the research conducted, findings have reported mixed results. This may be explained, in part, by current psychological theory. Schema Theory (Anderson, 1977), for example, provides a useful framework to explore how police officers make decisions

when responding to situations involving vulnerable suspects. Watson et al., (2014) highlighted that police officers often develop frames of reference or “schema” shaped by their socialisation and experiences, for understanding and responding to situations involving those with mental health problems. In addition, they indicate that police officers are likely to have more than one schema and what may have been captured in their results is the most “accessible schema” – determined by factors including the frequency and recency of the situation encountered. This is corroborated in some part by other research indicating that perceptions may be influenced to some extent by the level of experience or age of an officer (Psarra *et al.*, 2008).

Whilst it is encouraging to see research conducted in various countries around the world, current findings of international studies may not be generalised to the UK given the differences in service provision, legislation and local policies. Research regarding police officers’ perceptions of suspects with mental health problems during the investigative interview in the UK is scant and further investigation of the decision-making processes police officers use are needed. Whilst the law provides the legal structure and commands the police officers’ powers, it cannot dictate the police officers’ response to that situation (Bittner, 1970). In addition, psychological theory highlights that police perceptions’ impact upon their subsequent behaviour; thus, the outcome and treatment of the vulnerable suspect appears to be heavily dependent on whom they encounter within the CJS. This, coupled with the lack of research into this critical area of the CJS, warrants a need for investigation into police officers’ perceptions and experiences when interviewing the suspect with mental health problems.

Aims and Research Questions of the Current Study

The current study aimed to address the following research questions:

- (a) What are the perceptions of police officers regarding the suspects with mental health problems that they have interviewed, and how have their experiences of interviewing these vulnerable suspects impacted upon their perceptions?;
- (b) What perceptions and experiences do police officers have in relation to the support provided to suspects with mental health problems during the interview process (such as Appropriate Adults)?;
- (c) What experiences do police officers have of current police training in mental health?

Method

Ethical Approval

Ethical approval for the current study was gained from the Faculty of Humanities and Social Sciences at the University of Portsmouth. Approval was also sought and gained from the Association of Chief Police Officers (ACPO; now known as the National Chief Police Council). Participants were informed that they could withdraw their data within six weeks of participation through the use of an information sheet (see Appendix B) and consent form (see Appendix C). All data were anonymised, and participants were informed that whilst direct quotes would be used within the reporting of data, participants would be allocated a participant number, so that quotes could not be traced back to the individual participant. No identifiable information was included in the reporting of the results of subsequent publication of the study.

Design

A qualitative design was adopted in the current study to allow for the perceptions and experiences of police officers regarding the interviewing of suspects with mental health problems to be fully explored. A commonly used method within qualitative designs is the inductive approach (Strauss & Corbin, 1990). The inductive approach aids the understanding of meaning in raw data and allows the development of a model or theory to develop in doing so. Such an approach is evident in many types of qualitative data analyses and was deemed the most appropriate for the current study given the aims of the study.

Participants

A total of eight police services in England and Wales were approached for their participation in the study. Covering a large geographical area of England and Wales, six of these police services, including two large metropolitan police services, registered their interest. Through the use of a key research contact in each police service, participants were recruited via a purposive sampling method. This sampling method is widely used within qualitative research and involves identifying and selecting participants that are particularly knowledgeable through their experiences about the area of research. As such, participants were selected based on the following inclusion criteria: (a) trained to at least PIP (Professionalising the Investigative Program) Level 2, which involves the training of investigators in the interviewing of victims, witnesses and suspects, including those with vulnerabilities, involved in serious and complex investigations, and (b) experience of interviewing suspects with mental health problems within the previous 0-24 months. Police officers trained to PIP Level 1 were not included for the study as whilst their training focuses on the interviewing of victims, witnesses and suspects, it relates only to volume crimes such as theft; these suspect interviews tend to be much shorter than those relating to serious crime.

A total of 35 police officers participated in the current study. Although qualitative research does not dictate a specific sample size, participant numbers are often much lower than what can be expected in quantitative research, due to the richness in the type of data collected (Charmaz, 2006). Indeed, there is no general consensus on sample size within studies adopting a qualitative method. Consequently, recruitment of participants within the current study continued until data saturation was reached – that is, until no new themes emerged from the data provided. This ensured that the participants recruited were representative of current police officers trained to a similar level (e.g. PIP

Level 2), therefore increasing the transferability of the data (Holloway & Wheeler, 2002).

Materials

A questionnaire consisting of a mixture of open and probing questions was developed to capture the perceptions and experiences police officers have when interviewing suspects with mental health problems (see Appendix D for the questionnaire). A total of 30 questions were included, such as, “Please describe what you believe a mental disorder is,” and “Describe the most memorable investigative interview you have conducted with a suspect who has a mental disorder”. The questionnaire was structured and sectioned based on the research questions, and encouraged participants to record their experiences in depth, as well as inviting all participants to leave further comments. This allowed for a rich data set.

Initially, all questions were developed through identifying gaps within the current literature base and current guidance. Following the initial development of the questionnaire, it was piloted with serving police officers to ensure that it contained relevant and appropriately phrased questions. This resulted in some questions being rephrased accordingly. Following the development of the questionnaire, it was disseminated to participants for completion through a key research contact at each police service.

Data Analysis Strategy

Although the use of an inductive approach is a commonly used approach within qualitative research, it is particularly evident within Grounded Theory (Strauss & Corbin, 1990). Utilising an Objectivist Approach within Grounded Theory (Glaser,

1978) allows for the use of flexible, yet systematic guidelines for the collection and analysis of data. It is a method that is commonly used when little is known about the area of interest. As such, this method of analysis allows for the construction of theories that are “grounded” in the data itself (Charmaz, 2006), moving from data to the development of theory that can adequately explain the findings (Willig, 2008). Given the limited research conducted within this area, this method was deemed most appropriate.

Following the return of the completed questionnaires, all data was analysed as per the method utilised within Grounded Theory. To allow a closeness to the data, each line of raw data was initially labelled (Charmaz, 2006). During this stage, memos were recorded which subsequently assisted in the development of the initial codes being raised to “tentative” categories. Initial codes and categories were condensed and synthesised through the process of axial coding which assisted in explaining the larger segments of the data. As potential relationships within the data started to emerge, the process of theoretical coding resulted in categories being weaved together to form a model that explained the overall participants’ experience. Where disconfirmatory cases were identified, these were worked into the emerging model to ensure that all aspects were included. As part of the analytic strategy, researcher bias was eliminated through the process of triangulation, ensuring that all findings were not due to the way in which the data was collected or analysed (Merriam, 2009). This was achieved through the use of an independent researcher who was employed to analyse a random sample of 15 questionnaires using the same Grounded Theory method. Any discrepancies were discussed and resolved accordingly.

Results

Participant Demographics

A total of 35 fully completed questionnaire were included for data analyses. Participants (24 male and 11 female) had a mean age of 42 years with a mean total length of police service of 17.29 years; 6.49 years had been served within their current post. The majority of all participants were Detective Constables⁵ (n = 31). Other job roles included Detective Sergeant⁶ (n = 2) and Interview Advisor⁷ (n = 2). The mean number of investigative interviews reported to have been conducted within the last 24 months was 19.37; 3.03 of which involved an identified suspect with mental health problems. The most common mental health condition of the suspects interviewed by the participants was reported to be depression (mean interviews conducted = 2.29), followed by suspects with an anxiety disorder (mean = 0.71), personality disorder (mean = 0.69) and schizophrenia (mean = 0.14). Although the majority of participants reported that the most recent interview training completed had been PIP Level 3 (n = 23), nearly half of the participants indicated that they had not received any mental health training (n = 15), which would have been expected at PIP Level 2.

⁵ A Constable is the first rank within a police service in the UK; a Detective Constable is an officer within a criminal investigation department or other investigative unit that will have completed a minimum of PIP Level 1 training.

⁶ A Detective Sergeant is one rank above a Detective Constable and tend to have more investigative duties.

⁷ An Interview Advisor is a highly experienced and highly trained Detective appointed by the police service to advise on investigative interview strategies.

Qualitative Results

A total of nine conceptual categories, with 20 sub-categories, emerged from the data which were grouped under (a) interviewee centred, (b) interview centred, and, (c) interviewer centred. Table 3.1 provides a full list of categories and sub-categories.

Table 3.1. Emergent Conceptual Categories and Sub-Categories.

Grouping	Conceptual Category	Sub-Category
Interviewee Centred	Understanding and Perceptions of Mental Health	(a) What is a Mental Health Condition? (b) Crime Involvement of Suspect Groups (c) Vulnerable Suspects' Presentation
	Communication Difficulties in Mental Health	(a) Communication Barriers (b) Communication Attempts (c) Importance of Rapport
	Cognition Level and Subsequent Assistance	(a) Impact on Cognition (b) Assistance in Cognition
Interview Centred	Emphasis and Importance of Investigation Relevant Information	(a) Methods of Gathering Investigation Relevant Information (b) Impact of no Investigation Relevant Information
	Impact of Question Type on Behaviour and Cognition	(a) Impact and Use of Open Questions (b) Impact and Use of Closed Questions
	Use and Impact on Time	(a) Effective Use and Amount of Time (b) Stressors on Time
Interviewer Centred	Appropriateness of Person Centred Approach and Communication Accommodation Theory	(a) Instances of Person Centred Approach and Communication Accommodation Theory (b) Non-Committal to Person-Centred Approach and Communication Accommodation Theory

Interviewer Experience and Perceptions of Safeguards

(a) Impact of Experience on Interviewer Understanding
(b) Perceptions of Current and New Safeguards

Current and Future Training Perceptions

(a) Perceptions of Current Training
(b) Indications of Future Training

The integration of the memos with the outline of the conceptual categories describes the emerging model: “Police Experience Transitional Model” (see Figure 3.1). Grounded within current psychological theory, Schema Theory (Anderson, 1977), the Police Experience Transitional Model demonstrates that the perceptions of the police officer regarding suspects with mental health problems is influenced by their level of experience (e.g. the number of investigative interviews conducted with this type of suspect). Those participants who are referred to as the more experienced have conducted three or more interviews with suspects with mental health problems within the previous 24 months (reported statistical mean and above). The less experienced participants refer to those who have conducted less than three investigative interviews with suspects with mental health problems (less than the reported statistical mean). The emerging model indicates that the perceptions of police officers change as their level of experience does; that is, their perceptions are not completely static. This is explored throughout the nine conceptual categories and sub-categories reported below.

Interviewee centred

Understanding and perceptions of mental health. All participants demonstrated some understanding of what a mental health condition is. Participants tended to contextualise mental health primarily within a medical or social understanding. Common misperceptions of mental health conditions were displayed, and participants made reference to the presentation of a suspect with mental health problems during a police interview. Despite increasing contact with suspects with mental health problems, their level of interview experience did not affect their understanding or perceptions within this particular category. Three sub-categories further explain how police officers understand and perceive mental health problems: (a) the notion of what a mental health condition is, (b) crime involvement of this suspect group, and, (c) the presentation of this type of vulnerable suspect.

When describing what a mental health condition is, the majority of participants (80%) described it within a medical context, making reference to specific mental health conditions, psychological issues, and states of mind and disease. For example, “this could include a condition such as depression...or one such as psychosis, schizophrenia or a personality disorder” (participant 4, 2.3). Many participants also refer to the severity and longevity of a mental health condition. However, a minority of participants (8.6%) demonstrated difficulties in discriminating between everyday responses to external events and the concept of a mental health condition.

In addition to mental health being understood within a medical context, some participants (8.6%) defined mental health within a social context and made reference to social norms and deviant behaviour. For example, “when a person displays mannerisms not considered to be the ‘norm’” (participant 10, 2.3). Despite the attempts to define mental health within a context, many participants demonstrated common misperceptions

relating to the concept of mental illness. Participants highlighted that a mental health condition also includes a Learning Disability and/or Autism.

Participants' perceptions regarding the crime involvement of suspects with mental health problems also emerged. Negative portrayals of this suspect group were demonstrated by the majority of the participants (74.3%), despite their various levels of experience. Participants typically described the interview with a suspects with mental health problems as ones involving violent crime. For example, "he left home in the middle of the night, with a kitchen knife, walked 6 miles in the rain, and attacked his ex-partner with the knife, keeping her hostage until officers stormed the house where he was arrested" (participant 35, 2.7). In addition, suspects with mental health problems were largely described as uncooperative with instances of labelling evident in their descriptions. Such negative portrayals of suspects with mental health problems were also evident in the final sub-category. Participants reported that these types of vulnerable suspects tended to present as aggressive or difficult with a lack of open-mindedness and a distrust towards the police officer, when compared to suspects that did not have any mental health problems. One participant highlighted that suspects with mental health problems, "...may be paranoid that the police will do anything to obtain a confession" (participant 5, 4.5). It is worthy to note that some participants did describe occasions where there was positive engagement from vulnerable suspects, although the overall perceptions appeared to cast suspects with mental health problems within a negative light.

Communication difficulties in mental health. Although there was variation reported within the participants' perceptions of their communication with suspects with mental health problems, this appeared to be largely influenced by the level of experience the

participant had. The results indicate that the more experienced participants believe that suspects with mental health problems are poor communicators when referring to their expressive and receptive communication, although it is noted that effective communication can be dependent on other factors. The least experienced participants tended to indicate that suspects with mental health problems are good communicators. Such perceptions are explored through three sub-categories: (a) barriers to communication, (b) attempts at communication, and, (c) the importance of rapport.

Difficulties in communicating with suspects with mental health problems during the police interview were identified by nearly a quarter of participants (22%). Reference was made by these participants to barriers to communication, such as a poor level of speech and a lack of understanding. Whilst highlighting these issues, the more experienced participants also suggested that effective communication could be dependent on other factors. For example, one participant highlighted the interview style, “providing the interview is conducted appropriately and meets the needs of the individual” (participant 18, 4.5).

Not all participants indicated that there were communication barriers; the less experienced participants reported that suspects with mental health problems could communicate well within a police interview and did not appear to perceive any difficulties or vulnerabilities associated with this suspect group. For example, one participant highlighted that the suspect with mental health problems was, “...most eloquent in his replies” (participant 2, 2.7).

Despite the difficulties noted with suspects with mental health problems, the majority of participants (89.3%) reported a keenness to engage with this suspect type. Attempts to effectively communicate included participants reporting that they take guidance from the level of communication displayed by the suspect with mental health

problems, including verbal confirmation that they are happy to continue. For example, one participant reported, “I am sensitive to their demise...I will then confirm with them that it is ok for me to carry on” (participant 2, 2.8). Participants also reported that they would regularly check the understanding of this vulnerable suspect type when conducting investigative interviews with them, especially if it became obvious from their verbal communication that they did not understand.

The importance of rapport was highlighted by participants when trying to communicate with suspects with mental health problems. Participants reported that the amount of rapport developed is positively related to the amount of information gained from the investigative interview, with reference made to the impact of poor rapport on the whole of the interview. For example, “I find that if you don’t engage in the right way the planning will count for nothing and the remaining elements will be hugely affected” (participant 29, 3.6).

Despite acknowledging the importance of rapport in a successful investigative interview, participants highlighted the difficulties they face when trying to build rapport with suspects with mental health problems as compared to those that do not have any mental health problems. One participant stated, “the rapport/engagement can be harder with people who have a mental disorder because they may not be on the same level as me and I may never be able to create that rapport” (participant 2, 3.5). This is also evident when exploring the perceived difficulties of each interview stage; nearly a third of participants acknowledged the ‘Engage’ stage of the PEACE model of interviewing to be the most difficult when interviewing suspects with mental health problems. However, despite the difficulties raised by the participants when discussing communication with suspects with mental health problems, the majority of all participants highlighted the importance and necessity in trying to engage with this vulnerable suspect group.

Cognition level and subsequent assistance. Participants provided an insight into their perceptions of the cognitive ability of suspects with mental health problems and expressed a keenness to assist where possible. Such perceptions appeared to be dictated by the level of experience the participant had. The more experienced participant suggested that the interview is governed by the suspects with mental health problems capacity to understand. Such insight did not appear to be demonstrated by the less experienced participants. Two sub-categories emerged within this theme: (a) the impact of mental health on subsequent cognitive levels, and, (b) the assistance provided.

A large number of participants highlighted the impact of mental health problems on the cognitive ability of vulnerable suspects. Nearly two thirds of participants (64.3%) perceive this type of suspect to have a reduced cognitive level, as well as a lack of understanding in relation to the crime committed. For example, one participant highlighted that, “they don’t believe they have done anything wrong...they’re unaware of the seriousness of some offences” (participant 33, 4.5).

Reference is also made by participants to the suspects with mental health problems “masking” their ability to understand the consequences of their actions. Participants frequently made comparisons to suspects who do not have any mental health problems, indicating that this suspect group have a full understanding of the interview process and the consequences of their actions.

Although participants highlighted the reduced cognitive ability of suspects with mental health problems, they still expressed a desire to provide assistance with their understanding during the investigative interview process. For example, reference was made by a large number of participants (71%) that the use of visual aids, as well as in depth explanations could assist. For example, one participant stated that, “at time I checked with the interviewee if he understood the questions...I also gave him the

opportunity to draw sketches of what happened” (participant 5, 2.6). Participants highlighted that such assistance would result in better levels of engagement from suspects with mental health problems during the investigative interview process, resulting in higher levels of rapport being developed and more information gained.

Interview centred

Emphasis and importance of investigation relevant information. Gaining investigation relevant information in order to progress the investigation is important in any investigative interview. This was reflected in participant perceptions regardless of level of experience. The need for a clear and orderly account was regularly reported, with reference made to how this could be achieved. The impact of not gaining the necessary information is also highlighted. This is explored through two sub-categories: (a) gaining investigation relevant information, and, (b) the impact of mental health on gaining investigation relevant information.

During the interview process, participants reported the importance of all individuals being given the opportunity to provide an account in order to gain the appropriate and necessary information. Participants highlighted how they would encourage the account of any suspect, but also explore any discrepancies between the account provided and the evidence. For example, one participant reported, “you present back to them what they have said to you and compare that to the other evidence you have. You then offer them the opportunity to explain any differences if they can” (participant 3, 4.6).

Gaining investigation relevant information is important to the progression of the investigation. Interestingly, a minority of participants (7%) reported that the level of information they gain through the interview process is a perceived measure of being an

effective interviewer; the more information that is gained, the better they perceive themselves to be as an interviewer. These participants were those with more experience. Although participants acknowledged the importance of gaining as much information as possible, the majority of participants (70.4%) highlighted how this can be problematic with suspects with mental health problems. They reported that this type of suspect provides little information with reference made to the account provided being confusing or missing chunks of information. Comparisons were made to suspects with no mental health problems, who are often perceived as being eager to cooperate and provide their account. For example, one participant indicated that this type of suspect, "...want to give their side of events across...they are keen to explain what they have or haven't done and why" (participant 3, 3.4).

Participants reported a degree of difficulty when there is little information gained from the investigative interview and associated this primarily with suspects with mental health problems. Participants highlighted how this group is difficult to interview when compared with suspects that do not have mental health problems, who are perceived as providing more information. This was also highlighted when nearly a third of participants (31.4%) reported that the "clarify and challenge" part of the "account, clarify and challenge" stage of the PEACE model of interviewing is difficult when interviewing suspects with mental health problems.

Impact of question type on behaviour and cognition. Participants noted the use of various questioning styles when conducting their investigative interviews, as well as highlighting the flexibility of their use. The level of participant experience appeared to influence the perceptions of participants. Two sub-categories focusing on question types

emerged, including (a) the impact and use of open questions, and, (b) the impact and use of closed questions.

The majority of participants (94.3%) reported that open questions were used the most frequently in their interview practice when interviewing all types of suspects. This type of question was acknowledged as encouraging explanation from the suspect and allowing for a free and uninfluenced recall. For example, one participant reported, “it gives them a chance to freely express themselves in their own way” (participant 2, 4.4). When referring to suspects with mental health problems, only a few participants (8.6%) reported that this type of suspect has the ability to answer open questions. However, over a third of other participants (38.7%) indicated that using open questions could have a detrimental impact upon the information gained from suspects with mental health problems. For example, these participants indicated that open questions are very broad and have no boundaries, which can result in a lack of control for the interviewer, especially if there is a large amount of irrelevant information provided by suspects with mental health problems. For example, one participant highlighted, “Asking an open question leaves the suspect free to ramble, moving from the targeted subject to one determined by the suspect” (participant 35, 4.4).

Current guidance and research highlights that the use of closed questions is inappropriate when interviewing any type of interviewee. However, some participants (38.7%) highlighted that closed questions could actually be used in an appropriate manner. Reference was made to the use of closed questions allowing the interviewer to retain some control over the investigative interview. For example, a participant indicated that, “if the suspect finds it hard to keep within ‘relevant’ boundaries than closed questions would become more appropriate” (participant 8, 4.4). In addition, participants highlighted that closed questions can actually aid the understanding of suspects with

mental health problems. For example, “more specific or closed questions are easier to understand” (participant 1, 4.4).

Although the general consensus is that open question is best practice and are believed to be most commonly used during the investigative interview, the more experienced participants indicated that open questions are actually *inappropriate* when interviewing suspects with mental health problems. Such participants highlighted that closed questions may be more appropriate for this type of suspect.

Use and impact on time. References to police resources when dealing with suspects with mental health problems was highlighted as an issue by all participants regardless of their level of experience. Participants made a direct reference to the use and impact on time needed when dealing with this type of suspect. Two sub-categories emerged which explores this further: (a) effective use of limited time, and, (b) potential stressors on their time.

Participants highlighted how effectively using their time is important to their own perceived pressure but also to the investigation. Reference was made to the effective use of breaks and of shorter interview stages when interviewing suspects with mental health problems when compared to suspects without any mental health problems. Some participants (28.6%) highlighted the positive impact this can have on suspects with mental health problems. For example, one participant recalled, “The interview was conducted in 15 to 20-minute stages to allow the individual sufficient time to recover” (participant 29, 2.6).

As well as participants highlighting the need to use their time effectively, the importance of having enough time was also raised, especially in ensuring the appropriate allowances and safeguards were put into place for suspects with mental health problems.

Participants indicated that this could lead to a sustained level of rapport with this type of suspect. Although participants have noted the importance of effectively using their time, some participants (7.4%) have reported the strain that they can feel in doing so, with reference made to the “custody clock”. For example, one participant highlighted that, “the interview can only last two maximum to comply with PACE so we are constrained somewhat” (participant 2, 3.6). Therefore, whilst participants have recognised the need for regular breaks or shorter interview stages as being necessary for suspects with mental health problems, participants also highlighted how it can actually be a stressor on the limited time that they have. This suggests the balancing act that police officers quite often have to perform.

Interviewer centred

Appropriateness of person centred approach and communication

accommodation theory. Participants regularly reflected on their experiences and practices of interviewing suspects with mental health problems in terms of their own approach and flexibility they perceive they may have in their interview style. This is influenced to some extent by the level of experience the participant has and is explored through two sub-categories: (a) the use of a person-centred approach and variance within their own communication, and, (b) instances when participants would not amend their own approach when interviewing suspects with mental health problems.

Over half of the participants (57.1%) indicated that they would adopt a more person-centred approach when interviewing suspects with mental health problems.

Participants highlighted that they would maintain an open mind and attempt to be flexible in their interview style. For example, one participant indicated that, “in every interview the interviewer should remain flexible and try and adapt” (participant 5, 4.4).

Participants also explained that they would change or adapt their language to assist with and suit the level of understanding displayed by suspects with mental health problems. For example, the “non-use of police jargon” (participant 17, 2.6). This highlights how the participants’ own communication varies based on the type of suspect that they are encountering.

Although over half of the participants indicated that they would adopt a person-centred approach and change their language accordingly, there were some participants (11.4%) whereby such behaviours were not demonstrated and were actually questioned. For example, one participant asked, “why deviate your style or approach” (participant 27, 4.4).

Despite the vulnerabilities of suspects with mental health problems, these participants highlighted that they would not change their behaviour during the interview, with a particular reference made to the challenge part of the “account, clarify and challenge” phase of the interview. The level of experience the participant has appears to have some impact upon their perceptions and views. The more experienced participants appeared to suggest that they use increasing levels of a person-centred approach and adapt their communication. Overall, those who had conducted fewer interviews with suspects with mental health problems were the participants that indicated that they would not change their behaviour or language to suit the needs of their suspect.

Interviewer experience and perceptions of safeguards. Suspects with mental health problems are part of a vulnerable group that are afforded safeguards, such as the use of Appropriate Adults, during the investigative interview. Participants described their own experiences and perceptions of such safeguards when conducting interview with this type of suspect. This is explored through two sub-categories: (a) participants’

perceptions in relation to their own understanding and experiences of mental health, and, (b) participants' perceptions of current safeguards and proposed new ones. The level of experience the participant had appeared to influence some aspects of these perceptions.

Participants often recalled their own cases and experiences of mental health, with some participants using their own personal experiences when planning future interviews with suspects with mental health problems. For example, one participant recalled, "I have had personal experiences of dementia, depression and anxiety and apply this to anyone I deal with whether suspect or witness as I understand how vulnerable this can make people" (participant 3, 2.8).

Participants regularly referred to hindsight when reflecting upon their experiences and a keenness is demonstrated in using their previous experiences to better understand suspects with mental health problems. In addition to using their own experiences, participants reported attempts at learning about mental health problems before they conducted their interviews. For example, one participant highlights, "if I'm aware that a suspect has a recognised mental disorder, I will carry out some research (i.e. on the internet) before conducting the interview" (participant 5, 2.8). This suggests that whilst the participants may have received some training in mental health problems, the internet is being used as an official source of additional or refresher training.

Participants highlighted their perceptions of current safeguards afforded to suspects with mental health problems. Some of the more experienced participants (14.7%) reported negative perceptions towards Appropriate Adults and Legal Advisors, as well as a level of distrust in the assessment of suspects with mental health problems conducted by medical professionals. For example, one participant reported, "he clearly had significant mental health issues but was deemed fit for interview...he was later found to be seriously ill" (participant 20, 2.5).

Those participants with less experience, however, highlighted the positive contributions that the use of all safeguards could offer suspects with mental health problems in terms of protecting them before and during the investigative interview. Of concern, a minority of participants indicated a lack of awareness of the various safeguards that are available to this type of vulnerable suspect. Alternatives, such as the use of Registered Intermediaries, were also highlighted by participants. Generally, the impact of the participants' experience on their perceptions and subsequent practice was concluded by one participant:

When I first joined you would not question the wisdom of the FME or custody nurse, who would say that the defendant is fit for interview and are 'well' when on occasions they clearly have mental health problems. I am far more cautious now.
(participant 20, 2.8)

Current and future training perceptions. The final theme relates to the current and future training required when interviewing suspects with mental health problems. Participants were particularly insightful, although their perceptions appeared to be influenced by the level of experience the participant had. Two sub-categories emerged: (a) participants' perceptions of current training, and, (b) the need for future training.

Nearly half of all participants (42.8%) highlighted that they had not actually received any mental health training despite being actively involved in interviewing suspects with mental health problems. Of those that had received training, reference was made to it being dependent on their rank. For example, one participant reported, "No – very rare for T3 + T2 to receive" (participant 26, 2.6).

In addition, whilst some participants had received training when dealing with suspects with mental health problems, participants reported a lack of refresher training;

something they considered to be necessary for their role to avoid potential poor practice. The overall general consensus reported was that training in mental health was minimal, if at all available.

When considering future training, nearly all participants (91.4%) made some reference to what was required. This covered a range of issues, including information relating to different mental health disorders, how to identify suspects with mental health problems upon them first entering custody, how suspects with mental health problems are likely to present, and the use of effective questioning techniques and rapport building. For example, one participant stated, “I would like more input from medical professionals explaining different disorders and symptoms etc., and how to assist” (participant 11, 6.1).

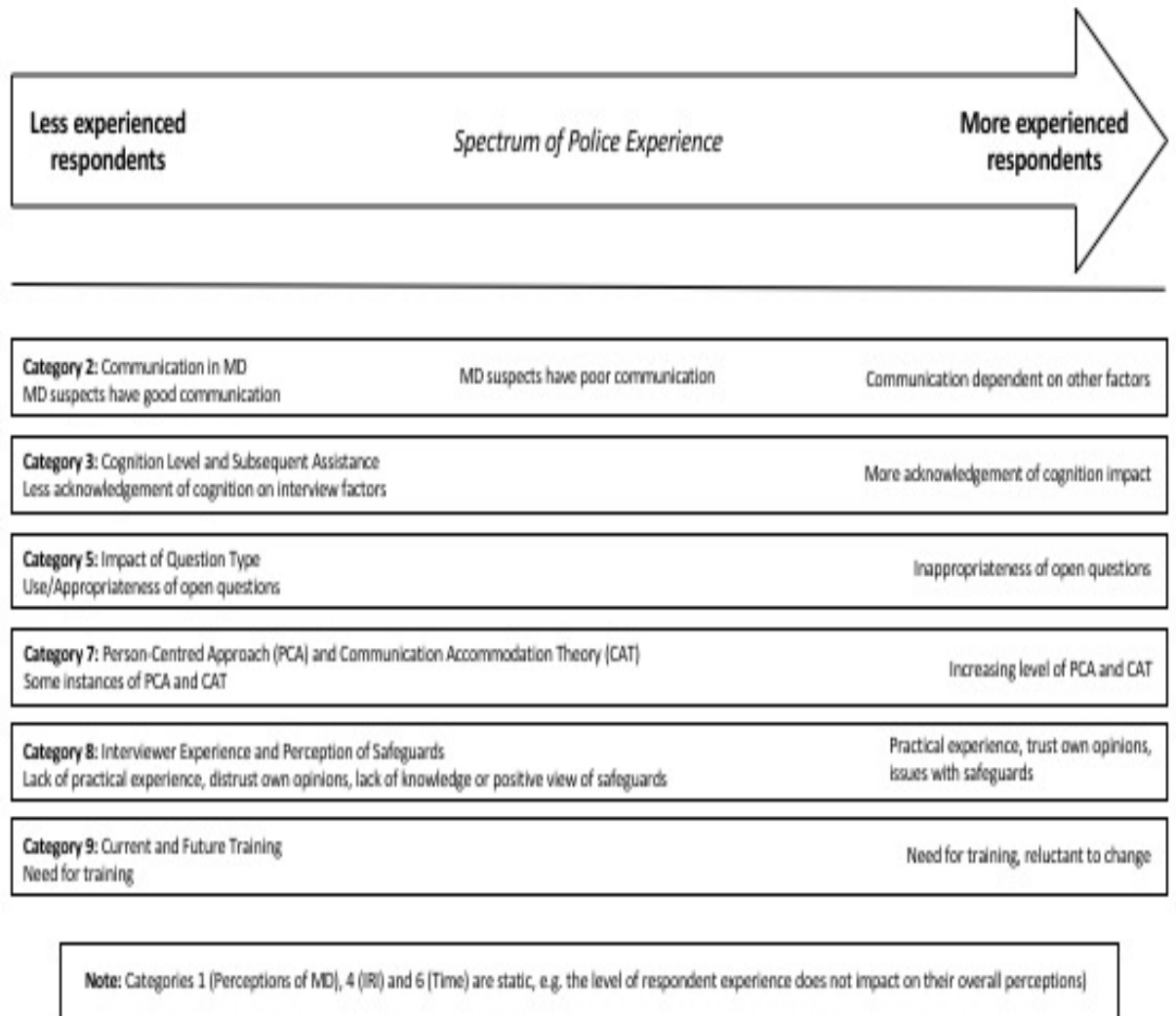
Despite the majority of participants highlighting a need for training in mental health, the more experienced participants perceived the training already received as being clear and adequate. Interestingly, some of these participants had not recorded any clear mental health training courses when completing their questionnaires.

Police experience transitional model. All participants reported their perceptions and insights into their experiences and practice when interviewing suspects with mental health problems. Although some of the perceptions of the participants were similar, there were some significant differences which appeared to be influenced by the level of experience the participant had; that is, how many interviews participants have conducted with suspects with mental health problems.

Through the exploration of the participants’ perceptions and their experiences, the conceptual categories captured the emerging model termed “Police Experience Transitional Model” (see Figure 3.1). Grounded within Schema Theory (Anderson,

1977), this model suggests that the level of experience a police officer has may impact upon and influence some of his/her perceptions. Such perceptions are not static but appear to change and evolve based on the continuing development of experience. This is evidence in Figure 3.1, where the less experienced police officers' perceptions change as they move through the spectrum of police experience. As Schema Theory suggests, schemas and stereotypes are developed in order to gather information about groups of individuals that guide our future interactions (Mayer *et al.*, 1993). The findings indicate that schemas and stereotypes may change as the level of experience increases.

Figure 3.1. Police Experience Transitional Model developed from the emerging categories and sub-categories.



Discussion

The current study explored the experiences and perceptions of police officers in England and Wales when interviewing vulnerable suspects, namely those with mental health problems. Although previous research has explored police officers' perceptions when dealing with such vulnerable individuals (Johnson, 2011; Kesic & Thompson, 2014; McLean & Marshall, 2010; McTackett & Thomas, 2017; Watson *et al.*, 2004a, b; Watson *et al.*, 2014), the focus has largely been on police officers' responses in actual or hypothesised scenarios within the community. Minimal research has focused on police perceptions and experiences when *actually* interviewing suspects with mental health problems in England and Wales; the current study is one of very few that has this particular focus.

Nine conceptual categories emerged from the data relating to the perceptions that police officers have when interviewing suspects with mental health problems. As expected, there appears to be a prominent lack of training in mental health and investigative interviewing of suspects; this was evident in the confusion demonstrated by participants when attempting to define what a mental disorder is – participants made references to Learning Disabilities and Autism for example. However, despite such confusion, participants reported the importance of rapport and demonstrated an eagerness to engage with suspects with mental health problems. Throughout the majority of the emerging categories, participants reported various perceptions that appeared to be strongly influenced by their level of experience; that is, how many investigative interviews they have conducted with this vulnerable suspect group.

The findings relate to previous research; for example, participants viewed suspects with mental health problems much more negatively when compared to suspects

who do not have any mental health problems. This can be understood in part by drawing upon current and existing psychological theory, such as Labelling Theory (Scheff, 1984). Within the current study, there were instances of labelling, by many participants, of suspects with mental health problems. Current psychological theory highlights that once an individual is labelled, it is increasingly difficult to remove that label. This has implications for how suspects with mental health problems may be treated by some police officers, due to the myths, stereotypes and beliefs that the mental health label can evoke (Link *et al.*, 1999; Scheff, 1966). As such, the way the police officer perceives such a suspect will impact upon their subsequent interaction and treatment of that individual. Although such negative perceptions were highlighted by participants in the current study, Labelling Theory does not explain the eagerness that the participants demonstrated in assisting with suspects with mental health problems, or the variation in their perceptions.

Although suspects with mental health problems are viewed much more negatively than other suspect groups, participants also recognised the importance of being able to engage effectively with them during the investigative interview. Such discrepancies may be explained by participants having more than one schema. Whilst the current participants were not trained (to our knowledge) within any crisis intervention teams (such as those found in American States), they regularly encounter individuals with mental health problems; their schemas may be determined by the frequency and experience of such encounters. In addition, the investigative interview is an opportunity for police officers to engage in an “information-gathering” approach; a necessary stage required to further the investigation. Therefore, although suspects with mental health problems were viewed more negatively, participants may have recognised the need to engage with them; the amount of rapport achieved with a suspect with mental

health problems was reported to be positively related to the amount of information gained.

A change in approach, such as endorsing a person-centred approach, was advocated for by some participants when dealing with suspects with mental health problems. This also included changing their communication and avoiding “police jargon”; thus, demonstrating instances of Communication Accommodation Theory (Gallios, Ogay & Giles, 2005). Such a change in their communication was reported to lead to higher levels of rapport and better engagement from suspects with mental health problems. This is not surprising given that Procedural Justice Theory (Tyler & Blader, 2003) suggests that individuals are more likely to cooperate with “authority figures” if they feel they have been treated fairly, given an opportunity to voice their opinions and afforded dignity and respect. In order for this to occur, suspects with mental health problems must be able to understand, process and respond to the language and questions used in the interview. The language, therefore, needs to change to suit the needs of suspects with mental health problems. Only some participants in the current study highlighted how they would make such changes in their language, suggesting some instances of procedurally just treatment.

Despite this, communicating with suspects with mental health problems was reported as difficult by some participants. This is an issue that is echoed in research findings in other countries (e.g. Godfredson, Thomas, Ogloff & Luebbers, 2011). Effective communication was reported as being dependent on other factors, such as the types of questions used during the investigative interview with suspects with mental health problems. In the current study, participants indicated that open questions, such as “Tell, Explain, Describe,” are used most frequently when interviewing any type of suspect. Although this highlights a positive practice, there are ground to be sceptical

given that the current literature base suggests that open questions are infrequently used and that closed questions are more prevalent in investigative interviews conducted in England and Wales (Myklebust & Bjorklund, 2006; Oxburgh, Ost & Cherryman, 2012).

Participants also highlighted that the interview should be tailored to the needs of suspects with mental health problems. Reference was made to shorter interviews being conducted with frequent breaks, as well as additional time spent explaining concepts to ensure the full understanding of such a vulnerable suspect. Reports were made to the use of the Forensic Medical Examiner (now known as a Forensic Physician) when assessing the “fitness for interview”, and the role of the Appropriate Adult during the actual investigative interview. Although it is promising to see such references made to the implementation of these safeguards for suspects with mental health problems, participants highlighted the impact on the “custody clock” and the strain on their time when attempting to make such practical arrangements. Participants also made some negative references regarding the assessments conducted by the Forensic Physician and the role of the Appropriate Adult. Similar frustrations were echoed in a recent UK study investigating police officers’ views on their roles when dealing with individuals with mental health problems and the availability of mental health services (McLean & Marshall, 2010). Negative perceptions relating to the role of the Appropriate Adult have also been found in other research (Medford *et al.*, 2003; O’Mahony, Milne & Grant, 2012).

The investigative interviewing of suspects with mental health problems was perceived in various ways and the results indicate that the level of experience the participants have influences such variations in their perceptions. For example, participants with more experience identified that communicating effectively with suspects with mental health problems is difficult; as such, this group of participants

identified that they were more likely to use a person-centred approach. Interestingly, these participants also made reference to trusting their own opinions when assessing if a vulnerable suspect is fit for interview. Schema Theory (Anderson, 1977) can explain some of the various perceptions and experiential impact. This theory indicates that as the individual, in this case, a police officer, becomes more experienced in dealing with a group of individuals, those with mental health problems, their level of experience may impact upon their beliefs and perceptions. Indeed, results from a study in Greece found a correlation between a police officers' age, their level of education and their views of "dangerousness" (Psarra *et al.*, 2008).

However, although current psychological theory provides some explanation, it cannot account for all of the current findings. The participants' level of experience is a central aspect and appeared to impact upon most of their perceptions. By using a Grounded Theory Approach, the current study is able to provide a more comprehensive explanation for understanding police officers' perceptions and experiences when interviewing suspects with mental health problems. The emerging model, grounded in Schema Theory, and termed "Police Experience Transitional Model" conceptualises the impact of experience on perceptions, specifically how perceptions can change according to the level of experience. It is proposed that this model complements existing, although somewhat limited, body of work in this area.

Although this is one of few studies to explore the perceptions of police officers when interviewing suspects with mental health problems, the current study is not without its limitations. Although the participating police services cover a substantial geographical area, a higher sample of police services would allow for a more inclusive study exploring police officers' perceptions. Furthermore, consideration should be given to comparing data from more rural police services to that of urban police services given

the difference in prevalence rates of mental health problems between the two areas. In addition, the demographics and length of service of the sample included in the current study appears relatively high; consideration needs to be given to including police officers with shorter lengths of service to explore their perceptions and experiences of dealing with suspects that have mental health problems. Furthermore, replication of the current study and further research needs to be completed to ensure validity and reliability of the emerging theory, especially given that the treatment and outcome of suspects with mental health problems appears to be heavily dependent on who they encounter within the criminal justice system (Cant & Standen, 2007).

Summary and Conclusion

The current study and proposed model demonstrate the impact that police officers' perceptions and experiences can have on their current interview practice. The perception of suspects with mental health problems by many participants was negative. However, with limited resources and training available, this is not surprising; participants within the current study have highlighted the limited training they receive in relation to investigative interviewing with suspects with mental health problems. As such, gaining a better understanding of the police officers' schema or mind-set they may apply to interviews with this type of suspect is critical, especially when considering the perceptions held of the current safeguard's suspects with mental health problems are entitled to during their interview. If police officers hold negative perceptions about the role of the Appropriate Adult, for example, how likely are they to utilise their assistance during an investigative interview? This has serious implications for the rights of suspects with mental health problems and the increased vulnerability they can present with; many miscarriages of justice are due, in some part, to the vulnerabilities of those

being interviewed, as well as the conduct of the interview itself. These issues are explored in later chapters.

The perceptions held by police officers of suspects with mental health problems also has implications for conducting best practice interviews, and gaining investigation relevant information, as well as the vulnerable suspects' level of cooperation. Furthermore, insight into police officers' beliefs regarding questioning style suggests the potential for future development of an amended questioning framework; perhaps open questions are not always the most appropriate when interviewing this vulnerable suspect group. The current findings coupled with the lack of research into the investigative interviewing practices of suspects with mental health problems, warrants the need for further research into this critical stage of the CJS, to explore what is *actually* happening within the investigative interview with suspects with mental health problems.

Chapter Four: Study Two: Interviewing the Suspect with Psychological Vulnerabilities: An Exploration of Actual Police Practice in England and Wales⁸

Introduction

“One of the most infamous occurrences of wrongful conviction based on false confession and...one of the worst miscarriages of justice in recent history” (Ewing & McCann, 2006, p.54), the “Guildford Four” acquittal in 1989 led to other cases involving disputed confessions being explored (Gudjonsson, 2003b). What followed was a significant number of high-profile miscarriages of justice being publicised, and individuals being acquitted based on what was found to be fabricated evidence, improper police interviewing and conduct, and the presence of psychological vulnerabilities, which subsequently led to unreliable and false confessions (Gudjonsson, 2003b; Kassin, 2005). Since the plethora of miscarriages of justice, a body of work has led to the developments of legislation and interview practice now being adopted to ensure that the investigative interview is a transparent and effective information gathering process, and to ensure that those with vulnerabilities are well accommodated for.

It is well established that suspects with mental health problems are over-represented in custody (Sirdifield & Brooker, 2012). As such, police officers involved in investigative interviews with suspects with mental health problems need to have an understanding of how these suspects may function during such a vital stage of the criminal justice process, especially given the risk for false confessions and miscarriages of justice (Ochoa & Rome, 2009). Although the current literature base advocates for the

⁸ This study is currently in prep for publication.

use of appropriate questioning techniques when conducting investigative interviews, there has been little research conducted in exploring the investigative interview and the impact of various question types on vulnerable suspects; particularly those with mental health problems. Indeed, a recent report indicated that police custody and the interviewing of suspects with mental health problems remains the most under-developed area within the criminal justice system (Bradley, 2009).

Whilst the previous chapter explored the perceptions of police officers when dealing with suspects with mental health problems, the current chapter aimed to explore what is *actually* occurring during investigative interviews conducted with suspects with mental health problems. Through the application of a specially designed coding framework, 66 interviews conducted with suspects with and without mental health problems involved in high-stake crimes, were analysed, with a particular emphasis on the “Engage and explain,” “Account, clarify and challenge” and “Closure” stages of the PEACE model of interviewing. Results highlight that whilst police officers were maintaining consistency in the majority of the procedural aspects of the investigative interview, only some of the needs of suspects with mental health problems were being responded to. Findings also explored the appropriateness of current questioning strategies and the subsequent impact upon the level of investigation relevant information gained from the suspect, and the impact of questioning upon their vulnerability. Suspects with mental health problems are at a heightened risk of providing inaccurate and unreliable information if their needs are not met during the investigative interview.

The Vulnerable Suspect and the Investigative Interview: Current Research

It is well established that individuals with mental health problems are at a disadvantage within the criminal justice system. Indeed, psychological research has

highlighted how they are at a significant risk of providing inaccurate, misleading and unreliable information during the police interview (Gudjonsson, 2010; Gudjonsson, 2018). In addition, it is well documented that those with mental health problems display heightened levels of suggestibility, compliance, and acquiescence when compared to those without these difficulties (Gudjonsson, 2006a, 2010).

Psychological research exploring suspects with mental health problems within the investigative interview is scarce, with research tending to focus on different stages of the CJS, such as the identification of vulnerability in the first instance (McKinnon & Grubin, 2013, 2014), or the needs of prisoners with mental health problems (Brinded *et al.*, 2001). Of the research conducted exploring the impact of vulnerability during the investigative interview, the focus has been on the impact of intellectual disabilities and mental health problems on the reliability of eyewitness accounts (Gudjonsson, 2010). Studies that have focused directly on the interview process have found some interesting results that cast doubt upon the appropriateness of open questions for all populations. For example, three independent studies have found that adults with intellectual disability report fewer correct details than those without an intellectual disability when asked open questions that invite a free narrative response (Bowles & Sharman, 2014; Perlman *et al.*, 1994; Ternes & Yuille, 2008). Other research has focussed on the use of question type used in investigative interviews with children that do (versus do not) have intellectual disabilities. Results have indicated that children with an intellectual disability were often asked less open question and more direct questions. The researchers found that the interviewing strategies were influenced by the intellectual disability status. As such, they emphasised the importance of interviewers' understanding the capacities and vulnerabilities of those they interview (Brown, Lewis, Stephens, & Lamb, 2017).

Thus, emerging research appears to be casting doubt on the appropriateness of open questions for all populations. Indeed, in recent research, police officers have cited that whilst open questions are best practice generally, and they believe they use such appropriate questions more so than inappropriate questions, police officers highlighted that they are not always suitable for suspects with mental health problems. They highlighted that open questions can actually be too broad and that the use of more specific questions can actually aid a suspects' understanding, as well as the additional use of resources, such as visual aids (Oxburgh *et al.*, 2016). Given the lack of empirical research into the investigative interview of suspects with mental health problems, and the emerging research findings of other vulnerable populations, further investigation is warranted to explore and advance best practice when interviewing suspects with mental health problems.

Aims and Research Questions of the Current Study

The current study aimed to address the following research questions:

- (a) What are the actual investigative interview practices conducted with suspects with and without mental health problems?;
- (b) What differences or similarities are occurring in current investigative interview practices with suspects with and without mental health problems?;
- (c) Are any differences or similarities observed in investigative interview practices, with suspects that have and do not have mental health problems, appropriate in light of relevant research findings?

Given the very limited research base and exploratory nature of the current study, no hypotheses were generated.

Method

Ethical Approval

Ethical approval for the current study was gained from the Faculty of Humanities and Social Sciences at the University of Portsmouth. In addition, the researcher was vetted in order to obtain the data. Before the data were obtained, all identifiable information was removed from the transcripts to ensure anonymity and confidentiality; the researcher was only informed of the mental health condition relating to each interview.

Design

Using quantitative methods, a between-within subjects design was utilised with two conditions; (a) suspects with mental health problems, and, (b) suspects without mental health problems. The coding framework sought to explore differences in interview style between the two groups and within each group.

Participants

A total of eight police services in England and Wales were approached for their participation in the study. Through the use of a key research contact in each police service, a sample ($N = 66$) of police interviews was obtained from five police services. This involved the key research contact scrutinizing custody records for the appropriate interview data based on the inclusion and exclusion criteria set.

Interviews had been conducted between 2002 and 2015 and comprised of those conducted with suspects with mental health problems ($n = 30$) and those suspects without mental health problems ($n = 36$) involved in serious crime, such as sexual and

violent offences. These types of crimes were included in the current sample (as opposed to volume crime) as these interviews tend to last longer and allow for more in-depth analysis for the purposes of the current study. Utilising a purposive sampling method, suspect interviews were only included based on the following inclusion criteria: (a) the suspect involved provided an account; (b) an Appropriate Adult or Nurse was present within the suspects with mental health problems interviews (thus indicating vulnerability); and, (c) the case was classified as closed. Given the purpose of the current study in exploring not only interviewer behaviour but also that of the suspect (e.g. responses to questions, characteristics) suspect interviews were excluded if the suspect had provided “no comment” responses and the case was still being investigated. In addition, the sample did not include any interviews involving pre-prepared statements as responses.

The types of mental health conditions that suspects were recorded as having (as confirmed by the scrutiny of custody records by the key research contact) included schizophrenia (20%), mood disorders (10%), psychosis (6.7%), dissociative identity disorder (6.7%), anxiety (3.3%) and personality disorders (3.3%). In some vulnerable suspect cases, the suspect was noted as having a mental health condition, but this was unspecified on the custody records (50%).

Of the interviews included, the majority of suspects were male (89.4%) and tended to involve two interviewers (92.4%). The main interviewer included both male (53%) and female (45.5%) police officers, with one occasion of the interviewer gender being unclear (1.5%). The second interviewer was primarily male (66.7%). A Legal Advisor was present in the majority of all interviews conducted (86.4%) and within the vulnerable suspect group, an Appropriate Adult was present in nearly all interviews

(97%); a Mental Health Nurse was also present in a few police interviews conducted with this suspect group (6.7%).

The suspect interviews included in the current study involved a number of different suspected crimes including murder/attempted murder (37.9%), rape (33.3%), sexual assaults (19.7%), child internet offences (7.6%), and sex with a minor (1.5%). The majority of the suspects denied the offence (62.1%), some provided a partial admission (21.2%) and some provided a full admission (16.7%). Further analysis within groups found that of the interviews conducted with suspects with mental health problems, just over half denied the offence (53.3%), some provided a partial admission (16.7%), and almost a third provided a full admission (30%). In comparison, the majority of suspects without any mental health problems denied the offence (69.4%), a quarter provided a partial admission (25%), and a very small minority provided a full admission (5.6%). Of the suspects that provided a full admission, the majority of these were provided by suspects with mental health problems (81.8%). As such, the results indicated that these types of suspects were significantly more likely to provide a full admission than suspects without any mental health problems, $x^2 = 7.09$, $df = 2$, $p = .03$.

Materials

A coding framework and guide was developed based on current police investigative interview practice in England and Wales (namely the PEACE model), and existing psychological research (see Appendix E). Containing nine sections, the coding framework focused on the 'E', 'A', and 'C' stages of the PEACE model of interviewing. The initial "Planning and preparation" stage and the final "Evaluation" stage of the interview model were not included in the coding framework as this data were not available. Coding also focused on question types (see Table 4.1), based on the

classifications within the current literature (see Myklebust & Bjorklund, 2006, 2010; Oxburgh *et al.*, 2010a; Shepherd, 2007, for full discussions), interviewer and suspect characteristics, and the amount of investigation relevant information gained per question type. The “Closure” stage focused on how the interviewer concluded the interview and included procedural aspects, such as the management of the tapes/discs, and a summary of the interview, in addition to explanations of any future processes. The coding framework was piloted on some police interview data to ensure it captured the appropriate data relevant to the present study.

Table 4.1. Question Typology.

	Question Type	Definition
Appropriate Questions	Open	Questions that are open-ended and encourage a free recall; known as “TED” questions, “Tell, Explain, Describe”
	Probing	Questions that are designed to probe the account; known as the 5WH, “What, Where, Who, When, Why”
	Encouragers/Acknowledgments	Utterances that are designed to encourage the interviewee to continue talking; e.g. “Uh huh”
Inappropriate Questions	Closed	Questions designed to elicit a “yes” or “no” response only
	Forced Choice	Questions that provide the interviewee with limited response options, e.g. “Was the car red or white?”
	Leading	Questions that mention new pieces of information that have not been previously mentioned by the interviewee, typically quite leading in nature
	Opinion/Statements	An opinion or statement offered by the police officer, no question asked
	Multiple	A number of questions asked in one instance

Procedure

Police interview data (transcripts) was obtained from five police services in England and Wales. In order to become familiarised with the data, the researcher initially read each police interview before the coding framework was applied following the operational definitions within the coding guide. Such coding involved focusing on each utterance from the interviewer, interviewee, and any third parties present during the interview. The “Engage and explain” stage focused on procedural areas that would be reasonably expected of an interview to complete. For example, explaining the process of the interview, introducing all individuals present in the interview, explaining and ensuring the understanding of the legal rights and the caution to the suspect, as well as building rapport. The “Account, clarify and challenge” stage of the coding framework explored whether the suspect was given the opportunity to provide a free recall, the types of questions asked by the interviewer(s) and how much investigation relevant information (IRI) was obtained as a result, as well as analysing the type and amount of challenges made by the interviewer, and any interventions by third parties such as the Appropriate Adult or Legal Advisor. In addition, instances of minimization, maximization, and repetitive questioning were coded for as well as instances of suggestibility, compliance, and acquiescence. These characteristics were coded in accordance with the Gudjonsson Suggestibility Scale (Gudjonsson & Clarke, 1986; Gudjonsson, 1997). For example, if a participant changed their response following negative feedback, a leading question, or repetitive questioning. Suggestibility and compliance were differentiated between dependent on the participants’ response.

Following the coding of all police interview data, an independent researcher (already trained and experienced in the area of police interview analysis) was provided with the coding framework and guide and coded approximately 20% of the interview data. A percentage agreement method was used and an agreement level of 96.3% was achieved. Following the conclusion of inter-rater reliability, the data were subsequently analysed using a number of statistical tests.

Results

The following results are reported based on the stages of the PEACE model of interviewing applied within the coding framework.

Engage and Explain

Elements of the “Engage and explain” stage were analysed using chi square tests. These relate predominately to procedural issues as well as the interviewer characteristics in building rapport (e.g., the presence/absence of issues or characteristics observed within vulnerable/non-vulnerable suspect interviews). Results are displayed in Table 4.2.

Table 4.2. Mean percentage presence, and related Chi square comparisons of key “Engage and explain” behaviours observed in suspects with mental health problems (MH) and suspects with no mental health problems (NMH)

Variable	MH %	NMH %	Value X ²	p
Explanation of Caution				
Individual components of caution explained	52.4%	41.7%	.35	.55
Suspect explanation of individual component	38.1%	8.3%	3.41	.07
Suspect’s own explanation of caution	50.0%	50.0%	.001	1.0
Key points of caution reiterated to suspect	28.6%	41.7%	.59	.44
Suspect understanding checked with Legal Advisor or Appropriate Adult	19.0%	0.0%	2.60	.11
Explanation of Interview				
Suspect informed of reasons for arrest	90.5%	100%	2.10	.15
Suspect informed of interview topics	80.0%	47.6%	4.63	.03
Interview is a chance to provide their side	70.0%	36.4%	4.75	.03
Law identified in explanation for reasons for arrest	5.0%	9.5%	.31	.58
Explanation of exhibits to be presented	35.0%	23.8%	.62	.43

Informed of interviewer behaviour (e.g. note-taking)	31.8%	27.8%	.08	.78
Interviewer Characteristics				
Use of active listening demonstrated	100.0%	97.2%	.85	.36
Suspect's first or preferred name used	86.7%	61.1%	5.39	.02
Suspect distress acknowledged when shown	66.7%	27.8%	10.30	.01
Spontaneous acknowledgement of distress	33.3%	19.4%	2.14	.34

Overall, the results suggest some significant differences in the way the “Engage and explain” stage is completed with suspects that do and do not have mental health problems which suggests some evidence of additional care being taken with vulnerable suspects. However, there were no significant differences in the way the caution was explained to these suspect types which is concerning given the importance of the individual being able to understand their legal rights.

The data set also explored the way in which the police interview was explained to both suspect groups. There were no significant differences in the majority of the ways the interview was explained to both types of suspects. However, suspects with mental health problems were significantly more likely to be informed of the interview topics to be covered in their interview when compared to suspects with no mental health problems, $x^2 = 4.63$, $df = 1$, $p = .03$. In addition, this type of suspect group was significantly more likely to be informed that the police interview was an opportunity to provide their account, $x^2 = 4.75$, $df = 1$, $p = .03$.

Interviewer characteristics were analysed as part of the “Engage and explain” stage. The data revealed some significant findings. There were significantly more instances of the interviewing officer using the vulnerable suspects' first or preferred name when compared to suspects with no mental health problems, $x^2 = 5.39$, $df = 1$, $p = .02$. In addition, there were significantly more instances of the interviewing officer

acknowledging the distress of suspects with mental health problems when compared to those without any mental health problems, $\chi^2 = 10.30$, $df = 2$, $p = .01$, although this was only when the suspect physically demonstrated distress; there were no significant differences between the two groups in the interviewer spontaneously acknowledging distress.

Account

The overall mean length of all police interviews conducted with both types of suspect group was 83.15 minutes ($SD = 61.46$). However, data revealed that police interviews conducted with suspects with mental health problems tended to be longer with a mean length of 103.20 minutes compared to a mean length of 66.44 minutes for non-vulnerable suspect interviews. The difference in interview length was not significant, $U = 400.00$, $p = .071$, $N = 66$).

Generally, at least two police interviews were conducted with each suspect overall; suspects with mental health problems tended to complete a mean of 2.5 interviews compared to 1.9 interviews conducted with suspects with no mental health problems. Overall, for both suspect groups, an average of one break was taken; however, interviews with suspects with mental health problems had a mean number of breaks of 1.5, with an average break length of 223.13 minutes, compared to suspects without any mental health problems who had an average of .92 breaks, lasting for a mean length of 72.27 minutes.

A number of chi square tests were used to analyse the data obtained from the initial stages of the “Account, clarify and challenge” stage. Results are displayed in Table 4.3.

Table 4.3. Mean percentage presence, and related Chi square comparisons of key “Account, clarify and challenge” behaviours observed in suspects with mental health problems (MH) and suspects with no mental health problems (NMH).

Variable	MH%	NMH %	Value X ²	p
Suspect asked for first account	89.7%	93.8%	.34	.56
Encouraged for their first account	51.7%	37.5%	1.25	.26
Use of appropriate question to obtain first account	92.3%	76.7%	2.53	.11
Encouraged to add anything additional to first account	15.4%	3.3%	2.49	.12
Suspect thanked for providing first account	23.1%	12.9%	1.01	.31

The analyses suggest that there were no significant differences in the way that the interviewing officer asked suspects with and without mental health problems for their initial first account.

Question type. The use of appropriate and inappropriate question types utilised within both suspect interview types was explored. A Mann Whitney U Test indicated that there were no significant differences in the overall amount of appropriate questions asked between suspects with and without mental health problems, $U = 480.00$, $p = .44$, $N = 66$. This was also the case in the overall amount of inappropriate questions asked between the two suspect groups, $U = 469.00$, $p = .36$, $N = 66$.

Further analysis was conducted to explore the use of appropriate versus inappropriate questions within each suspect type. Analyses revealed that suspects with mental health problems were asked significantly more inappropriate questions than

appropriate questions during their police interviews, $t(29) = 5.48, p = .001$, eta squared = .32. This was also the case for suspects with no mental health problems, $t(35) = 5.99, p = .001$, eta squared = .36.

Additional analyses were conducted to explore any differences in the use of specific question types between the two types of suspect interviews. Results are displayed in Table 4.4.

Table 4.4. Mann Whitney U Test comparisons of specific question types observed in suspects with mental health problems (MH) and suspects with no mental health problems (NMH).

	Question Type	MH Mean/ Mean Rank	NMH Mean/ Mean Rank	p
Appropriate	Open	35.27	32.03	.49
	Probing	.85	.89	.76
	Encouragers/ Acknowledgements	37.25	30.38	.15
Inappropriate	Closed	.92	.86	.54
	Forced Choice	.08	.074	.58
	Leading	34.28	32.85	.75
	Opinion/Statement	1.30	1.23	.73
	Multiple	31.37	35.28	.41
	Echo	40.35	27.79	.01

The data suggest that the questioning techniques were very similar between the two suspect types. Only one significant difference was found; data indicated that suspects with mental health problems were being asked significantly more echo questions when compared to suspects with no mental health problems, $U = 334.50, p = .01, N = 66$.

Considering the often-limited cognitive abilities of suspects with mental health problems, further analysis was conducted to explore what, if any, questions required

clarification in these interviews. Mann Whitney U Tests indicated that overall there were no significant differences in requests for questions to be clarified between suspects with mental health problems and suspects with no mental health problems, although suspects with mental health problems tended to seek more clarification overall. However, when further analysis was conducted and focused on each specific question type, the data revealed that suspects with mental health problems were significantly more likely than suspects with no mental health problems to seek clarification when asked open questions ($U = 431.00, p = .05, N = 66$), forced choice questions ($U = 486.00, p = .05, N = 66$), and following encouragers/acknowledgement style questions ($U = 486.00, p = .05, N = 66$). A non-significant trend was also found for clarification being sought following probing questions, $U = 397.50, p = .06, N = 66$. This suggests that suspects with mental health problems struggle with understanding questions posed to them within the context of an investigative interview.

Investigation relevant information. The amount of investigation relevant information obtained from interviews with suspects with and without mental health problems based on question type was explored. Initial analysis indicated that there were no significant differences in the overall amount of investigation relevant information provided by both suspect types. Further analyses focused on the amount of investigation relevant information based on each specific question type; this was explored through the use of t-tests and Mann Whitney U Tests. Results are displayed in Table 4.5.

Table 4.5. Mann Whitney U Test comparisons of investigation relevant information (IRI) observed in suspects with mental health problems (MH) and suspects with no mental health problems (NMH) based on specific question types.

	Question Type	IRI MH Mean/ Mean Rank	IRI NMH Mean/ Mean Rank	p
Appropriate	Open	32.80	34.08	.79
	Probing	1.49	1.97	.06
	Encouragers/ Acknowledgements	36.47	31.03	.25
Inappropriate	Closed	32.37	34.44	.66
	Forced Choice	33.37	33.61	.96
	Leading	34.03	33.06	.81
	Opinion/Statement	.72	.81	.49
	Multiple	27.73	38.31	.03
	Echo	40.22	27.90	.01

Although the data suggest that both suspect groups provide a somewhat similar level of investigation relevant information during their interviews, the analysis revealed some significant differences. For example, suspects with no mental health problems provided a significantly higher level of investigation relevant information when asked multiple style questions when compared to suspects with mental health problems. However, suspects with mental health problems appeared to provide significantly more investigation relevant information than their counter-parts when asked echo style questions, $U = 338.50, p = .01, N = 66$.

Use of challenges and legal advisor intervention. The level and type of challenges by the interviewing officer in interviews conducted with both suspect groups were analysed. The types of challenges were categorised as appropriate (e.g. those conducted in a problem-solving or information gathering manner) and inappropriate (e.g. those conducted in a confrontational or accusatory manner). Analysis revealed no significant

differences in the level of different types of challenges used between the two suspect groups.

Further analysis focused on the direct questioning of the suspect in relation to whether they had committed the crime, e.g. ‘Are you responsible for the death of...?’ Results highlighted that suspects with no mental health problems were significantly more likely to be asked if they had committed the crime when compared to suspects with mental health problems, $U = 376.50, p = .03, N = 66$.

The interventions of the Legal Advisor during interviews conducted with both suspect types were coded for and analysed. A Mann Whitney U Test indicated that Legal Advisors were overall significantly more likely to intervene during interviews with suspects with mental health problems when compared to those conducted with suspects that did not have any mental health problems, $U = 248, p = .01, N = 66$. Table 4.6 displays the reasons for the interventions by the Legal Advisor during both suspect group interviews.

Table 4.6. Mann Whitney U Test comparisons of Legal Advisor interventions observed in interviews with suspects with mental health problems (MH) and suspects with no mental health problems (NMH).

Reasons for Legal Advisor Intervention	MH Mean Rank	NMH Mean Rank	p
Inappropriate question type	37.80	29.92	.02
Suspect guessing of answers	36.63	30.89	.02
Lack of explanation provided	36.87	30.69	.03
Legal Advisor seeking further information from interviewing officer	38.60	29.25	.01
Legal Advisor providing further explanation to suspect	39.05	28.88	.01
Suspect distress	36.42	31.07	.12
Challenging of suspect	35.60	31.75	.13
Issues with disclosure	35.42	31.89	.10

Request a break for suspect	36.02	31.40	.05
Check if suspect requires more legal advice	33.60	33.42	.90
Legal Advisor provides further information to interviewing officer	34.17	32.94	.48
Check if suspect requires medication	34.10	33.00	.27
Questioning of suspect	35.90	31.59	.03
Clarify suspect account	36.50	31.00	.01
Assist suspect with demonstration of action	33.58	32.50	.28
Encourage the use of visual aids	35.30	32.00	.05
Check the suspects' understanding	35.30	32.00	.05
Encourage the suspect to provide more detail in their account	35.30	32.00	.05
Remind the suspect of his/her rights	34.70	32.50	.12

The data suggest several significant differences; the Legal Advisor is significantly more likely to intervene in interviews conducted with suspects with mental health problems when compared to interviews conducted with suspects that do not have any mental health problems for a number of reasons. These include interventions due to the level of understanding and communication of suspects with mental health problems, despite the presence of an Appropriate Adult in these interviews.

Interviewer and suspect characteristics. The investigative interview is a dynamic process, which includes a number of intertwining factors. As such, interviewer and suspect characteristics were coded and analysed. Results are displayed in Table 4.7.

Table 4.7. Mann Whitney U Test comparisons of interviewer and suspect characteristics observed in interviews with suspects with mental health problems (MH) and suspects with no mental health problems (NMH).

Variable	MH Mean/ Mean Rank	NMH Mean/ Mean Rank	p
Interviewer Characteristics			
Persist with their own view	28.85	37.38	.07
Use of minimisation	36.50	31.00	.01
Use of maximisation	33.52	33.49	.99
Use of repetitive questioning	.11	.11	.77
Use of visual aids	37.20	30.42	.05
Alter language	38.40	29.42	.05
Suspect Characteristics			
Level of suggestibility	38.43	29.39	.01
Level of compliance	37.80	29.92	.02
Level of acquiescence	34.93	32.31	.27

The significant results highlight both positive and negative practices when comparing the interviewer and suspect characteristics present in both suspect interviews. Positive findings relate to the interviewers being significantly more likely to encourage the use of visual aids to assist with a suspects' account when they have mental health problems when compared to those that do not. In addition, interviewers were significantly more likely to alter their language to suit the cognitive abilities of the suspect with mental health problems when compared to suspects that do not have mental health problems. However, the findings also suggested that interviewers were significantly more likely to demonstrate poor interview techniques, such as the use of minimisation, during interviews conducted with suspects with mental health problems when compared to interviews conducted with suspects without any mental health problems. This finding is concerning given that when suspect characteristics were explored, suspects with mental health problems were significantly more likely to

demonstrate suggestibility and compliance during their interview when compared to their non-vulnerable counterparts.

Closure

Procedural elements of the closure stage of the interview were analysed using chi square tests. Results are displayed in Table 4.8.

Table 4.8. Mean percentage presence, and related Chi square comparisons of key “Closure” behaviours observed in interviews with suspects with mental health problems (MH) and suspects with no mental health problems (NMH).

Variable	MH%	NMH %	Value X ²	p
Management of tapes at end of interview	26.3%	47.4%	1.81	.18
Date/time recorded at end of interview	100.0%	100.0%	1.31	.25
Reminder of the purpose of the tapes	100.0%	100.0%	1.86	.17
Notice for tapes issued or referred to	40.0%	33.3%	.18	.67
Summary of events discussed in interview	20.0%	16.7%	.07	.79
Summary of future process	20.0%	27.8%	.32	.57
Suspect encouraged to add anything further	79.2%	95.7%	2.87	.09
Suspect encouraged to ask questions	9.5%	47.4%	7.17	.01
Suspect thanked at end of interview	20.0%	16.7%	.07	.79

The results indicated that there were no significant differences in the majority of procedures between the two types of suspect interviews. Interestingly, suspects with no mental health problems were significantly more likely to be encouraged to ask questions at the end of the interview when compared to suspects with mental health problems, $x^2 = 7.17$, $df = 1$, $p = .01$.

Discussion

The police interviewing of any suspect is an integral and critical stage to a police investigation. It allows for a direct interaction between suspects and police officers (Haworth, 2013) with the aim to obtain accurate and reliable information. Suspects with mental health problems are increasingly coming into contact with the criminal justice system (Price, 2005), yet are at a disadvantage due to the vulnerabilities they may present with, and the heightened risk of providing inaccurate, misleading or unreliable information (Gudjonsson, 2010). As such, it is vital that those involved in the investigative interviewing of suspects with mental health problems are well equipped to deal with these vulnerabilities that such individuals can present with, during an already complex and dynamic stage of the judicial process (Herrington & Roberts, 2012).

The overall aim of the current study was to explore current practices within investigative interviews conducted with suspects that do and do not have mental health problems, with a particular focus on the “Engage and explain”, “Account, clarify, and challenge”, and “Closure” stages of the PEACE model of interviewing. The data highlighted some interesting findings; whilst police officers are demonstrating consistency in the majority of the procedural aspects of the investigative interview with both of these suspect groups, they are only partially responding to the needs of suspects with mental health problems.

Engage and Explain

In the initial “Engage and explain” stage, the results highlighted some significant differences in the way this stage is completed with both types of suspects. For example, suspects with mental health problems were significantly more likely to be informed of the interview topics and that the interview is an opportunity to provide their version of

events, when compared to interviews conducted with suspects that did not have any mental health problems.

Other procedural aspects were not significantly different between the suspect groups, demonstrating that the interviewing officer was being somewhat consistent in their approach. However, there was no significant differences in the way the caution was explained or in the majority of the ways the interview process was explained to suspects with mental health problems. This is concerning given that those with mental health problems may have more difficulties in understanding what is being explained to them, as well as having impaired cognitive processing abilities (Antila *et al.*, 2011). As such, suspects with mental health problems may require further explanation regarding the caution, in order to ensure their full understanding. Indeed, the current study highlighted how the Legal Advisor was significantly more likely to intervene in interviews conducted with suspects with mental health problems when compared to their non-vulnerable counterparts to provide further explanation and to check the vulnerable suspects' understanding. This indicates the limited cognitive abilities that this type of suspect may have.

Account

Obtaining accurate and reliable information is the aim of any investigative interview (Oxburgh *et al.*, 2010a). Results in this study indicated consistency in the way both suspect groups were asked for their initial account – that is, no significant differences were found. Such findings reflect positive practice given earlier research indicating that a free narrative was almost never requested (Snook *et al.*, 2012).

Initial results comparing the overall amount of appropriate and inappropriate questions asked between the two types of suspects also did not evidence any significant

differences. However, when analysis was conducted within groups, results highlighted that both suspect groups were asked significantly more inappropriate questions than appropriate questions. Although research has highlighted how police officers believe they always use appropriate questioning techniques (Oxburgh *et al.*, 2016), the results from the present study are consistent with the current psychological literature; that is, significantly more inappropriate questions than appropriate questions are being asked during the investigative interview (Myklebust & Alison, 2000; Snook & Keating, 2011; Wright & Alison, 2004). This is concerning given the vulnerabilities that suspects with mental health problems present with during the interview process. For example, the use of multiple questions makes it difficult for this type of suspect to understand which part they are meant to answer (Snook *et al.*, 2012).

The specific questioning techniques of the interviewing officer in both suspect types were subsequently explored. There were no significant differences found between the suspect groups in the majority of the question types. However, the data revealed that suspects with mental health problems were asked significantly more echo questions when compared to suspects with no mental health problems. Although this type of question is currently deemed as an inappropriate questioning technique in the current literature, in the current study this question type actually elicited significantly more investigation relevant information in interviews conducted with suspects with mental health problems when compared to non-vulnerable suspects, suggesting this may be an appropriate questioning technique for this vulnerable group. In addition, the findings suggest that the interviewing officer may have been responding to the needs of the suspects with mental health problems by using this question type significantly more than with suspects with no mental health problems. Indeed, some research has highlighted that 'echo' questions are evidence of active listening (Oxburgh *et al.*, 2010). Analysis

concerning interviews conducted with suspects with no mental health problems also highlighted that significantly more investigation relevant information was provided when they were asked multiple questions when compared to suspects with mental health problems. This is not surprising given that the ability to hold each question in turn is a working memory task which requires significant cognitive resources; the cognitive abilities of those with mental health problems are often impaired (Dando, 2013).

Psychological research has indicated that suspects with mental health problems do not respond well to traditional methods of policing (Gudjonsson, 2018). As such, analysis was conducted to explore what questions, if any, would be problematic for the suspect groups in terms of level of understanding and ability to process and effectively respond. Results indicated that suspects with mental health problems were significantly more likely to ask for clarification when asked an open question, when compared to suspects with no mental health problems. This was also the case when suspects with mental health problems were presented with encouragers/acknowledgements and forced choice questions. Interestingly, other psychological research has highlighted that adults with an intellectual disability report fewer correct details than those without an intellectual disability when asked open questions (Bowles & Sharman, 2014; Perlman *et al.*, 1994; Ternes & Yuille, 2008). This evokes the need for further exploration given that open questions and encouragers/acknowledgements are well documented as being appropriate questioning styles within current guidance and practice and within the psychological literature (Griffiths & Milne, 2006; Myklebust, 2009; Oxburgh *et al.*, 2010a; Phillips *et al.*, 2011). Whilst it is not being suggested that open questions are inappropriate, the results highlight some interesting findings that need to be considered when questioning vulnerable suspects. Given their reduced cognitive abilities and in light of previous findings, evidence is building that one size may not fit all; open

questions may be challenging for suspects with mental health problems. An alternative questioning strategy may need to be considered for this vulnerable group to ensure their full participation in what should remain an information-gathering approach.

Challenges and interventions. The current data highlighted no significant differences in the overall use of challenges conducted by the interviewer between both types of suspect interviews. However, what is interesting to note is that suspect interviews involving suspects with no mental health problems tended to include a higher number of challenges. In addition, this suspect group was significantly more likely to be asked directly if they had committed the crime when compared to suspects with mental health problems. When considered within the general context of all of the data, these results are not overly surprising, given that in the current sample, suspects with mental health problems were significantly more likely to provide a full admission to the offence they were being interviewed for. Indeed, previous research (exploring non-vulnerable suspect interviews) has highlighted that challenges were less frequently used with suspects that provided admissions to the crimes they were being interviewed for (Bull & Soukara, 2009).

Any intervention of the Legal Advisor during the suspect interviews were also explored during the current study. Overall, it was found that Legal Advisors were significantly more likely to intervene during interviews conducted with suspects with mental health problems than those who did not have any mental health problems. Such interventions occurred due to inappropriate questioning of the suspect and the suspect guessing in their responses. The Legal Advisor was also significantly more likely to intervene in interviews conducted with suspects with mental health problems when compared to those without any mental health problems when there was a lack of

explanation provided to the suspect, or to provide further explanation and to check their understanding. This was in addition to assisting with the clarification of the suspects' account and to encourage the use of visual aids to assist in providing their account. This suggests that whilst the interviewing officer was responding to some of the needs of suspects with mental health problems in terms of using significantly more echo questions (which tended to elicit significantly more investigation relevant information), the needs relating to the cognitive abilities of this vulnerable suspect type were not well provided for. It is worthy to note that such interventions from the Legal Advisor were made during the interviews conducted with suspects with mental health problems despite the presence of an Appropriate Adult, whose role it is to not "...simply act as an advisor," but, "...to advise the person being questioned and observe whether or not the interview is being conducted properly and fairly," and, "...to facilitate communication with the person being interviewed" (Code C: 11B, p.60). In line with prior research, this suggests that the role of the Appropriate Adult within the current sample was a passive one (Medford *et al.*, 2003).

Interviewer and suspect characteristics. The investigative interview is a dynamic process and the characteristics of those involved influences such dynamics. Given that the interviewer in the current sample will have some awareness of the suspect being vulnerable in this particular suspect group (by the mere presence of an Appropriate Adult), it is not unreasonable to expect that the interviewer would respond accordingly to their needs. The data found only some evidence of this. In the current study, the interviewing officer was significantly more likely to use the vulnerable suspects' first or preferred name and significantly more likely to acknowledge if this suspect type was distressed, when compared to those suspects without any mental health problems.

Interviewers were also significantly more likely to alter their language to suit the abilities of suspects with mental health problems and encourage the use of visual aids during these interviews. This suggests attempts at building and maintaining rapport throughout the interview, whilst accommodating the needs of those with vulnerabilities; issues that were highlighted in previous research as being important in engaging with suspects with mental health problems (Oxburgh *et al.*, 2016).

However, the results also indicated that the interviewer was significantly more likely to use minimisation techniques during interviews conducted with suspects with mental health problems when compared to suspects without mental health problems. Described as the minimisation of the moral seriousness of the alleged offence (Appleby, Hasel & Kassin, 2013), this interview tactic can imply leniency and increase the rate of false confessions (Narchet, Meissner & Russano, 2011). This finding is concerning given that in the current sample, suspects with mental health problems were significantly more likely to provide a full admission to the offence they were being interviewed for and were also significantly more likely to demonstrate suggestibility and compliance when compared to their non-vulnerable counterparts. This coincides with current research exploring the vulnerabilities of those with mental disorder (Gudjonsson, 2006a, 2010).

Closure

The final stage of the interview, “Closure” was analysed within the current study. Results indicated that interviewers were mostly consistent in their approach when closing the interview – that is, there were no significant differences in the majority of procedures during this stage. Interestingly, analysis highlighted that suspects with no

mental health problems were significantly more likely to be encouraged to ask questions at the end of the interview when compared to suspects with mental health problems.

Summary and Conclusion

The aim of any investigative interview is to obtain accurate and reliable information (Oxburgh *et al.*, 2010a). This is also true in interviews conducted with suspects with mental health problems. It is well established that those with mental health problems are at a significant disadvantage within the criminal justice system, due to their limited cognitive abilities and the vulnerabilities they may present with. As such, it is imperative that police officers conducting investigative interviews with this suspect group feel well equipped to do so. This is problematic given the ambiguous guidance and limited psychological research conducted in this area.

Analysis from the current study highlighted how police officers are demonstrating a large amount of consistency in the majority of the more procedural aspects of the investigative interview. However, only some of the needs of suspects with mental health problems are being met. In addition, what police officers believe they are doing and what they are actually doing is inconsistent. This is worrying and has implications for the interviewing of any suspect. Results also highlighted the active role of the Legal Advisor in facilitating communication between suspects with mental health problems and the interviewer, despite the presence of the Appropriate Adult. Further work needs to explore the role of the Appropriate Adult in such interviews (see chapter five).

The current study is novel in that it has explored in depth and in line with current guidance and practice what actually occurs during the investigative interview with suspects that do and do not have mental health problems involved in high-stake crimes.

However, before further considerations can be given to some of the implications raised in this Chapter, such as the use of amended questioning techniques for suspects with mental health problems, further work needs to be completed. Whilst close scrutiny of interview transcripts has allowed for the exploration of what is actually occurring during the investigative interviews with this vulnerable suspect group, it is not possible to establish the accuracy or “ground truth” of these suspect accounts. The only way to incorporate this aspect, that is to consider the accuracy of reported information in line with known ground truth, is to conduct a lab-based study. This is explored later in the thesis (see Chapter Six); attention will now focus on the role of the Appropriate Adult in investigative interviews conducted with suspects that have mental health problems.

Chapter Five: Study Three: What They Do and What They Should Do: The Appropriate Adult Intervention in Vulnerable Suspect Interviews in England and Wales⁹

Introduction

Following the process of deinstitutionalisation, the Criminal Justice System (CJS) now deals with increasing numbers of individuals with mental health problems (Arboleda-Florez & Holley, 1998). Police officers are often labelled as street-corner psychiatrists (Teplin & Pruett, 1992). Indeed, the earliest contact with the CJS that an individual with mental health problems will have is with the police (Glover-Thomas, 2002), thus putting the onus on the police to be able to appropriately deal with such vulnerable suspects.

Following the implementation in England and Wales of the Police and Criminal Evidence Act (PACE, 1984) and its accompanying Codes of Practice, safeguards were introduced to assist with suspects with mental health problems. One such safeguard is the Appropriate Adult, whose role it is to advise the vulnerable suspect appropriately, to ensure that the interview is being conducted properly and fairly, and to facilitate communication with the vulnerable suspect (PACE, Code C, s.11.17, 2014). Despite the importance of such a role, Appropriate Adults have received relatively little attention within the psychological literature since their role was first created (Pierpoint, 2011). Of the research that has been conducted, this has tended to focus on identifying vulnerability in the first instance and the subsequent small percentage rates that Appropriate Adults

⁹ This study has been submitted for publication to *Criminal Behaviour and Mental Health* (submitted on 25th July 2018). See Appendix K for a copy of this paper.

are used (Cummins, 2007; Dehaghani, 2016; Medford *et al.*, 2003; Nemitz & Bean, 1994; Young *et al.* 2013). Minimal research has focused on the contributions that Appropriate Adults make during the investigative interview with suspects with mental health problems.

The current study, therefore, aimed to examine the contributions that Appropriate Adults make within interviews conducted with suspects with mental health problems, and the extent to which Appropriate Adults fulfill their role as outlined in the PACE (1984). A specially designed coding framework was developed and applied to 27 investigative interviews conducted with suspects with mental health problems implicated in high-stake crimes whereby an Appropriate Adult was present. The number of interventions made by the Appropriate Adult and the appropriateness of such interventions were analysed, as well as any missed opportunities for interventions. Results suggest that Appropriate Adults remain largely passive in their roles, with significantly more missed interventions by the Appropriate Adult than appropriate interventions. However, results also highlight that when the Appropriate Adult did intervene, these were significantly more likely to be appropriate rather than inappropriate interventions. Such findings have huge implications for the safeguarding of vulnerable suspects within the criminal justice system, especially given the heightened risk this group is at of providing inaccurate or misleading information which may lead to a false confession and subsequent miscarriage of justice (Kassin & Gudjonsson, 2004; Gudjonsson, 2018; Littlechild, 2001; NAAN, 2015; Redlich, 2014).

Vulnerable Suspects: The Impact of Police Custody

Individuals with mental health problems are more likely to be arrested for minor offences and are less likely to receive bail given their perceived chaotic lifestyle

(Cummins, 2007). This can result in such suspects spending longer periods of time in police custody (Hiday & Wales, 2003). There have been some attempts made in improving access to mental health services for vulnerable individuals and to encourage partnerships between the police and health and social care departments (Department of Health, 2014a), leading to some street triage teams in some police service areas who can divert individuals with mental health problems to appropriate services (Department of Health, 2014b). However, despite such provisions, it is still estimated that over a third of individuals in police custody have mental health problems (Leese & Russell, 2017).

The process of being arrested and taken into police custody is inherently stressful (HMIC, 2015; Newburn, 2013), and can exacerbate already existing mental health problems, placing vulnerable suspects at a heightened risk (Cavadino, 1999; HMIC, 2015). Features of police custody such as confinement and social isolation can lead to physical discomfort, in addition to feelings of helplessness and anxiety surrounding the police interview process and potential outcomes (Davis & Leo, 2006). Vulnerable suspects have reported that they often do not understand what is happening or why and highlight uncertainty about what to say or do when being interviewed by the police (Hyun, Hahn, & McConnell, 2014). Furthermore, research suggests a link between mental health and deaths in custody (Hannan, Hearnden, Grace, & Burke, 2010; Shaw *et al.*, 2013). Indeed, the Independent Police Complaints Commission found that approximately 66% of individuals who committed suicide following police custody in 2013-2014 had mental health problems (Teers, 2014). Utilising safeguards, such as the Appropriate Adult, will assist in preventing some deaths by ensuring fair treatment of the vulnerable suspect and providing the appropriate support during their time in custody (Heide & Chan, 2016).

The Appropriate Adult Intervention within Vulnerable Suspect Interviews:

Current Research

Early researchers have argued that vulnerability does not fit well within the current investigatory processes and interviewing styles of the police (Pearse & Gudjonsson, 1999). The Appropriate Adult safeguard was introduced to assist with vulnerable suspects, including those that have mental health problems. Since their introduction, they have received little attention within the psychological literature (Pierpoint, 2011), and the extent of their beneficial effect is scarcely documented.

Of the research that has been conducted, identifying vulnerability appears to have been the main focus. Cummins (2007) conducted semi-structured interviews with custody officers and found that difficulties in identifying vulnerability were highlighted by many, but even when suspects specifically highlighted that they were on medication for specific mental health conditions, an Appropriate Adult was generally rarely used. Such low rates of an Appropriate Adult being implemented was also found within more recent research during which custody records were examined (McKinnon & Grubin, 2010).

A separate line of research has attempted to explore what stakeholders would expect from an Appropriate Adult service. Utilising a qualitative approach, Jessiman and Cameron (2017) conducted interviews with 25 professionals (including Appropriate Adults and police officers) and focus groups with service users. Their results highlighted a disparity between the expectations of the two groups, with professionals tending to prioritise the availability of the Appropriate Adult rather than their personal attributes and demeanour during their role. This is interesting given that other research exploring police perceptions of Appropriate Adults have indicated that custody officers may make pragmatic decisions in identifying vulnerability if securing the assistance of an

Appropriate Adult is problematic, with reference made to time delays in sourcing an Appropriate Adult and the impact of such waiting times in delaying the interviewing of the suspect and the impact on the custody process as a whole (Bath, 2014; Cabinet Office, 2002). Furthermore, research has indicated that police may prefer to work with certain types of Appropriate Adults; Pierpoint (2000, 2006) indicated that police officers would generally rather work with professional Appropriate Adults. This has implications for the safeguarding of vulnerable suspects, especially given that many police services have limited or no access to dedicated Appropriate Adult schemes (Bath *et al.*, 2015; HMIC, 2015). Once vulnerability has been identified, the police should not proceed with any criminal justice procedures without an Appropriate Adult being present; doing so can result in any evidence gathered being inadmissible in court (Bath, 2014). Yet, research has evidenced that the number of vulnerable adult interviews conducted with an Appropriate Adult do not marry with the number of vulnerable prisoners (Cummins, 2011).

Despite the issues highlighted within the current psychological research regarding the identification of vulnerability and the implementation of the Appropriate Adult, this safeguard is utilised. For example, approximately 36,500 adults in England and Wales were identified by police officers in 2013/2014 as requiring an Appropriate Adult (NAAN, 2015). However, issues regarding the Appropriate Adult's role remain. Early research highlighted that when the Appropriate Adult is utilised, they remain largely passive during the interview (Evans, 1993). But there has been relatively little recent research exploring the role of the Appropriate Adult and their contributions during the investigative interview; a literature search identified only two relevant studies. Of these, Pierpont (2001) made use of a self-report questionnaire with Appropriate Adults and found that a higher level of contribution was reported in comparison to what was

actually observed, although their contributions were appropriate within the requirements of their role. Following this, Medford and colleagues (2003) developed a coding frame specific to the role and contributions of the Appropriate Adult during the investigative interviewing of vulnerable adult and juvenile suspects. Overall, their results suggested that Appropriate Adults contribute little to the police interviews, although their presence has an important impact within the investigative process, such as the likelihood of having a Legal Advisor present. The role of an Appropriate Adult during the investigative interview is clearly important, and yet it is seemingly not being performed as well as it could or should be. However, this tentative claim is based on less than a handful of studies that have been conducted across the last 15 years. Given the lack of empirical research into this area and the necessity for this safeguard in assisting vulnerable suspects, additional examination of the role of the Appropriate Adult is required to explore the contributions that Appropriate Adults may or may not make in assisting with and advancing current practice with suspects with mental health problems.

Aims and Research Questions of the Current Study

The current study aimed to address the following research questions:

- (a) When do Appropriate Adults *actually* intervene during police interviews with suspects with mental health problems and when *should* they intervene?;
- (b) What is the appropriateness/inappropriateness of the Appropriate Adult intervention?;
- (c) To what extent do Appropriate Adults fulfill their role as outlined in PACE?

Although the research base is scant, it has been documented that Appropriate Adults are passive within their roles during the investigative interview, although when

they do contribute these are appropriate within the requirements of their role. Therefore, the current hypotheses were generated:

- (a) There will be significantly more missed interventions than actual interventions by the Appropriate Adult;
- (b) There will be significantly more appropriate than inappropriate interventions conducted by the Appropriate Adult.

Method

Ethical Approval

Secondary coding of the interview data from Study Two was performed to address the research questions in the current study. Thus, ethical approval awarded previously remained valid for this additional analysis. To recap, ethical approval was gained from the Faculty of Humanities and Social Sciences at the University of Portsmouth. In addition, the researcher was vetted in order to obtain the data. All identifiable information was removed from the interview transcripts to ensure anonymity and confidentiality.

Design

Utilising quantitative methods, a within-subjects design was used with two conditions; (a) actual interventions of Appropriate Adults, (b) missed interventions of Appropriate Adults. Analysis also explored the appropriateness of the actual interventions conducted by Appropriate Adults.

Participants

A total of eight police services in England and Wales were approached for their participation in the study. A sample of police interviews conducted with suspects with mental health problems, implicated in serious crime, such as sexual and violent offences, with the presence of an Appropriate Adult (N = 27) was obtained from five police services through the use of a key research contact in each participating police service. Interviews involving high-stake crimes were adopted given that these interviews tend to be longer in duration (necessary for the coding of any Appropriate Adult interventions)

and tend to induce more anxiety when compared to low stake crimes given the negative implications for the suspect of either providing a confession or lying. Adopting a purposive sampling method, the police interviews were only included in the current study based on the following inclusion criteria: (a) the suspect involved in the interview provided an account; (b) an Appropriate Adult was present; and, (c) the case was classified as closed. Interviews were excluded if the suspect had provided “no comment” responses, an Appropriate Adult was not present, and the case was still being investigated.

Within the current sample, the majority of suspects were male (77.8%) as was the main interviewer (63%). The second interviewer also tended to be male (74.1%). A Legal Advisor was present in the majority of all interviews conducted (85.2%) and in a small sample of the interviews, a Mental Health Nurse (3.7%) and a Doctor (3.7%) was present in addition to the Appropriate Adult.

The types of mental health conditions that suspects were recorded as having were schizophrenia, including paranoid schizophrenia (18.5%), depression (11.1%), dissociative identity disorder (7.4%), psychosis (7.4%), anxiety (3.7%) and borderline personality disorder (3.7%). In just under half of the sample, the suspect was noted as having a mental health condition, but this was not specified (48.2%).

The suspect interviews included in the current sample involved suspects implicated in a number of high-stake crimes. These included attempted murder/murder (74.1%), rape (18.5%), sexual assaults (3.7%) and sexual offences with a child (3.7%). An equal number of suspects denied the offence (44.4%) as did provide a full admission (44.4%). A small number of suspects provided a partial admission (11.2%).

Materials

A coding framework and guide was developed based on current guidance regarding the role of the Appropriate Adult (PACE, Code C, 1984) and the previously conducted research (Medford *et al.*, 2003); see Appendix F. The coding framework contained four sections; (a) general interview characteristics including demographics of the suspect, the interviewing officers and any additional persons present, and the interview outcome, (b) interventions conducted by the Appropriate Adult that were appropriate in nature, such as ensuring the understanding of legal rights and the caution, and assisting with the suspects' communication, (c) interventions conducted by the Appropriate Adult that were inappropriate in nature including answering questions on behalf of the suspect and portraying the role of the second interviewing officer, and, (d) interventions that were appropriate in nature but were missed by the Appropriate Adult. The coding framework and accompanying guide was piloted on some of the interview data to ensure it captured the data appropriate to the current study.

Procedure

Following the obtaining of data from the participating police services in England and Wales, the researcher initially read each police interview to become familiar with the data. The coding framework was then applied following the operational definitions within the coding guide. This involved coding each utterance of the Appropriate Adult and categorising these as appropriate or inappropriate. Missed opportunities for the Appropriate Adult to intervene were also recorded.

Following the coding of all of the police interview data, an independent researcher (a current serving police officer) was provided with the coding framework and guide and coded approximately 25% of the interview data. A percentage agreement

method was used and an agreement level of 95% was achieved. Once inter-rater reliability was achieved, the data were subject to analysis using a number of t-tests.

Results

The following results are reported based on the actual interventions conducted and those missed by the Appropriate Adult, and the appropriateness of such interventions. Given the varying interview lengths, the means displayed are instances recorded per interview minute.

Appropriate Interventions v Missed Interventions

Total instances when Appropriate Adults intervened during the investigative interview were compared to instances when the Appropriate Adult would reasonably be expected to intervene. A t-test revealed that, within the current sample, Appropriate Adults were significantly more likely to miss a reasonable opportunity to intervene than they were to appropriately intervene, $t(26) = 6.44, p = .001, \eta^2 = .61$ (Table 5.1 displays the types of missed interventions).

Inappropriate Interventions v Missed Interventions

Total instances when Appropriate Adults inappropriately intervened during the investigative interview were also compared to instances when the Appropriate Adult would reasonably be expected to intervene. A t-test revealed that Appropriate Adults were significantly more likely to miss a reasonable opportunity to intervene than they were to inappropriately intervene, $t(26) = 6.71, p = .001, \eta^2 = .63$.

Appropriate Interventions v Inappropriate Interventions

Total instances of appropriate interventions conducted by the Appropriate Adult were compared to instances of inappropriate interventions. A t-test revealed that when

the Appropriate Adult did intervene, these were significantly more likely to be appropriate rather than inappropriate interventions, $t(26) = 2.064$, $p = .05$, eta squared = .14. (Table 5.1 displays the type of appropriate and inappropriate interventions conducted by the Appropriate Adult within the current sample).

Table 5.1. Types of Appropriate Adult intervention, and mean instances of occurrence per minute.

	Type of AA Intervention	Mean	Standard Deviation
Appropriate	Prompt officer to inform suspect of role and duties of AA	.05	.23
	Explain interview process/use of Legal Advisor	.04	.19
	Clarify decision re: use of Legal Advisor	.04	.19
	Remind suspect of legal rights	.07	.39
	Provide additional information to the Legal Advisor	.07	.27
	Confirm role as an AA and not a Legal Advisor	.04	.19
	Inform officer of suspect misunderstanding of question or the need for clarification	.15	.53
	Encouraging suspect to take additional time to respond	.04	.19
	Assist in explanation of drugs test	.04	.19
	Assisting with CCTV	.04	.19
	Inform officer of suspect distress (if not noted by the officer)	.19	.48

	Highlighting the suspect requires a break	.04	.19
	Confirmed case was not discussed in break	.04	.19
	Inform officer the suspect is still awake	.15	.78
	AA highlight own distress	.04	.19
	Read witness statement to suspect	.04	.19
	Sign witness statement on behalf of suspect	.04	.19
	Read significant statement to suspect	.04	.19
	Sign significant statement on behalf of suspect	.04	.19
Inappropriate	Challenging the suspect account	.04	.19
	Adopting the role of the officer, e.g. questioning the suspect	.19	.79
	Providing an opinion on the suspects' mental health	.07	.39
	Clarifying points of evidence	.04	.19
Missed	Prompt officer to check suspect's understanding of legal rights	.63	.50
	Prompt officer to check suspect's understanding of caution	.26	.45
	Prompt officer to inform suspect of AA role and duties	.16	.38
	Long interview/failure to ask for a break/not receiving a break when requested	.67	1.04

Suspect misunderstanding of question or the need for clarification	1.19	1.27
Officer requiring assistance in understanding suspect account	.11	.32
Requiring visual tool to assist understanding	.19	.48
Suspect appearing distressed/mental health issues not acknowledged	1.11	1.87
Inappropriate challenging from the officer	1.41	1.53
Constant interruption from officer	.04	.19
Officer leading the suspect/suggesting responses	.59	1.01
Suspect guessing in responses	.74	1.16

Please note, interventions that were not observed (means and standard deviations = 0) are not included within this table.

Discussion

The role of the Appropriate Adult was introduced as part of the Police and Criminal Evidence Act (PACE, 1984) and its accompanying Codes of Practice. Their primary function is to advise the vulnerable suspect appropriately, ensure the interview is being conducted fairly and properly and to facilitate communication with the vulnerable suspect (PACE, Code C, s.11.17, 2014). Despite its implementation over 30 years ago, the role of the Appropriate Adult has received very little attention within the psychological literature (Pierpoint, 2011). Of the research that has been conducted, concerns regarding the passivity of Appropriate Adults and their lack of contributions to the investigative interview and procedures have been well documented (Evans, 1993; Medford *et al.*, 2003). However, although this is concerning given that suspects with mental health problems are less likely to receive bail (Cummins, 2007) and thus spend longer in police custody (Hiday & Wales, 2003), such research is scant and dated in nature.

As such, the overall aim of the current study was to examine the contributions that Appropriate Adults make within investigative interviews conducted with suspects with mental health problems, and the extent to which Appropriate Adults fulfill their role as outlined in current guidance (PACE, 1984). In line with previous research, results indicated that Appropriate Adults remain largely passive during the investigative interview, although when they do intervene, such interventions were significantly more likely to be appropriate rather than inappropriate. As such, both hypotheses were accepted.

Appropriate/Inappropriate Interventions v Missed Interventions

Results highlighted that Appropriate Adults were significantly more likely to miss necessary opportunities to intervene than to intervene at all (either appropriately or inappropriately). For example, Appropriate Adults would not prompt the interviewing officer to test the vulnerable suspects' understanding of the caution or their legal rights, or if the interviewing officer was leading the vulnerable suspect. In addition, the results indicated that the Appropriate Adult would not necessarily intervene if the vulnerable suspect was demonstrating a misunderstanding of the question or if it appeared that they were guessing in their responses. Such results are consistent with previous psychological research which highlight the passivity of Appropriate Adults within investigative interviews with vulnerable suspects (Evans, 1993; Medford *et al.*, 2003). Thus, despite the implementation of the Appropriate Adult safeguard within the current sample, Appropriate Adults do not appear to be fulfilling their role as outlined by current guidance (PACE, 1984).

Psychological research has highlighted that vulnerable suspects have reported that they do not understand what is happening to them during police custody or why; particular reference is made to the investigative interview – that is, vulnerable suspects have expressed uncertainty about what to say or do when being interviewed by the police (Hyun *et al.*, 2014). Coupled with a passive Appropriate Adult, this has concerning implications for the vulnerable suspect and the police investigation as a whole. Despite some attempts being made at improving access to mental health services for vulnerable suspects, with a particular focus on developing partnerships and street triage teams to divert those with mental health problems away from police custody (Department of Health, 2014b), it is estimated that over a third of suspects in police custody have a mental health problems (Leese & Russell, 2017). In addition, it is well documented that

vulnerable suspects are at a heightened risk of providing inaccurate and unreliable information subsequently leading to false confessions and miscarriages of justice (Kassin & Gudjonsson, 2004; Littlechild, 2001; NAAN, 2015; Redlich, 2004), especially if the Appropriate Adult is not assisting them when required. Indeed, the Court of Appeal have identified recent miscarriages of justice involving vulnerable suspects that did not have the assistance of the Appropriate Adult (Gudjonsson, 2003b).

Appropriate Interventions v Inappropriate Interventions

The current study also sought to explore the appropriateness of the interventions made by the Appropriate Adult; minimal research has evaluated this. The results highlighted that when Appropriate Adults *do* intervene during the investigative interview, the nature of their interventions is significantly more likely to be appropriate rather than inappropriate. For example, intervening if the vulnerable suspect appeared distressed.

This suggests some positive findings within the role of the Appropriate Adult. When they do intervene during the investigative interview, Appropriate Adults do so in an appropriate manner. Such findings echo similar findings from earlier research. For example, Medford and colleagues (2003) found that although Appropriate Adults' contributions to the interview were minimal, their overall presence had an important impact within the investigative process, such as increasing the likelihood that a Legal Advisor will also be present. In addition, the presence of the Appropriate Adult was also found to be associated with less interrogative pressure during the interview. Thus, although Appropriate Adults tend to be largely passive during the investigative interview, when they do intervene, these are significantly more likely to be appropriate

interventions and their mere presence appears to have an important impact on the investigative process as a whole.

Summary and Conclusion

Although one of few studies to explore the role of the Appropriate Adult within interviews conducted with suspects with mental health problems, the current study highlights the relatively passive role that the Appropriate Adult continues to demonstrate; this is not surprising given that Appropriate Adults are often the suspects' relative or guardian. Despite the Home Office (1995) recommending the use of *professional* Appropriate Adults for over 20 years, and receiving endorsement in more recent years (Pierpoint, 2004), many police services have limited or no access to dedicated Appropriate Adult schemes (Bath *et al.*, 2015; HMIC, 2015). When Appropriate Adults are utilised, they are often poorly trained, especially when one considers the extensive training and continuous professional development that Registered Intermediaries receive and continue to fulfill for vulnerable victims and witnesses (Plotnikoff & Woolfson, 2015). Indeed, researchers have advocated for the current guidance to be reviewed in order to implement changes to the role of the Appropriate Adult when attending a vulnerable suspect interview (Herrington & Roberts, 2012).

The current study, however, did highlight some positive findings; that is, when Appropriate Adults do intervene, such interventions are significantly more likely to be appropriate rather than inappropriate. This demonstrates that whilst Appropriate Adults remain passive in their roles, their interventions are appropriate, albeit limited. This has implications for the safeguarding of the vulnerable suspect, especially when research has highlighted that such suspects remain uncertain about what to say or do when being

interviewed by the police (Hyun *et al.*, 2014). Early researchers have argued that vulnerability does not fit well within the current investigatory processes and interviewing styles of the police (Pearse & Gudjonsson, 1999). As such, the safeguards that are currently in place need further scrutiny to address the current passivity that many Appropriate Adults present with. In addition, further resourcing is necessary to establish a national register for the development and use of professional Appropriate Adults so that each police service area has the adequately trained Appropriate Adults necessary when dealing with vulnerable suspects.

Chapter Six: Study Four: Forensic Interviewing of Vulnerable Suspects: An Experimental Design

Introduction

In a previous Chapter, psychological research explored what actually occurs in police interviews with suspects with mental health problems (see Chapter Four). Adopting the use of a specially developed coding framework, interviews were analysed with a particular emphasis on the “Engage and explain,” “Account, clarify and challenge” and “Closure” stages of the PEACE model of interviewing. Whilst this provided a useful insight into the reality of interviewing this vulnerable group, the analysis could not be extended to explore the accuracy of the information provided by the vulnerable suspect based on question type; that is, the ground truth was unknown, thus limiting the ability to evaluate the quality of the information. This is problematic given that the aim of any investigative interview is to obtain accurate and reliable information; how can it be reasonably expected that police officers will be able to achieve this task when there remains such little work to provide an evidence-base for best practice guidelines?

The aim of Study 4 was to explore which investigative interview model (with a particular emphasis on questioning strategy) is most suitable when interviewing suspects with mental health problems. As previously mentioned, research has indicated that this vulnerable group of individuals do not respond well to traditional policing tactics (Gudjonsson, 2018). The interviewer’s questioning strategies must match the cognitive abilities of those they are interviewing (Powell, 2002). Yet there appears to be a paucity of work addressing the investigative interviewing of suspects with mental health problems (Gudjonsson, 2018). To address this, in a controlled lab-based study,

participants (N = 35) completed two tasks (one involving a minor transgression and the other a matched non-transgression), prior to being interviewed in one of two ways; (i) a best practice interview involving only appropriate questioning techniques as outlined in previous chapters (see Chapter Four), or; (ii) a modified interview model purposefully featuring more specific and closed questions (rather than open questions), as informed by the findings of the previous studies showing these question types to be beneficial for use with suspects with mental health problems. Interviews were subsequently transcribed and analysed by utilising the relevant parts of the coding framework used in previous work and further developing it to include aspects relating to the quality of information obtained.

The findings of Study 4 suggest that whilst there are no differences in the amount of investigation relevant information (IRI) obtained between participant groups or interview models, the modified interview model elicited significantly more correct IRI than the best practice interview. In addition, there was a significant interaction between participant type and interview model; participants with mental health problems tended to seek more clarification during the best practice interview than the modified interview model, and participants with no mental health problems tended to seek more clarification during the modified interview model than the best practice interview. Furthermore, participants with mental health problems demonstrated significantly more instances of suggestibility than their non-vulnerable counterparts, although this was not influenced by the interview model type. Such findings have interesting implications for practice.

Although there lacks research specifically investigating suspects with mental health problems, researchers have explored vulnerability within the investigative interview in a variety of methods. One such method is through the examination of real-life interview transcripts (see Chapter Four). This method allows for a range of variables

to be examined; for example, the frequency of question types (Snook & Keating, 2011), the repeated use of question types (Cederborg, Danielsson, La Rooy, & Lamb, 2009; Guadagno & Powell, 2014; Howie, Sheehan, Mojarrad, & Wrzesinska, 2004; Krahenbuhl, 2007; Lamb & Fouchier, 2001), and the impact of question types on the quality and type of information elicited from the interviewee (Snook, *et al.*, 2012).

Whilst such methods allow an insight into actual practice, the data can often be incomplete or difficult to analyse given that there is a lack of experimental control. For example, researchers utilising interview transcripts will find it troublesome to control for the various different crime types, the number of different interviewers (of whom may have different levels of training) and the unknown ground truth.

Other methods have involved more experimental, lab-based studies which allows for the manipulation of variables including participant characteristics such as mental health or learning disability (Perlman *et al.*, 1994; Ternes & Yuille, 2008), and the impact of different interview methods upon the reliability of the information obtained (Clarke, Prescott, & Milne, 2013; Jack, Leov, & Zajac, 2014). These methods allow for more experimental control; this is where the current study now turns.

Aims and Research Questions of the Current Study

The current study aimed to address the following research questions:

- (a) Which investigative interview practice (best practice model or modified interview model) is most appropriate for participants with mental health problems in terms of amount of IRI and accuracy of IRI?;
- (b) Do participants with mental health problems seek less clarifications during the modified interview model compared to the best practice model?;

(c) Are participants with mental health problems more suggestible, compliant, and acquiescent in the best practice model and the modified interview model compared to participants with no mental health problems?

Hypotheses

Based on previous findings (Chapter four), it was hypothesised that participants with mental health problems will seek less clarifications during the modified interview model compared to the best practice model.

Given the exploratory nature relating to the type of interview model and the quality of the IRI obtained (i.e., amount and accuracy of information reported), no hypotheses were generated.

Furthermore, although previous psychological research has indicated that those with mental health problems are significantly more likely to demonstrate suggestibility, compliance and acquiescence than those without any vulnerabilities, this has not been explored within the context of different interview models. As such, no hypotheses have been generated for this aspect.

Method

Ethical Approval

Ethical approval for the current study was obtained from the Department of Psychology at Goldsmiths, University of London. In addition, participants were informed that they could withdraw their data within six weeks of participation via the use of an information sheet (see Appendix G) and consent form (see Appendix H). Participants were allocated a participant number and to ensure anonymity and confidentiality, no identifiable information was included in the transcripts of the interviews conducted. Participants were debriefed after their participation (see Appendix D).

Design

Using quantitative methods, a 2 (participant type; those with mental health problems, those without mental health problems) x 2 (interview type; best practice, modified interview model) between subjects design was utilised. The coding framework sought to explore differences in responses to different interview styles and questioning strategies.

Participants

Adopting a purposive sampling method, participants were recruited from two large universities in England over a six to eight-month period. Participants were recruited if they were aged 18 years and above and had a good understanding of English.

A total of 35 individuals participated in the current study¹⁰ and included those with mental health problems (N = 13) and those without mental health problems (N = 22). The types of mental health conditions that participants self-reported as having included depression (38%), anxiety (31%), bulimia (15%), anorexia (8%) and obsessive-compulsive disorder (8%). The majority of participants were female (85.7%) and the average age of all participants was 21.3 years.

The interview styles conducted included the best practice model (conducted in 51.4% of interviews) and the modified interview model (conducted in 48.6% of interviews). All interviews were conducted by one of three interviewers who were either retired or serving police officers trained in investigative interviewing of vulnerable adults to at least PIP (Professionalising the Investigative Program) Level 2 (training encompasses dedicated investigators such as Detectives trained in the interviewing of victims, witnesses and suspects involved in serious and complex investigations including vulnerable victims, witnesses and suspects). In addition, the interviewers were fully briefed in the two interview models included in the current study and were provided with a crib sheet containing the relevant details of each interview format. A practice mock interview was also conducted between the interviewer and main researcher to ensure that each interviewer was proficient in conducting the two different interview models. All interviewers within the current study were male.

¹⁰ Due to recruitment difficulties, and the PhD submission deadline, this study is regrettably incomplete. Data collection remains ongoing; thus while the data presented in the current Chapter is for the purpose of thesis submission, the study will be completed in full with the aim of disseminating reliable findings from a fully-powered study.

Materials

A coding framework and guide was enhanced by utilising the relevant parts of the coding framework previously used (see Chapter Four) and incorporating further measures relating to the quality of information obtained from the interviewees (see Appendix J). As such, the coding framework contained four sections and focused largely on the ‘Account, clarify, and challenge’ stage of the PEACE model of interviewing (Williamson, 2006) and related specifically to question typology (see Table 6.1) based on classifications within the current literature and those previously adopted in previous work (as per those specified in Chapter Four) (see Myklebust & Bjorklund, 2006, 2010; Oxburgh *et al.*, 2010a; Shepherd, 2007, for full discussions). In addition, the coding framework and guide also included measures relating to the interviewee’s responses and characteristics. The coding framework was piloted on some preliminary data involving a participant with and without mental health problems to ensure the additional elements captured the appropriate data relevant to the current study.

Table 6.1. Question Typology.

	Question Type	Definition
Appropriate Questions	Open	Questions that are open-ended and encourage a free recall; known as “TED” questions, “Tell, Explain, Describe”
	Probing	Questions that are designed to probe the account; known as the 5WH, “What, Where, Who, When, Why”
	Encouragers/Acknowledgments	Utterances that are designed to encourage the interviewee to continue talking; e.g. “Uh huh”
Inappropriate Questions	Closed	Questions designed to elicit a “yes” or “no” response only
	Forced Choice	Questions that provide the interviewee with limited response options, e.g. “Was the car red or white?”

Leading	Questions that mention new pieces of information that have not been previously mentioned by the interviewee, typically quite leading in nature
Opinion/Statements	An opinion or statement offered by the police officer, no question asked
Multiple	A number of questions asked in one instance
Echo	Interviewer repeats the response of the interviewee

Procedure

Following the obtaining of informed consent, each participant was instructed to complete two tasks; (i) retrieve a mobile phone from a bag, and (ii) obtain exam scripts from a laptop. Both the mobile phone and bag, and the exam scripts and laptop were placed in a designated room on the university campus. Each participant was informed of which task was classed as the minor transgression and the matched non-transgression. Note, this type of 'immersive' [experimental paradigm has previously been used in psychological research from similar fields, such as detecting deception]. Following the completion of both tasks, each participant was subsequently interviewed in one of two styles; (i) a best practice model (which involved questions classified as appropriate within the current literature base), or (ii) a modified interview model (which involved questions currently categorised as inappropriate such as closed questions). The order of tasks and interview method were counterbalanced. Following the completion of the interview, the participant was debriefed, and their participation subsequently ended.

All interviews were transcribed verbatim before the coding framework was applied following the operational definitions within the coding guide. This involved coding each utterance from the interviewer regarding question type and challenges to the

interviewee. In addition, each utterance from the interviewee was also coded and included frequencies of any questions that required clarification, how each multiple question was handled, how much investigation relevant information (IRI) was obtained based on question type, and the accuracy of such information. Furthermore, given the experimental nature of the current study, additional coding enabled the quality of the information to be recorded (e.g. correct v incorrect) and whether additional information was obtained from the use of visual aids. Finally, as per previous work, interviewee characteristics were coded for including suggestibility, compliance, and acquiescence. These characteristics were coded in accordance with the Gudjonsson Suggestibility Scale (Gudjonsson & Clarke, 1986; Gudjonsson, 1997). For example, if a participant changed their response following negative feedback, a leading question or repetitive questioning. Suggestibility and compliance were differentiated between dependent on the participants' response.

Once the coding of the data was completed, an independent researcher (a current serving police officer) was provided with the coding framework and the guide and coded approximately 25% of the interview data. A percentage agreement method was used and indicated an agreement level of 95.6%. Once inter-rater reliability was achieved, the interview data were subject to analysis using a number of statistical tests.

Results

The following results are reported in relation to the research questions and the hypothesis.

Manipulation Checks

Initially, the two interview models, best practice (BP) and modified interview model (MIM) were subjected to manipulation checks to confirm that they differed as expected in relation to the amount of open and closed questions. First, a 2 (participant type: with/without mental health problems) x 2 (interview type: BP, MIM) between-subjects ANOVA was conducted with the amount of open questions as the dependent variable. There was no significant main effect for participant type, $F(1, 31) = .27, p = .61$, partial eta squared = .01. There was a statistically significant main effect for interview type, $F(1, 31) = 15.24, p = .001$, partial eta squared = .33, indicating that the best practice model contained more open questions (mean = 13.22, SD = 12.98) than the modified interview model (mean = .88, SD = 1.36). There was no significant interaction between participant type and interview type, $F(1, 31) = .72, p = .40$, partial eta squared = .02.

Next, a 2 (participant type: with/without mental health problems) x 2 (interview type: BP, MIM) between-subjects ANOVA was conducted with the amount of closed questions as the dependent variable. There was no significant main effect for participant type, $F(1, 31) = .39, p = .54$, partial eta squared = .01. There was a statistically main effect for interview type, $F(1, 31) = 5.67, p = .02$, partial eta squared = .16. This suggests that the modified interview model contained more closed questions (mean = 27.00, SD = 13.16) than the best practice model (mean = 17.50, SD = 6.35). There was no significant interaction between participant type and interview type, $F(1, 31) = .62, p$

= .44, partial eta squared = .02. These analyses confirmed that the two interview types were significantly different to each other, as expected, in relation to the types of questions featured.

Best Practice v Modified Interview Model: Amount and Accuracy of IRI

Analyses focused on the amount of IRI gained from both participant types from the two different interview models. A 2 (participant type: with/without mental health problems) x 2 (interview type: BP, MIM) between-subjects ANOVA was conducted with the overall amount of IRI per minute as the dependent variable. There was no significant main effect for participant type, $F(1, 31) = 1.03, p = .32$, partial eta squared = .93 and no significant main effect for interview type, $F(1, 31) = 2.54, p = .12$, partial eta squared = .08. In addition, there was no significant interaction between participant type and interview type, $F(1, 31) = 1.08, p = .31$, partial eta squared = .03. See Table 6.2 for means and standard deviations.

The accuracy of IRI gained from participants with and without mental health problems from the two interview models was also examined. A 2 (participant type: with/without mental health problems) x 2 (interview type: BP, MIM) between-subjects ANOVA was conducted with the overall amount of correct IRI per minute as the dependent variable. There was no significant main effect for participant type, $F(1, 31) = 3.06, p = .09$, partial eta squared = .09. However, there was a statistically significant main effect for interview type, $F(1, 31) = 11.20, p = .002$, partial eta squared = .27, indicating that the modified interview model (containing more closed questions) elicited more correct IRI (mean = 5.70, SD = 1.18) than the best practice model (mean = 4.33, SD = 1.21). There was no significant interaction between participant type and interview

type, $F(1, 31) = .06, p = .82$, partial eta squared = .002. See Table 6.2 for means and standard deviations.

Table 6.2. Means (and Standard Deviations) of total amount of IRI per minute, accurate amount of IRI per minute, clarifications observed, and instances of suggestibility, compliance and acquiescence in interviews with participants with mental health problems (MH) and participants without mental health problems (NMH) based on Best Practice (BP) and Modified Interview (MI) model.

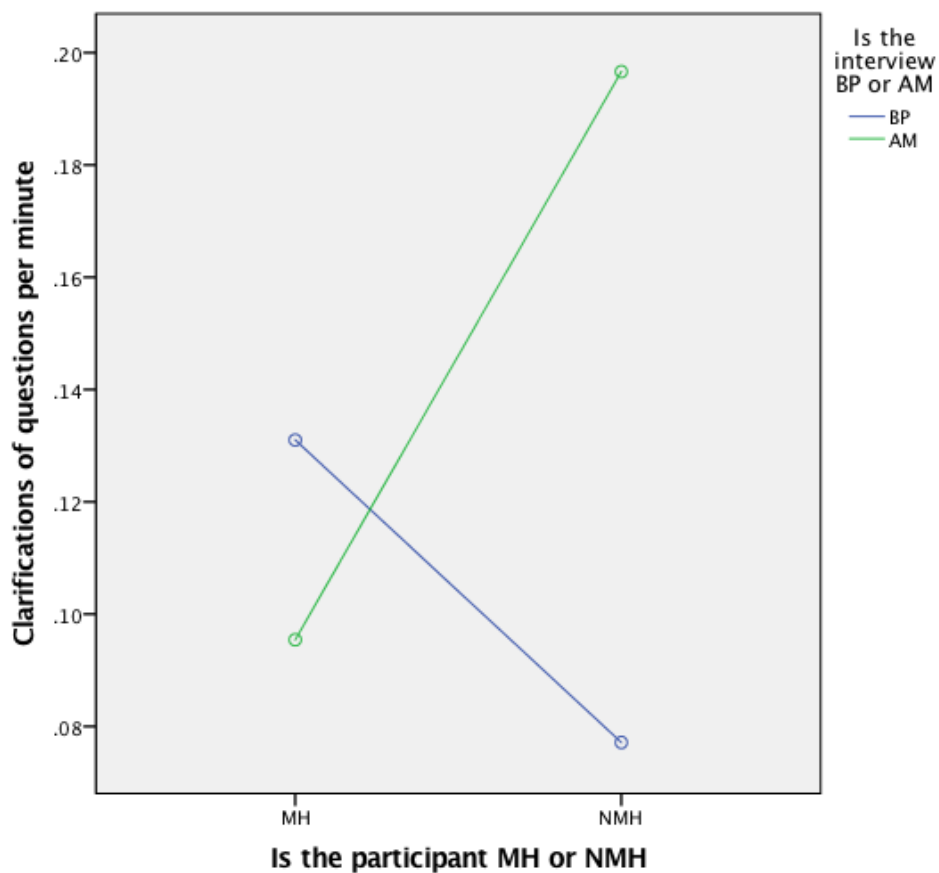
		Interview Model	
		Best Practice Interview	Modified Interview
Total IRI	MH	10.20 (1.84)	9.69 (2.46)
	NMH	10.22 (2.49)	7.82 (3.11)
Accurate IRI	MH	3.83 (1.19)	5.30 (.64)
	NMH	4.64 (1.15)	5.92 (1.36)
Clarifications	MH	.13 (.08)	10 (.07)
	NMH	.08 (.06)	20 (.13)
Suggestibility	MH	.02 (.04)	.01 (.02)
	NMH	.00 (.00)	.00 (.00)
Compliance	MH	.01 (.02)	.03 (.05)
	NMH	.00 (.01)	.02 (.05)
Acquiescence	MH	.00 (.00)	.01 (.02)
	NMH	.01 (.02)	.00 (.01)

Best Practice v Modified Interview Model: Level of Clarifications

Analyses focused on the level of clarifications sought by the participant groups during the two different interview models. A 2 (participant type: with/without mental health problems) x 2 (interview type: BP, MIM) between-subjects ANOVA was conducted with the overall amount of clarifications of questions per minute as the dependent variable. There was no significant main effect for participant type, $F(1, 31) = .53, p = .47$, partial eta squared = .02 or for interview type, $F(1, 31), = 1.67, p = .21$, eta

squared = .05. There was a significant interaction between participant type and interview type, $F(1, 31) = 5.71, p = .02$, partial eta squared = .16 (see Figure 6.1). Participants with mental health problems tended to seek more clarification overall during the best practice interviews than the modified interviews, and participants without mental health problems tended to seek more clarification overall during the modified interviews rather than the best practice interviews. Means and standard deviations are presented in Table 6.2.

Figure 6.1. Interaction plot of overall clarifications of questions per minute in interviews with participants with mental health problems (MH) and participants without mental health problems (NMH) based on Best Practice (BP) and Modified Interview (MI) model.



Best Practice v Modified Interview Model: Suggestibility, Compliance, and Acquiescence

Analyses explored the level of suggestibility demonstrated by participants during the two different interviews. A 2 (participant type: with/without mental health problems) x 2 (interview type: BP, MIM) between-subjects ANOVA was conducted with the overall amount of suggestibility per minute as the dependent variable. There was a statistically significant main effect for participant type, $F(1, 31) = 3.93, p = .05$, partial eta squared = .11 indicating that participants with mental health problems were more suggestible (mean = .01, SD = .03) than participants with no mental health problems (mean = .00, SD = .00). There was no significant main effect for interview type, $F(1, 31) = .41, p = .53$, partial eta squared = .01. There was no significant interaction between participant type and interview type, $F(1, 31) = .41, p = .53$, partial eta squared = .01.

Analyses also focused on the level of compliance demonstrated by participants during the two different interviews. A 2 (participant type: with/without mental health problems) x 2 (interview type: BP, MIM) between-subjects ANOVA was conducted with the overall amount of compliance per minute as the dependent variable. There was no significant main effect for participant type, $F(1, 31) = .53, p = .47$, partial eta squared = .02, and no significant main effect for interview type, $F(1, 31) = 1.10, p = .31$, partial eta squared = .03. In addition, there was no significant interaction between participant type and interview type, $F(1, 31) = .01, p = .92$, partial eta squared < .00.

Final analyses explored the level of acquiescence demonstrated by participants during the two different interview models. A 2 (participant type: with/without mental health problems) x 2 (interview type: BP, MIM) between-subjects ANOVA was conducted with the overall amount of acquiescence per minute as the dependent variable.

There was no significant main effect for participant type, $F(1, 31) = .05, p = .83$, partial eta squared $< .00$ and no significant main effect for interview type, $F(1, 31) = .21, p = .65$, partial eta squared = .01. Furthermore, there was no significant interaction between participant type and interview type, $F(1, 31) = .87, p = .36$, partial eta squared = .03. See Table 6.2 for means and standard deviations.

Discussion

The overall aim of the current study was to experimentally explore which investigative interview model (with a particular emphasis on questioning strategy) is most suitable when interviewing suspects with mental health problems. The results highlighted some interesting findings. Whilst there were no significant differences in the amount of investigation relevant information (IRI) obtained between interview models (best practice v modified interview model), the modified interview model (MIM) elicited significantly more correct IRI than the best practice model (BP). Furthermore, when exploring the level of clarifications sought by the participant groups during the two different interview models, there was a significant interaction between participant type and interview type; participants with mental health problems tended to seek more clarification overall during the best practice interviews than the modified interviews, and participants without mental health problems tended to seek more clarification overall during the modified interviews rather than the best practice interviews. Results also indicated that participants with mental health problems demonstrated significantly more instances of suggestibility (but not compliance or acquiescence) than participants with no mental health problems. Implications for practice are discussed.

Best Practice v Modified Interview Model: Amount and Accuracy of IRI

The purpose of any investigative interview is to obtain as much accurate and reliable information as possible. The amount of IRI obtained from participants with and without mental health problems who completed either a BP interview or a MIM was explored. The findings of the current study relate to previous research in that there were no significant differences in the overall amount of IRI obtained between the two groups (see Chapter Four). In addition, there were no significant differences in the amount of

IRI obtained between interview models. This contrasts with the current psychological research base regarding investigative interviewing which advocates for appropriate questions (such as open and probing) when conducting best practice investigative interviews (Griffiths & Milne, 2006; Myklebust, 2009; Phillips *et al.*, 2011). Indeed, the general consensus is that these types of questions should be used as they tend to produce longer, more detailed and more accurate information when compared to questions currently categorised as inappropriate (such as those used in the MIM, e.g. closed questions). However, despite the psychological literature suggesting that open questions are best practice, the MIM did not have a deleterious impact upon the amount of IRI reported.

In addition to the amount of IRI obtained, the accuracy of the content was also explored. Despite the prevalence of research studies that suggest that appropriate questions always elicit the longer, more detailed, and more accurate responses, some research has cast doubt on this. Three independent studies have found that adults with intellectual disability report fewer correct details than those without an intellectual disability when asked open questions that invite a free narrative response (Bowles & Sharman, 2014; Perlman *et al.*, 1994; Ternes & Yuille, 2008). The current study also found that the MIM elicited significantly more correct IRI from participants than the BP model. Although this was found in both participant groups, evidence is building that individuals with mental health problems are not performing any worse when interviewed with the MIM when compared to current best practice. Consequently, evidence is building that challenges the notion of the use of appropriate questions with vulnerable groups.

Best Practice v Modified Interview Model: Level of Clarifications

How a suspect with mental health problems understands information may be somewhat different to those without such vulnerabilities, given the impact of the mental health problems upon their cognitive abilities (Antila *et al.*, 2011; Beevers & Carver, 2003; Rude *et al.*, 2002). This was explored within the current study with each clarification of question coded and analysed. In accordance with findings from Chapter Four, results indicated a significant interaction between participant type and interview type; that is, participants with mental health problems tended to seek more clarification during BP interview than the MIM (thus accepting the hypothesis), and participants with no mental health problems tended to seek more clarification during the MIM rather than BP interviews.

Although the results presented are preliminary in nature, it is evident that those with mental health problems may find it difficult to understand questions currently categorised as appropriate; open questions, in particular, may be challenging for suspects with mental health problems. Indeed, in recent research exploring police officers' perceptions of interviewing suspects with mental health problems. (Oxburgh *et al.*, 2016; see Chapter Three), police officers highlighted that whilst open questions are best practice generally, they may not always be suitable for suspects with mental health problems. They further explained that open questions may be too broad, and the use of specific questions may aid a suspects' understanding. Other work has examined the particular difficulties that vulnerable individuals can experience. For example, those with mood disorders tend to demonstrate an attentional bias towards emotional stimuli; known as a cognitive bias congruent with their mood (Beck, 1976, 1987; Blaney, 1986; Lemogne *et al.*, 2006) and any ambiguous information can be interpreted in a negative manner (Rude, Wenzlaff, Gibbs, Vane, & Whitney, 2002). According to Beck's Schema

Model (Beck, 1976) and Bowers Spreading Activation theory (Bower, 1981), mood congruent cognitive biases are evident in a wide range of cognitive processes, including explicit memory tasks, such as those utilised during the free recall in a suspect police interview. Consequently, such individuals may be at a heightened risk of falsely implicating themselves. Interviewers questions must be matched to the abilities of those they are interviewing (Powell, 2002), but evidence is building that one size may not fit all.

Interviewee Characteristics: Suggestibility, Compliance, and Acquiescence

It is well documented that those with mental health problems display heightened levels of suggestibility, compliance, and acquiescence when compared to those without a mental disorder (Gudjonsson, 2006a, 2010, 2018). Previous research has explored this by examining transcripts of police interviews conducted with suspects with mental health problems (see Chapter Four) and found that those with these difficulties were significantly more likely to demonstrate instances of suggestibility and compliance but not acquiescence when compared to non-vulnerable suspects. However, the characteristics of an interviewee have not been examined during different interview models; the current study explored this.

Results highlighted no significant interaction between interview models and participant type regarding instances of suggestibility, compliance, or acquiescence. In addition, there were no significant differences between groups in terms of instances of compliance and acquiescence. However, in accordance with current psychological literature, participants with mental health problems were significantly more suggestible than participants without mental health problems highlighting the heightened risk that these individuals are at within the criminal justice system. Although the MIM resulted in

fewer instances of clarification from participants with mental health problems, thus reducing uncertainty in what they were being asked, such individuals will always remain at a heightened risk of providing misleading and inaccurate information given their vulnerabilities. Consequently, consideration must always be given to how these individuals are interviewed; currently the needs of those first entering police custody are poorly understood (Baksheev, Thomas, & Ogloff, 2010). Yet, if they are treated appropriately and carefully interviewed, then they will be able to provide reliable and accurate information.

Summary and Conclusion

Disproportionate numbers of individuals with mental health problems are coming into contact with the CJS (Price, 2005; Sirdifield & Brooker, 2012) and as such the police interviewing of this vulnerable group is becoming an increasingly common practice. Despite this, little psychological research has examined suspects with mental health problems during the investigative interview. This is concerning given that those with a mental health problems are at an increased risk of providing inaccurate, misleading or unreliable information (Gudjonsson, 2010, 2018).

Analysis from the current study has highlighted some interesting findings, especially in relation to what is currently categorised as best practice interviewing and the use of appropriate questions in interviews conducted with individuals with mental health problems; indeed, evidence is building that one size may not fit all. This has implications for current practice in investigative interviewing; it is vital that police officers have an understanding of how best to effectively communicate and interview this vulnerable group (Gudjonsson, 2018) if they are to further the investigation.

The current study is novel in its approach in that it has experimentally explored the impact of different interview models with individuals with mental health problems (with a particular emphasis on questioning strategies) not only on the quantity of the IRI obtained but also on the quality; to the author's knowledge, this has not been conducted before. However, whilst some interesting findings have been reported, it must be noted that the data presented is only preliminary in nature given the small sample size analysed. As such, any findings should be considered with caution given the increased risk of a Type II error occurring¹¹. Further analyses must be conducted on larger sample sizes in order to reduce this risk and to consider the full extent of the results and the impact upon current practice; it is the author's intention to do so.

The obtaining of accurate and reliable information during the investigative interview is paramount to any investigation and whilst there currently exists guidance reporting best practice, police officers are unlikely to change their own interview practice if they are not aware of the relationship between question types and the impact upon the amount and quality of IRI. Thus, the importance of evaluating the investigative interview is paramount but rarely documented. Subsequently, the last 'E' of the PEACE model of interviewing rarely gets the attention it deserves (Farrugia, Oxburgh, Gabbert, & Pankhurst, accepted subject to minor revisions). Whilst psychological research catches up to this important stage of the CJS, police officers should be given the opportunity to evaluate their own interview performance in relation to quality to ensure that they are always conducting interviews in the most effective manner. It is to this concept that the thesis now turns.

¹¹ Due to recruitment difficulties, and the PhD submission deadline, this study is regrettably incomplete. Data collection remains ongoing; thus while the data presented in the current Chapter is for the purpose of thesis submission, the study will be completed in full with the aim of disseminating reliable findings from a fully-powered study.

Chapter Seven: The Development of the Forensic Interview Trace©, a proof of concept¹²

Introduction

Investigative interviewing forms an integral part of the police investigation (Walsh & Oxburgh, 2008; Williamson, 2007). Since the introduction of the PEACE model of interviewing (Williamson, 2006), the interviewing officer is now encouraged to adopt an information seeking approach in order to obtain accurate and reliable information. However, the psychological literature has produced mixed results in terms of interviewing techniques and little research has been conducted exploring the interviewing of suspects with mental health problems. Furthermore, the current thesis has highlighted that one size may not fit all. As such, interviewers need to understand how and why to use the most appropriate questioning techniques and be capable of tailoring the interview to the needs of the interviewee. Yet, there does not appear to exist a uniformed method of conducting meaningful evaluations of interview performance. This Chapter will explore the development of a new tool, the Forensic Interview Trace© (Farrugia, Oxburgh, Gabbert, & Pankhurst, accepted for publication subject to minor revisions), in addressing the importance of conducting evaluations as recommended by the last 'E' of the PEACE model of interviewing.

¹² This study has been submitted for publication to *Investigative Interviewing: Research and Practice* (submitted on 3rd April 2018), and accepted subject to minor revisions. See Appendix K for a copy of this paper.

Investigative Interviewing: The Importance of Conducting Evaluations

Since its introduction, the PEACE model of interviewing has provided interviewers with an ethical framework for interviewing any type of interviewee (Williamson, 2006), including vulnerable suspects. A mnemonic for the five stages of the interview model (Planning and preparation, Engage and explain, Account, clarify and challenge, Closure, and Evaluation), interviewers are encouraged to complete each stage as part of the investigative interview process. One such stage is the 'Evaluation' stage. Although police officers complete mandatory training in relation to this model of interviewing, anecdotal evidence suggests that the 'Evaluation' stage is rarely completed and does not get the attention it deserves or warrants.

Conducting evaluations on one's own interview performance is important for a number of reasons. The evaluation stage allows for the interview to be examined within the context of its aims and objectives, whilst allowing for further areas of investigation to be identified. Furthermore, it encourages the interviewer to reflect upon their own practice and ensure they are complying with the appropriate policies and legislative practices, whilst also considering if any improvements could be made in future interviews. Such self-reflection is becoming increasingly important given the somewhat limited refresher training and resources available to those conducting the investigative interview (Wright & Powell, 2006) and is a particularly vital skill given the complexities of those they may be required to interview (see Chapter Two for a full discussion re: the vulnerable suspect).

One such difficulty that police officers are increasingly encountering is the interviewing of suspects with mental health problems. Psychological research has highlighted how a disproportionate number of individuals with mental health problems come into contact with the criminal justice system (CJS) (Sirdifield & Brooker, 2012).

However, there does not appear to currently exist a standardised national training programme for interviewers when dealing with this particular cohort. Therefore, conducting evaluations of one's own interview performance is even more critical, especially given that interviewers are expected to be skilled in their practice and can be held accountable for their performance. Completing such evaluations can ensure that further interview performance is enhanced and optimised (Smets & Rispens, 2014) and that the quality of the investigative interview continues to be maintained, especially given that those with mental health problems do not respond well to traditional methods of policing (Gudjonsson, 2018) and the emerging evidence that one size may not fit all. As such, conducting regular evaluations are vital.

Perceptions relating to a 'good quality' or an 'effective' interview may differ across various groups of forensic professionals (Baldwin, 1992; Brown *et al.*, 2017). For example, some, such as expert witnesses, may consider the use of appropriate questioning methods as the key factor in defining the success of the interview (Westcott, Kynan & Few, 2006), whereas other professionals, such as the interviewing officer, may consider their responses to the characteristics of the individual they are interviewing in evaluating whether the interview constitutes good quality. For example, the use of questions currently categorised as inappropriate may not necessarily mean the interview is of poor quality if the interviewer can justify their use (Shepherd & Griffiths, 2013; Wright, Powell & Ridge, 2007). Consequently, it can be difficult to assess the 'quality' of any investigative interview. However, current psychological research highlights that a 'good quality' interview is one that has made the appropriate planning and preparation, demonstrated a knowledge and compliance to the law, a free narrative has been encouraged, the use of appropriate questioning is evident, and the use of rapport and empathy (amongst other factors) have been applied (McGurk *et al.*, 1993; Milne & Bull,

1999; Stockdale, 1993; Westcott *et al.*, 2006). As such, when conducting evaluations of their interview performance, police officers must consider these factors and ensure that their interviews are legally ‘bomb-proof’, especially when coming under scrutiny from expert witnesses or other professionals. However, there appears to be wide variations in the way that police officers evaluate their interviews which can subsequently impact upon their interviewing practices with all interviewees.

Evaluating the Investigative Interview: Current Methods

Despite the PEACE model being used for several decades, there does not currently exist a standardised practice for conducting evaluations of investigative interviews. In fact, some organisations do not evaluate any of their interviews; anecdotally, police officers make reference to not having enough time or resources to complete this vital stage. Although this is not overly surprising given the limited funding and resources available to police services in England and Wales, it is concerning in that there is an increasing risk of a decline in skillset or an increase in malpractice (Lamb, Sternberg, Orbach, Esplin, & Mitchell, 2002); especially so when interviewing a vulnerable group. It is well established that suspects with mental health problems, for example, are at a heightened risk of providing misleading and inaccurate information (Gudjonsson, 2003, 2018), especially if subjected to poor interview practice such as the use of leading questions.

Other methods of evaluating the investigative interview relates to the ‘coaching’ of police officers in interview competencies or supervision of interview practices. Research has highlighted that the quality of investigative interviews is somewhat improved following this practice, thus emphasising the importance of interview supervision in maintaining best practice (Lamb *et al.*, 2002; Powell & Wright, 2008;

Smets, 2012). Other evaluative practices that can assist in performance monitoring refer to ‘intervention,’ where investigative interview performance is discussed amongst peers (Smets & Rispens, 2014). This evaluative method can be completed in addition to individual evaluations of interviews, group and/or individual coaching. However, psychological research exploring the efficacy of this demonstrates that whilst interview performance is enhanced immediately after or during the interview evaluation, the investigative interview skills drop significantly afterwards (Lamb *et al.*, 2002), thus highlighting the need for continuous and regular support and supervision. Despite the expectation that investigative interviewing forms an integral part of a police officer’s main duties and responsibilities, not every interviewer possesses suitable interview skills to be able to complete this effectively (Bockstaele, 2002); yet, police officers do not have standardised tools or evaluative practices to assist them in maintaining their interview skillset through the evaluations of their own investigative interviews, although some useful tools are beginning to emerge.

Evaluating the Investigative Interview: The Griffiths Question Map

The Griffiths Question Map (GQM; Griffiths, 2000) is a useful tool which maps the chronology and sequencing of questions across the timespan of an investigative interview. Utilising two main categories of questions (e.g. appropriate and inappropriate) and eight sub-categories of questions as defined in the current psychological literature (see Table 7.1; Hargie & Dickson, 2004; Milne & Bull, 1999), the GQM allows the identification of each question type as a function of their context; for example, the particular interview phase where it is asked. As such, it assists in understanding questions used in each phase of the interview (Griffiths & Milne, 2006) by

providing a visual record of the chronological order of the questions (Dodier & Denault, 2018).

Table 7.1. Definition of Question Types (Griffiths & Milne, 2006, pp. 182-183)

	Question Type	Definition
Appropriate Questions	Open	Allows a full range of responses
	Probing	Defined as more intrusive and requiring a more specific answer, usually commencing with the active words “who,” “what,” “why,” “where,” “when,” “which,” or “how”
	Closed yes/no	Used at the conclusion of a topic where open and probing questions have been exhausted
Inappropriate Questions	Closed yes/no	Used at the wrong point in the interview
	Multiple	Constitutes a number of sub-questions asked at once
	Forced Choice	Only offers the interviewee a limited number of possible responses
	Opinion/Statements	Defined as posing an opinion or putting statements to an interviewee as opposed to asking a question
	Leading	Suggests an answer in formal content to an interviewee

The GQM does not require any specialist software; indeed, it can be created using an Excel spreadsheet and allocating one line for each question type. As each question type is plotted onto the appropriate line, the plots are subsequently joined together so that a visual map of the questioning strategies during that investigative interview is formed. In addition, the reviewer can manually insert blocks of times or breaks taken.

The GQM is one of the first tools to be created to assist in the effective evaluations of investigative interviews. The tool is efficient in that it is relatively easy to train individuals, such as police officers, to categorise questions appropriately. Indeed, Griffiths (2008) trained serving police officers in the use of the GQM and found that the level of agreement between the police officers for all question types was 87.1%. Furthermore, academic research has been conducted whereby the GQM has been used to objectively describe the way in which an interviewer questioned an adolescent about alleged sexual offences (Dodier & Denault, 2018). The use of the GQM has been extended to the judicial system; expert witnesses may use the GQM in order to conduct analysis of an investigative interview to assess the quality of witnesses or victims' accounts. Griffiths (2008) outlines a case study whereby a trial Judge excluded an interview from the proceedings due to the erratic style of questions asked, illustrated graphically via the use of the GQM.

Whilst there is no doubt that the GQM is a useful tool, it lacks studies aimed at establishing its reliability (Dodier & Denault, 2018). Also, it does not take into account other important factors of the investigative interview. Conducting investigative interviews is a highly complex and dynamic process and involves more than the questioning of an individual. As such, focusing only on question types restricts the use of the GQM in that it does not provide details of many other factors that may impact upon the investigative interview process (such as those coded in Study Two and Four, including interviewee characteristics and responses to question types). Such factors may be of specific interest to police officers when evaluating their own interview performance, or to other professionals working within the criminal justice system, particularly given the complexities of vulnerable suspects for example. As such, the

evaluation of the investigative interview requires a tool that will encompass more than questioning strategy.

The Development of the Forensic Interview Trace©

The psychological literature base and the findings from the current thesis have highlighted mixed results in terms of interviewing techniques generally and those relating to suspects with mental health problems. For example, whilst police officers believe that they use open questions in all of their investigative interviews (Oxburgh *et al.*, 2016; see Chapter Three), other research has indicated that police officers often revert back to poor questioning techniques with an unacceptably high level of closed questions still being used (Oxburgh *et al.*, 2010a; Oxburgh *et al.*, 2010b; Wright & Powell, 2006). In addition, research has demonstrated that the way a police officer deals with suspects with mental health problems depends largely on the level of experience the police officer has (Oxburgh *et al.*, 2016; see Chapter Three). Given such mixed findings, research is ongoing to address the variability in interviewing practice and to assist in supporting interviewers; the development of the Forensic Interview Trace (FIT)© (Farrugia, *et al.*, accepted subject to minor revisions) as a proof of concept is one such strand.

The FIT© has been specifically created as a secure, cloud-based computer programme to assist interviewers in conducting evaluations of their interview performance. The tool allows for the structure, content and characteristics of any type of investigative interview involving victims, witnesses and suspects to be recorded. For example, demographic details relating to the interviewer and interviewee, including if the interviewee is vulnerable, can be recorded as well as specific characteristics of the interactions that have taken place during the interview. These include (but are not

limited to): (i) the types of questions asked; (ii) information gained from the interviewee in response to the questions asked; and, (iii) the input of any other persons present, such as the Legal Advisor or an Appropriate Adult. In addition, the user can add notes or comments throughout the evaluation to justify particular questioning strategies or any other relevant material.

Some police officers have previously reported that open questions may be “too wide” for vulnerable suspects and that more specific or closed questions may be required given their needs and reduced level of understanding (Oxburgh *et al.*, 2016). As such, being able to record the decision-making process undertaken is important in justifying the use of alternative questioning style if required. The FIT© allows the user to be able to do this. Furthermore, once all of the appropriate information has been uploaded and the interview has been analysed by the user, the tool provides a visual ‘trace’ and summary of the entire interview. This enables a full evaluation and reflection of the interview based on each stage of the PEACE model of interviewing (Williamson, 2006) and in-depth and detailed information relating to the interviewers’ behaviour and skills for the purposes of continuing professional development; a method that previous tools have not considered but is essential. However, it must be noted that the usefulness of the tool will be determined by the way it is actually used by officers. Consideration needs to be given to ensuring that police officers using with the FIT© are given the time to engage effectively with the tool as a method of evaluation and reflection.

Given the mixed findings from the psychological literature base regarding interviewer performance and the limited research that has been conducted focusing specifically suspects with mental health problems, it is anticipated that through ongoing development, the FIT© has the potential to assist interviewers in conducting comprehensive evaluations of their interview performance which encompasses all

aspects of the interview. Although the tool remains in its infancy and it was not possible to empirically evaluate the potential benefits of the FIT© for presentation in the PhD thesis, it is being piloted by several organisations. Currently, the tool is being used by investigators in evaluating the quality of randomly selected investigative interviews conducted with vulnerable and non-vulnerable suspects. It is anticipated that the results of the pilot will lead to further developments of the tool to ensure comprehensive evaluations can be conducted.

Summary and Conclusion

Investigative interviewing is an integral part of a police investigation (Walsh & Oxburgh, 2008; Williamson, 2007) with the onus on gathering reliable and accurate information. Although a great deal of progress has been made in effective interviewing methods, underpinned by vast amounts of psychological research, there still remains some issues with conducting investigative interviews; this complex process can be further complicated if the interviewee has a vulnerability, such as a mental health disorder.

The last 'E' of the PEACE model advocates for the use of 'Evaluation', yet anecdotal evidence suggests this rarely gets the attention it deserves and there is no standardised method of completing this stage, despite the importance of doing so in ensuring that interview performance is enhanced and optimized (Smets & Rispens, 2014). There have been some attempts in addressing this, with the development of the GQM (Griffiths, 2008). However, this tool is limited in its scope.

The development of the FIT© (Farrugia, *et al.*, accepted subject to minor revisions) has been inspired by the research findings presented in the current thesis, in addition to the mixed results in the psychological literature base regarding investigative

interviewing. An ongoing development, the tool allows for all aspects of the interview to be evaluated upon including the decision-making of the interviewer; this is particularly important given the findings discussed in Chapters Three and Four and the emerging evidence that one size may not fit all.

Chapter Eight: The Mentally Disordered Suspect: Final Discussion and Conclusion

Introduction

Vulnerability within the criminal justice system (CJS) is not a new phenomenon (Oxburgh *et al.*, 2016) and police officers are regularly tasked with the interviewing of such individuals. Unfortunately, suspects with mental health problems are often perceived by many as dangerous and unpredictable (Daff & Thomas, 2014) and there are numerous debates regarding these vulnerable individuals being responsible for a disproportionate level of serious and violent crimes (Neumann & Hare, 2008; Serin, *et al.*, 2001), and presenting a greater risk of criminal recidivism (Douglas, *et al.*, 2006). In addition, suspects with mental health problems present with a number of complex cognitive difficulties that may place them at a heightened risk of providing misleading or inaccurate information (Gudjonsson, 2003b, 2018), or further still, a false confession (Ochoa & Rome, 2009). Thus, given these difficulties and the complexities already associated with this dynamic stage of the CJS, conducting investigative interviews with suspects with mental health problems is not an easy task (Herrington & Roberts, 2012), despite the guidance and provisions that currently exist to try and assist. As such, this is an area that warrants attention by academic scholars and policy-makers alike, especially given the lack of psychological research conducted into this area. This final Chapter summarises the key findings from the research conducted within the current thesis and considers such findings within the context of police interviewing and the implications for practice. Limitations and challenges are discussed, and conclusions consider recommendations for future research.

Suspects with Mental Health Conditions: Dangerous or Vulnerable?

The “Paranoid Schizophrenic” was documented in a media report regarding an individual who committed murder (RT Question More, 2017). Such negative portrayals of those with mental health problems further exacerbates the existing stigmatising views of these vulnerable individuals and reinforces the stereotypes that already exist (Corrigan, 2006; Jorm & Griffiths, 2008; Reavley & Jorm, 2012). This is already highlighted within current psychological theories, such as Schema Theory (Anderson, 1977) and the Criminalisation Hypothesis (Abramson, 1972). In relation to the latter, some psychological research has indicated that those with mental health problems are more likely to receive a significant use of force within encounters with the police when compared to their non-vulnerable suspect counterparts (Johnson, 2011; Kesic & Thomas, 2014), thus suggesting negative implications of stigma. However, this is not supported by all research; Watson and colleagues found that a suspects’ mental health had no significant effect on the police officers’ proposed responses to a hypothetical scenario (Watson et al., 2004a, 2004b). These findings indicate that police officers may have more than one ‘schema’¹³ when determining how they will respond to those with mental health problems (Watson *et al.*, 2014).

With mixed results reported, and little psychological research conducted on police officers’ perceptions of suspects with mental health problems during the investigative interview in the UK, the study outlined in Chapter Three sought to investigate this issue further. Utilising a Grounded Theory approach, Study One highlighted some interesting findings. Unsurprisingly, police officers demonstrated

¹³ Please note, the author is aware that the term ‘schema’ has an alternative definition within a clinical context; this relates to how an individual’s world view is shaped by early experiences. However, the author is not using the term ‘schema’ within the clinical context and no references to schema therapy should be assumed.

some confusion in terms of what a mental health condition constituted; this was expected given the apparent lack of training provided to police officers when dealing with this vulnerable group. In addition, findings corroborated current psychological theories to some extent, in that there were instances of labelling. This has serious implications for how those suspects with a mental health problem may be treated by the police; the way a police officer perceives this type of suspect will impact upon their subsequent interaction and treatment of that individual, due to the myths, stereotypes and beliefs that the mental disorder label can evoke (Link *et al.*, 1999; Scheff, 1966). Furthermore, there are implications for the co-operation of the suspect; Procedural Justice Theory (Tyler & Blader, 2003) suggests that individuals are more likely to cooperate with “authority figures” if they feel they have been treated fairly, given an opportunity to voice their opinions and afforded dignity and respect.

Not all police officers demonstrated negative perceptions, and some advocated for the use of a person-centred approach. Such variations in the reported perceptions of police officers appeared to be strongly influenced by their level of experience with some police officers demonstrating empathy developed upon their own experiences of mental vulnerability. As such, findings from this study were able to provide a more comprehensive explanation for understanding police officers’ perceptions and experiences when interviewing suspects with mental health problems. The emerging model, grounded in Schema Theory, and termed “Police Experience Transitional Model” conceptualises the impact of experience on perceptions, specifically how perceptions can change according to the level of experience. This thesis proposes that this model complements existing, although a somewhat limited, body of work in this area and suggests that the treatment and outcome of suspects with mental health problems appears to be heavily dependent on who they encounter within the CJS (Cant & Standen, 2007).

An Information-Seeking Method: The PEACE Model of Interviewing and Vulnerable Suspects

Undoubtedly, one of the most significant aspects of any police investigation is the interviewing of those involved including those suspected of the crime (Walsh & Oxburgh, 2008; Williamson, 2007). Since the implementation of the PEACE model of interviewing (Williamson, 2006) in the early 1990's, police interview practices moved away from the previous interrogatory nature, which often resulted in miscarriages of justice (see Gudjonsson, 2003b; Kassin, 2005, for example), to a more investigative interviewing approach, with an emphasis on obtaining accurate and reliable information. Psychological research produced mixed results in that some police officers were demonstrating appropriate interviewing and questioning techniques (Clarke, *et al.*, 2011; Walsh & Milne, 2008), and others indicating that police officers were reverting back to old interview techniques including the use of an unacceptably high level of closed questions (Oxburgh, *et al.*, 2010a; Oxburgh, *et al.*, 2010b; Wright & Powell, 2006), despite police officers believing that they always utilise open questions (Oxburgh, *et al.*, 2016).

The investigative interview is an opportunity for direct interaction between suspects and police officers (Haworth, 2013) and the use of appropriate questioning strategies is vital to ensure that accurate and reliable information can be obtained. Although there is some discussion within the psychological literature in categorising question types (see Aldridge & Cameron, 1999; Cederborg, *et al.*, 2000; Griffiths & Milne, 2006; Korkman, *et al.*, 2006; Shepherd, 2007), the general consensus is that open and probing questions tend to produce longer, more detailed and more accurate information when compared to questions deemed as inappropriate, such as the use of closed or leading questions (Griffiths & Milne, 2006; Myklebust, 2009; Phillips, *et al.*,

2011). However, this has not been previously explored with suspects with mental health problems. Suspects with a mental health condition do not respond well to traditional methods of policing (Gudjonsson, 2018), and although there has been a lack of psychological research conducted in examining the investigative interview with this type of suspect, research exploring other vulnerable groups have suggested that fewer correct details are reported when asked open questions compared to those that do not have vulnerabilities (Bowles & Sharman, 2014; Perlman *et al.*, 1994; Ternes & Yuille, 2008). Thus, there appears to be emerging evidence that one size may not fit all.

The study reported in Chapter Four aimed to explore what is *actually* occurring during investigative interviews conducted with suspects with mental health problems and found that whilst police officers are demonstrating consistency in the majority of the procedural aspects of the investigative interview with suspects with and without mental health problems, they are only partially responding to the needs of suspects with mental health problems. For example, there were no significant differences between the two groups in the way that the caution was explained, despite the Legal Advisor within the sample being significantly more likely to intervene in interviews conducted with suspects with mental health problems when compared to those suspects who do not have mental health problems. NMD suspect in order to provide further explanation and to check the vulnerable suspects' understanding. Research has also documented that those with mental health problems may have more difficulties in understanding what is being explained to them, as well as having impaired cognitive processing abilities (Antila *et al.*, 2011).

Findings also corroborated previous studies showing that there were significantly more inappropriate questions used than appropriate questions in both suspect groups (Myklebust & Alison, 2000; Snook & Keating, 2011; Wright & Alison, 2004). This has

important implications for practice; specifically, despite the implementation of the PEACE model of interviewing, police officers still appear to be utilising questions that are currently categorised in the psychological literature as 'inappropriate'. However, this study also revealed that suspects with mental health problems were providing significantly more investigation relevant information (IRI) to echo questions (one of the questions categorised in some literature as inappropriate), and were significantly more likely to ask for clarification when asked an open question, when compared to their non-vulnerable counterparts. These findings are inconsistent with expectations (based on recommended best practice interviewing) and continues to suggest that one size does not fit all when interviewing suspects.

Although the study reported in Chapter Four provided some insight into the actual investigative interview practice of suspects with mental health problems, it was not possible to establish the accuracy or “ground truth” of their accounts. As such, an experimental lab-based study was conducted to further investigate the interview stage with this vulnerable cohort (see Chapter Six). Utilising two different interview models: (i) a best practice interview (containing largely open questions) and, (ii) a modified interview model (developed based on findings from Chapter Four and containing largely closed questions), the data revealed some interesting findings. Whilst there were no significant differences in the amount of IRI obtained between interview models or participant groups, the modified interview model elicited significantly more *correct* IRI than the best practice model. In addition, there was a significant interaction between participant type and interview model when exploring the level of clarification required, whereby participants with mental health problems tended to seek more clarification during the best practice interview than the modified interview model, and participants with no mental health problems tended to seek more clarification during the modified

interview than the best practice interview. This suggests that participants with mental health problems are finding the modified interview model clearer and subsequently are able to provide more accurate information than the best practice model. Whilst the results are preliminary in nature and must be interpreted with caution, it does evoke an interesting discussion; are 'appropriate' questions always appropriate for suspects with mental health problems?

The Appropriate Adult: Passivity v Quality?

Given the increasing numbers of individuals with mental health problems that come into contact with the criminal justice system (CJS), police officers are often labelled as street-corner psychiatrists (Teplin & Pruett, 1992). Indeed, some of the earliest contact that an individual with this type of vulnerability will have with the CJS is through interactions with the police (Glover-Thomas, 2002). This puts an onus on the police to be able to deal appropriately with such vulnerable suspects, particularly as research has reported that vulnerable suspects often do not understand what is happening or why and highlight uncertainty about what to say or do when being interviewed by the police (Hyun, *et al.*, 2014).

Current legislation and guidance attempt to assist with this by introducing safeguards; for example, the use of an Appropriate Adult. The Appropriate Adult's role is to advise the vulnerable suspect appropriately, to ensure that the interview is being conducted properly and fairly, and to facilitate communication with the vulnerable suspect (PACE, Code C, s.11.17, 2014). However, despite the importance of such a role, Appropriate Adults have received relatively little attention within the psychological literature since their role was first created (Pierpoint, 2011). This is concerning given

that some have argued that vulnerability does not fit well within the current investigatory processes and interviewing styles of the police (Pearse & Gudjonsson, 1999).

Early research has documented that the Appropriate Adult remains relatively passive during the investigative interview (Evans, 1993; Medford *et al.*, 2003).

However, this research is scant and dated in nature. Given the importance of the Appropriate Adult's role and the lack of recent psychological research, an examination of the role of the Appropriate Adult was conducted in order to explore the contributions that they may or may not make in assisting with suspects with mental health problems.

In line with previous research, Study Three (see Chapter Five) found that Appropriate Adults do remain largely passive during the investigative interview. However, and more positively, when Appropriate Adults do intervene, such interventions were significantly more likely to be appropriate rather than inappropriate. Together this means that although Appropriate Adults' contributions are appropriate in nature, they still do not appear to be fulfilling their role as outlined by current practice (PACE, 1984).

These findings of Study Three raise issues that are important to address; especially so given the recent estimates that over a third of suspects in police custody have mental health problems (Leese & Russell, 2017). Furthermore, it is well documented that vulnerable suspects are at a heightened risk of providing inaccurate and unreliable information subsequently leading to false confessions and miscarriages of justice (Kassin & Gudjonsson, 2004; Littlechild, 2001; NAAN, 2015; Redlich, 2004). Research conducted as part of the current thesis has found individuals with mental health problems to be highly suggestible (see Chapter Four and Chapter Six). Such risks are likely to be further exacerbated if the Appropriate Adult is not assisting them when required. Indeed, the Court of Appeal have identified recent miscarriages of justice involving vulnerable suspects that did not have the assistance of the Appropriate Adult

(Gudjonsson, 2003b). As such, suspects with mental health problems (and those with other vulnerabilities) do not appear to always be receiving the assistance of the safeguard designed to protect them.

This is in stark contrast to vulnerable/intimidated victims and witnesses (as defined by s.16 of the Youth Justice and Criminal Evidence Act, 1999) who receive the assistance of a Registered Intermediary prior to and during all judicial processes. Professionally trained and accredited, and considered as a 'Special Measure', the Registered Intermediary will conduct an in-depth assessment of the communication difficulties, and the impact of their mental health or other vulnerabilities on their ability to effectively communicate. Following the delivery of a report to the interviewing officer, the Registered Intermediary works in conjunction with the police officer to plan for the investigative interview and assists with any communication difficulties during the process, thus taking an active role in ensuring that best evidence is achieved (Home Office, 2011). Although Registered Intermediaries can be used to assist in vulnerable suspect interviews, this rarely occurs and raises issues regarding funding and provision of resources. As such, the responsibility of assisting suspects with mental health problems and any other vulnerabilities falls to the Appropriate Adult.

Conducting 'Good Quality' Investigative Interviews: The Evaluation Stage

The investigative interview is a critical stage within the CJS, and police officers need to be equipped to deal with any type of interviewee, including a vulnerable suspect. As such, it is vital for interviewers to be able to understand the implications of their interview performance. One method of doing so is by evaluating the investigative interviews that they conduct.

Conducting evaluations of interview performance allows for the interview to be examined within the context of its aims and objectives, thus allowing for further areas of enquiry to be identified. This is, of course, important in progressing the investigation. Furthermore, completing interview evaluations allows for an increased awareness of interview performance and reduced skill fade. This is particularly important given the limited refresher training and resources available to police officers in the current climate. Furthermore, it ensures that police officers are complying with the appropriate policies and legislative practices, whilst also allowing for the consideration of any improvements for future interviews (Smets & Rispens, 2014). This is particularly relevant given some of the findings that this thesis and other psychological research has documented, especially when considering the complexities of interviewing suspects with mental health problems; as such, a ‘good quality’ interview is critical. However, anecdotal evidence suggests that evaluations of investigative interviews rarely occur.

In light of the recognised benefits of taking time to evaluate interview performance, and the desire to address this as part of the body of work presented in this thesis, different methods of conducting evaluations were identified and reviewed. Whilst there appears to be a variety of approaches taken to evaluate investigative interviews (with some police services not conducting any evaluative practices), one tool emerged that may assist with this stage and has been used successfully in criminal trials (Griffiths, 2008). The Griffiths Question Map (GQM; Griffiths, 2008) maps the chronology of each question utterance across the span of the interview and provides a useful visual record of the chronological order of the questions (Dodier & Denault, 2018). However, it was found to be limited in its use; focusing only on question types within an investigative interview restricts its use given the dynamic process of this stage; the interview involves more than the questioning of the interviewee and those wishing to use

it as part of an evaluative practice may find it difficult to explore other dynamics and factors that are considered to be important to the investigative interview. For example, the response pattern of the interviewee which may then subsequently impact upon further questioning strategies.

Consequently, and inspired by the research findings within the current thesis, a more comprehensive tool is being developed in order to assist. In Chapter Seven, the Forensic Interview Trace (FIT)© (Farrugia, *et al.*, accepted subject to minor revisions) is introduced. Its development was based on all of the stages of the PEACE model of interviewing and allows its users to not only analyse their interviews in accordance with current legislation and guidance, but also to document their decision-making process when conducting investigative interviews. This is particularly important given the emerging findings within the current thesis. To the author's knowledge, the FIT© is one of the first tools to allow this, and work remains on-going to test and refine it.

Although in its infancy, it is anticipated that the FIT© can assist with some of the issues police officers face when attempting to evaluate their interviews. Indeed, psychological research has indicated that even when police officers do conduct evaluations of their interviews through supervision or 'interviewing', investigative skills decline significantly once the supervision session has ended (Griffiths, 2008; Lamb *et al.*, 2002), thus suggesting the need for ongoing and regular support and supervision. It is anticipated that the (FIT)© can assist with this.

Implications of Thesis Research

Research into the investigative interviewing of suspects with mental health problems is scarce despite questions being raised around the world (from academic and practitioners alike) about the preparation and training received in dealing with this

vulnerable cohort (Carey, 2001; Dew & Badger, 1999; Oxburgh *et al.*, 2016; Psarra *et al.*, 2008; Wells & Schafer, 2006) and the concerns raised in a recent report in that police custody (and particularly the interviewing of suspects with mental health problems) remains the most under-developed area within the CJS (Bradley, 2009). This thesis has attempted to address this by conducting some key pieces of research and raises some important implications.

Police officers are often the first point of contact within the CJS for many individuals with mental health problems (Glover-Thomas, 2002) and as such, the onus is on them to be able to appropriately deal with such vulnerable individuals. However, police officers continuously demonstrate confusion regarding what constitutes a mental health condition. In addition, there still does not exist a standardized mental health training package delivered to all police services in England and Wales. Furthermore, research within the current thesis has documented that the perceptions of mental health problems appears to be dictated to some extent by the level of experience the police officer has. This has implications for the suspect with mental health problems; the treatment and outcome for suspects with mental health problems is heavily dependent on who they encounter within the CJS.

The investigative interview is a critical stage of the CJS; it is an opportunity for direct interaction between the interviewing officer and the suspect (Haworth, 2013) with the aim to obtain accurate and reliable information. The examination of real-life transcripts of interviews conducted with MD and NMD suspects provided a real insight into what actually occurs during this stage. This was further examined using an experimental laboratory-based study. Some findings concurred with current psychological research; the significant use of inappropriate questions for example (Myklebust & Alison, 2000; Snook & Keating, 2011; Wright & Alison, 2004). This

raises implications for how suspects are interviewed. Whilst outside of the scope of this thesis, the use of interpreters for non-English speakers should also be noted as adding further complexities to investigative interviews and the use of questioning strategies. As such, there is a need for ongoing and regular supervision and training given the variety of individuals that police officers encounter during the investigative interview. Indeed, the research in the current thesis has indicated the lack of evaluations conducted despite this stage being part of the current PEACE interview model. Subsequently, police officers are not being given the opportunity to maintain their skill set or consider their interview performance within the context of who they are interviewing.

Other findings from the experimental laboratory-based study also raise some interesting implications. The modified interview model containing questions currently categorised as inappropriate (such as closed questions) elicit the most accurate investigation-relevant information (IRI). One of the most potentially important findings from the thesis is that different suspect populations may require different interviewing methods. This is particularly compelling when added to earlier findings from independent researchers, showing that adults with an intellectual disability reported fewer correct details than those without an intellectual disability when asked open questions that invite a free narrative response (Bowles & Sharman, 2014; Perlman *et al.*, 1994; Ternes & Yuille, 2008). Are appropriate questions always suitable for suspects with mental health problems?

When police officers are presented with a vulnerable suspect, such as those that have mental health problems, current guidance allows for the assistance of an Appropriate Adult (AA). The psychological literature base examining the role of the AA is lacking in research and the research that has been conducted is rather dated in nature, despite the importance of the AA role within the CJS. Furthermore, the research that has

been completed documents the AA as being passive in their role; similar findings were found within the current thesis – whilst the quality of the AA’s interventions was appropriate, the quantity was somewhat lacking. As such, evidence suggests that AA continue to remain passive during the investigative interview. This is not overly surprising given the AA schemes that are available. Whilst some police service areas have access to designated AA schemes organized and governed by the National Appropriate Adult Network (which involve individuals receiving structured and ongoing training), many police services do not, and have to either rely on poorly developed and under resourced organisations or parents/carers or social workers fulfilling the AA role (of which, neither have received any specific training). This is concerning given that current practice dictates that all juvenile suspects (automatically deemed as vulnerable due to their age) should have access to an Appropriate Adult; whilst this is outside of the scope of the current thesis, it is important to note, and raises further implications to the safeguarding of vulnerable suspects.

Thus, despite current guidance providing provisions to assist the police with vulnerable suspects, the actual practice and allocation of AA’s is sporadic. As such, suspects with mental health problems are not being appropriately safeguarded during their time in police custody. This is concerning given the research findings that highlight that police officers do not fully understand what mental health problems relate to (Oxburgh *et al.*, 2016), the findings regarding the interviewing of individuals with mental health problems (see Chapter Four and Chapter Six) and the lack of evaluative practice regarding interview performance that takes place. Furthermore, vulnerable suspects have indicated their confusion and uncertainty about what to say or do when being interviewed by the police (Hyun *et al.*, 2014). If the AA does not fulfill their role as required, this places the vulnerable suspect at an increased risk of providing

unreliable, misleading and self-incriminating information potentially leading to false confessions and miscarriages of justice. Consideration should be given to vulnerable suspects being afforded the same level of safeguards and support as the vulnerable victim/witness through the use of a professionally trained Registered Intermediary. Currently, suspects with mental health problems remains one of the largest challenges within the criminal justice system.

Limitations of Thesis Research

As with any research, particularly that of an applied nature, there are limitations. For the purposes of the research conducted within the current thesis, these relate specifically to (i) sample size, and (ii) the need for replication.

It is well documented that statistical significance is affected by sample size; two similar studies can produce a variation in their results because different sample sizes may have been used. A small sample size can result in a Type II error – that is, the research hypothesis is rejected when it is in fact correct (Clark-Carter, 2004). To assist with this, researchers often calculate effect sizes and statistical power; the larger the effect size (classified as small, medium or large; Cohen, 1988), the greater the power which subsequently determines the probability of avoiding a Type II error. Although, it is best practice to consider these factors and calculate sample size accordingly when designing a study, research conducted within an applied context does not always allow for the pre-planned sample sizes to be obtained and dealing with real-life data can be challenging with an increased risk of a Type II error.

Such difficulties relating sample sizes was evident in the current thesis. Whilst police services/officers can often display some initial enthusiasm in participating in research, return rates are traditionally low. The current thesis involved research utilising

actual police interview transcripts to investigate what was actually occurring in interviews conducted with suspects with and without mental health problems and the role of the AA. Whilst the sample sizes were relatively small, a clear advantage over previous research is that the current study utilised real-life suspect interviews resulting in high external validity. As such, the sample sizes were deemed respectable given the understandable reluctance of some police services to release their interview transcripts of such a sensitive nature. In addition, the AA safeguard is reported to be rarely utilised (Bradley, 2009; Medford *et al.*, 2003; NAAN, 2015) so the obtaining of such interviews whereby an AA was included was also deemed respectable. However, given the small sample sizes and the increased risk of a Type II error, replication is required.

Replicating a piece of research is necessary to ensure the validity and reliability of the research findings (Cohen, 1994; Roediger, 2012), particularly when new models are reported (see Chapter Three) or there are suggestions for current techniques to be altered (see Chapter Four and Chapter Six). This is particularly important in research of an applied nature to ensure confidence in findings that may subsequently lead to policy development or change. The subject area within the current thesis is relatively under-researched and as such the studies that have been conducted are relatively new to the field or are based on research studies that are dated and have not been conducted since. Whilst it is believed that the current research adds to the limited literature base, replication is required before any findings can be accepted as well-established and thus incorporated into policy and practice.

Recommendations for Future Research

Interviewing suspects with mental health problems is a difficult task and one that has not received much psychological attention. Whilst the current thesis has started to

address some of the gaps in the literature, a substantial amount of further work is required to ensure that police officers are conducting evidence-based practice.

Police officers do not appear to understand what constitutes a mental health condition and do not completely understand its impact upon the vulnerable suspect. As such, there is a need for the development of training to address these issues – how can police officers be expected to deal effectively with this cohort when they have not received standardised training in vulnerability. In addition, given the complexities of suspects with mental health problems, police officers require additional resources so that they can be flexible in their interviewing techniques and questioning style; however, further work needs to build upon the research included within the current thesis in exploring different questioning styles with this vulnerable cohort before policy and practice can change. Also, whilst this thesis has explored the impact of mental health on the investigative interview as a whole, and there exists many commonalities across all mental health conditions (for example, heightened levels of suggestibility), it must be acknowledged that there are a large amount of mental health conditions and each represents its own different vulnerabilities. Further work should examine specific groups of mental health conditions to gain a further understanding of their impact upon the investigative interview process.

Furthermore, whilst there have been attempts to introduce safeguards to assist with the vulnerable suspect, research has documented that the Appropriate Adult (AA) remains passive; yet little research has been conducted with the AA to explore some of the concerns raised within the literature regarding their role. Also, despite their implementation within current guidance, research has documented that they are rarely used even when required. How vulnerability is identified upon a suspect entering custody needs to be further examined. In addition, interviewing suspects with mental

health problems in an effective manner could be facilitated by improving and utilising the safeguards that are available but also through insight into the quality of the police officers' own interview performance; conducting evaluations is therefore vital. Further work needs to explore how this can be systematically completed; it is hoped that the development of the Forensic Interview Trace© can assist with this.

Although there remains a vast amount of psychological research to still be conducted, it is necessary in ensuring that suspects with mental health problems are effectively dealt with within the CJS. It is anticipated that further work will lead to an understanding of the needs of this type of suspect so that policy and practice can ensure that they are interviewed in a manner which does not place them at a heightened risk of providing misleading or inaccurate information thus reducing the risk of false confessions and miscarriages of justice. Findings from the current PhD thesis have raised some important implications, as well as tentative suggestions for changes to current practice relating to interviewing suspects with mental health problems (subject to replication of results). It is always a responsibility for applied researchers to ensure that their findings are accessible to relevant end-users and consumers of the research. Continuous efforts have been made to present and discuss the findings of this thesis at conferences, seminars, and workshops, with both practitioners and academics, as well as delivering training to members of the judiciary on effective communication with vulnerable individuals. In addition, ensuring the findings are published in peer-reviewed and open-access journals has been a goal. In October 2018, following a competitive application process, a summary report of key issues and findings from this PhD thesis will be presented to the Home Office.

Summary and Conclusion

Vulnerability within the criminal justice system (CJS) is not a new phenomenon, with police officers now dealing with increasing numbers of individuals with mental health problems (Arboleda-Florez & Holley, 1998). Given such an increase, the lack of psychological research conducted into this area is concerning. How can policy be enhanced, and guidance and legislation further developed when there is little to base it upon? This thesis has attempted to address such concerns by exploring suspects with mental health problems within the investigative interview process. Whilst it is not being suggested that the police interviewing of this vulnerable group should deviate away from appropriate questions, considerations must be given to the emerging findings that suspects with mental health problems do not respond well to traditional methods of policing (Gudjonsson, 2018); as such, one size may not fit all.

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Appendices

- Appendix A. Published Article – Oxburgh, L., Gabbert, F., Milne, R., & Cherryman, J. (2016)
- Appendix B. Information Sheet for Chapter Three
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- Appendix K. Submitted Article – Farrugia, L., Oxburgh, G., Gabbert, F., & Pankhurst, G. (submitted 2018)

Appendix A

Police officers' perceptions and experiences with MD suspects

Abstract

Despite mentally disordered (MD) suspects being over-represented within the criminal justice system, there is a dearth of published literature that examines police officers' perceptions when interviewing this vulnerable group. This is concerning given that police officers are increasingly the first point of contact with these individuals. Using a Grounded Theory approach, this study examined 35 police officers' perceptions and experiences when interviewing MD suspects. Current safeguards, such as Appropriate Adults, and their experiences of any training they received were also explored. A specially designed questionnaire was developed and distributed across six police forces in England and Wales. Nine conceptual categories emerged from the data that highlighted how police officers' level of experience impacted upon their perceptions when dealing with this cohort. As a consequence, a new model grounded within Schema Theory has emerged termed *Police Experience Transitional Model*. Implications include the treatment and outcome of MD suspects being heavily dependent on whom they encounter within the criminal justice system.

Keywords: mental disorder; suspects; police interview; experience; perceptions

1. Introduction

The police interviewing of a suspect is an integral stage of any police investigation (Oxburgh & Ost, 2011). When the suspect is MD, this adds further complexities to the investigation due to the vulnerabilities associated with the MD suspect. The term,

‘vulnerability’ is not a new phenomenon, especially within the criminal justice system (CJS). Defined as ‘psychological characteristics or mental state which an [individual] prone, in certain circumstances, to providing information which is inaccurate, unreliable or misleading’ (Gudjonsson, 2006, p.68), vulnerable individuals, particularly MD suspects, present with potential risk factors that can have adverse effects as they progress through the CJS. Mental disorder is one type of vulnerability. In the UK, the Mental Health Act (2007) defines MD as, ‘any disorder or disability of the mind.’ This does not include autistic spectrum conditions or intellectual/learning disabilities. The current study addresses police officers’ perceptions and experiences when interviewing MD suspects.

Relatively high numbers of individuals with a MD in the UK come into contact with the police (Price, 2005), due, in part, to the process of deinstitutionalisation, which started in the 1960’s. An increasing number of these vulnerable individuals are now treated within the community rather than in long stay psychiatric hospitals and it is a disproportionate number of these individuals that become involved in the CJS at some point in their lives. For example, Sirdifield and Brooker (2012) found higher proportions of individuals with a MD (21.9%) in police custody when compared to their non-mentally disordered (NMD) counterparts. In addition, as many as 90% of offenders in the UK prison population have been reported to have a MD (Edgar & Rickford, 2009) compared to the 16.6% of the general population that may have a MD at any given time.

Legislation and best practice interviewing have been implemented in England and Wales to provide guidance when interviewing not only suspects but also those suspects with a MD. The Police and Criminal Evidence Act (PACE, 1984) is a legislative framework for police officers’ powers accompanied by the Codes of Practice for those powers to be exercised. Code C, in particular, provides guidance regarding the detention, treatment

and questioning of vulnerable suspects. Whilst the guidance details what should happen during these processes, it fails to specifically outline how mental disorder may place an individual 'at risk' during the interview process. Also, although Code C highlights that 'Special care should always be taken when questioning such a person' (Code C, Note 11C, p.404), it does not provide any guidance as to *how* or *what* special care should actually be taken. In addition, it highlights the necessities of an appropriate assessment of a MD suspect (in particular, if they are fit for interview), which is usually conducted by a Forensic Medical Examiner (FME), psychiatrist or clinical psychologist. Similarly, Code C champions the use of an 'Appropriate Adult'; an independent individual required to ensure the interview is being conducted properly and fairly and to facilitate communication with the vulnerable interviewee (Code C, 11.17, p.404). In addition to the PACE, the introduction of the PEACE (a mnemonic for the five stages of interviewing; *Planning and preparation, Engage and explain, Account, clarify and challenge, Closure, Evaluation*) model of interviewing in the early 1990's provided police officers with an ethical framework for interviewing victims, witnesses and suspects (Williamson, 2006).

Despite changes in the law providing police officers with guidance on interviewing MD suspects, there still remain some contentious issues. In the UK, police custody is often a key point of contact for individuals who do not engage with community healthcare services and treatment (Sirdifield & Brooker, 2012), most commonly by virtue of the Mental Health Act (1983), section 136. Such legislation allows police officers to remove MD individuals at risk to themselves or others from any public place to a designated 'place of safety' in order for an appropriate assessment to be conducted (see Borschmann, Gillard, Turner, Chambers & O'Brien, 2010 for a full discussion). There is an onus on police officers to identify, and appropriately interview, MD suspects (Cant &

Standen, 2007). This is an especially difficult task in light of there being no standard mental health training that deals with MD suspects across the 43 UK police forces. Furthermore, while safeguards have been introduced for officers interacting with MD suspects (such as the use of Appropriate Adults), the PACE Codes of Practice fail to appropriately explain or identify any specific guidelines for individuals undertaking this role, or how the interview should be conducted with regards to fairness. Thus, the legislation indicates *what* should happen but not *how* it should happen. Unsurprisingly, police officers continue to experience problematic encounters (e.g. difficulties in communication, levels of co-operation), exacerbated, in part, by the lack of psychological research into this complex area, in particular, into the perceptions of police officers when dealing with MD suspects.

Within the psychological literature base and to our knowledge, there appears to have been only one previous study in the UK investigating police officers' views on their roles in dealing with MD suspects and mental health services. McLean and Marshall (2010) reported that although police officers (n = 9) expressed overall compassion when describing their experiences of MD suspects, they also described feelings of anger and frustration regarding limited access to community services for vulnerable individuals as well as minimal support for themselves from healthcare professionals. In addition, they highlighted that whilst there may be no need to arrest an individual, the lack of community services available to help in a situation may result in an arrest being made. Although this study provided an insight into police officers' views regarding their role, it did not focus on their views pertaining to the interviewing of MD suspects.

Research conducted in the USA has explored police officers' perspectives when responding to MD individuals in crisis (Borum, Deane, Steadman, & Morrissey 1998; Watson, Corrigan, & Ottati, 2004). Results indicate that whilst specialist officers trained

in Crisis Intervention Teams (CIT) feel most prepared to deal with calls involving mental disorder, all police officers develop frames of reference or 'schemas' which guides how they may subsequently understand and respond to situations involving MD individuals. This has implications to the ways in which police officers may identify and handle mental health crisis with direct links to the current psychological theory base. An early theory, Schema Theory (Anderson, 1977) describes how schemas and stereotypes are developed in order to gather information about groups of individuals that subsequently guide our future interactions with them (Mayer, Rapp & Williams, 1993). It suggests that the level of experience a person has may impact upon their beliefs and perceptions of that particular group of individuals. A recent Greek study (Psarra *et al.*, 2008) found some support for this theory in terms of police officers and MD suspects. Whilst they found a correlation between the participants' age and education, suggesting that older and more educated police officers view MD suspects positively, they also found that those participants who completed more transfers, thus who have a higher level of experience, view MD suspects as being more violent when compared to their less experienced colleagues. The labelled individual is often stigmatised and is likely to be viewed and treated accordingly (Anderson, 2009). This has serious implications for the perceptions of police officers and their practice of interviewing MD suspects.

Labelling theory (Scheff, 1984; Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999) addresses such perceptions and attitudes and proposes that professionals who enforce boundaries (such as the police) provide the main source of labelling. This was demonstrated by early research conducted by Chambliss (1973) who found that police officers always took action against the group of people labelled the 'roughnecks' (those who had lower class backgrounds) when compared to the 'saints' (those who had upper

class backgrounds), despite the two groups committing the same number of crimes. More recent research has also suggested that police officers are more likely to arrest individuals with a mental disorder (Teplin & Pruett, 1992), though the reverse has also been found (Engel & Silver, 2001; Watson, *et al.*, 2004). This indicates that *if* MD suspects are viewed negatively, the way they are treated may be different due to the set of myths, stereotypes or beliefs that the MD label can evoke (Link *et al.*, 1999; Scheff, 1966). However, other research has highlighted that police officers demonstrate an understanding of MD suspects and their needs and so treat such individuals with empathy and compassion (Mclean & Marshall, 2010). This is concerning as it suggests that the treatment and outcome for MD suspects are heavily dependent on whom they encounter in the CJS in terms of these professionals' views.

Alongside the views and perceptions of police officers are those of the MD suspect and the subsequent impact on the levels of their cooperation. Procedural Justice Theory (Tyler & Blader, 2003) suggests that cooperation with 'authority figures' will be maximized if individuals feel they have been treated fairly, given an opportunity to voice their opinions and afforded dignity and respect. Recent studies have also supported this theory (Sunshine & Taylor, 2003; Watson, Angell, Vidalon & Davis, 2010). This has implications for the way police conduct their interviews with MD suspects in terms of building rapport and communicating effectively. If police officers adopt their approach accordingly, for example, the non-use of police jargon to ensure full participation and fair treatment, (known as Communication Accommodation Theory; Gallios, Ogay, & Giles, 2005), and MD suspects are given an opportunity to voice their opinions, the MD suspects' response and cooperation may increase. Police officers' perceptions of MD suspects, therefore, may not only impact on the decisions they take and the treatment imposed on this vulnerable group, but also on the MD suspects' response in terms of

cooperation and respect. This has serious implications for the police interview as an ‘information-gaining process’ (Walsh & Oxburgh, 2008).

1.1 Aims of the Current Study

Adopting a questionnaire design and using a sample of serving police officers in England and Wales, the following research questions were addressed: (i) what perceptions do police officers have regarding MD suspects they have interviewed and how have their experiences interviewing MD suspects impacted upon their perceptions;

(ii) what perceptions and experiences do police officers have in relation to support provided to MD suspects such as the use of Appropriate Adults, and; (iii) what experiences do police officers have of current police training in MD.

2. Method

2.1 Ethics

Ethical approval was gained from the Faculty of Humanities and Social Sciences at the University of Portsmouth. Additionally, approval was sought and gained from the Association of Chief Police Officers (ACPO; now known as the National Chief Police Council). All participants volunteered to complete the questionnaires and were informed that they could withdraw their data within six weeks of their participation. Participants were informed that all data would be anonymised and although quotes would be used within the reporting of the data, no identifiable information would be included.

2.2 Sample and Setting

A total of eight police forces in England and Wales were contacted for their participation in the study. Six of these police forces covering a large geographical area of England and Wales (both urban and rural), including two large metropolitan police forces, registered their interest. The sample was obtained via a purposive sampling method. Participants were selected following the requirements of the inclusion criteria; trained to at least UK

PIP (Professionalising the Investigative Program) Level 2 (training encompasses dedicated investigators such as Detectives trained in the interviewing of victims, witnesses and suspects involved in serious and complex investigations including vulnerable victims, witnesses and suspects), and having had experience of interviewing a MD suspect within the previous 0-24 months. Police officers trained to PIP Level 1 were not included as whilst training focuses on the interviewing of victims, witnesses and suspects, this level of training relates to volume crime only such as theft. Often suspect interviews within these types of crime are shorter. Although there is no single consensus regarding sample size within qualitative research, participant size in qualitative research is much lower than what can be expected in quantitative research due to the richness in the type of data collected (Charmaz, 2006). Thus, the recruitment of participants continued until data saturation was reached – that is, until no new themes emerged from the data provided. This ensured the sample selected was representative of current police officers trained to a similar level (e.g. PIP Level 2) increasing the transferability of the data (Holloway & Wheeler, 2002).

2.3 Analysis Strategy

A qualitative design was adopted to allow for rich and in-depth data to be collected. Based on an Objectivist Approach, Grounded Theory (Glaser, 1978) was chosen as the method of analysis. Consisting of flexible, yet systematic guidelines for the collection and analysis of data, this analysis allows for the construction of theories that are ‘grounded’ in the data itself (Charmaz, 2006), thus moving from data to theory development (Willig, 2008). This method is commonly used when little is known about the area of interest, with the research focussing specifically upon the participants’ experiences and perceptions. The analysis aims to develop a model or theory that can

adequately explain the findings (Willig, 2008). Given the nature of the study, this approach was deemed most appropriate.

2.4 Materials

A questionnaire (see Appendix 1) containing 30 questions was developed consisting of a mixture of open and probing questions such as *'Please describe what you believe a mental disorder is'* and; *'Describe the most memorable investigative interview you have conducted with a suspect who has a mental disorder.'* The questionnaire was sectioned based on the research questions. Such question types were used to encourage participants to record their experiences in depth, as well as inviting all participants to provide further comments, thus allowing for a rich data set. All questions were developed through identifying gaps within the current literature base and current guidance (e.g. lack of research exploring police officers' perceptions and experiences when interviewing MD suspects and guidance failing to detail how or what special care should be taken when interviewing MD suspects), and through piloting and liaising with serving police officers to ensure that the questionnaire contained relevant and appropriately phrased questions. Some questions were rephrased following feedback from the pilot. Following the development of the questionnaire, it was disseminated to participants for completion through the key research contact at each police force who then sent it out electronically to their team.

2.5 Data Analysis

Following the return of the completed questionnaires, all data were analysed using Grounded Theory. Initially, each line of raw data was labelled allowing the first author to remain close to the data (Charmaz, 2006). Memos were recorded during this stage, which

subsequently assisted in the development of the initial codes being raised to 'tentative' categories. Axial coding followed which involved the initial codes and categories to be condensed and synthesised to explain larger segments of the data. As potential relationships within the data started to emerge, the process of theoretical coding resulted in categories being weaved together to form a theory that explained the overall participants' experience. Any disconfirmatory cases were worked into the emerging theory to ensure that all aspects of the participant experience were included. Throughout the analysis stage, triangulation was used to ensure the findings were not due to the way in which the data was collected or analysed, thus eliminating researcher bias (Merriam, 2009). To achieve the method of triangulation, an independent researcher was employed to analyse a random sample of 15 questionnaires following the same Grounded Theory approach. Any discrepancies were discussed and resolved.

3. Results

3.1 Demographics of Participants

A total of 35 questionnaires were included for data analysis (24 male and 11 female). Participants had a mean age of 42 years, and had a mean total length of police service of 17.29 years, of which they had served a mean of 6.49 years within their current post. The majority of all participants were Detective Constables (n = 31), (a Constable is the first rank within a police service in the UK; a Detective Constable is identified as being an officer within a criminal investigation department or other investigative unit and will have completed PIP Level 1 training). Other posts included Detective Sergeant (n = 2) (rank above a Detective Constable with more investigative interviewing duties), and Interview Advisor (n = 2) (an experienced and highly trained Detective appointed by the

police force to advise on investigative interview strategies on all levels). Participants self-reported that they had conducted a mean number of 19.37 investigative interviews in the previous 24 months and of those, 3.03 involved a suspect that had a MD. The most common MD reported by the participants was depression (mean = 2.29 interviews conducted), followed by suspects with anxiety disorder (mean = 0.71), personality disorder (mean = 0.69), and schizophrenia (mean = 0.14). The majority of participants indicated that the most recent interview training completed had been PIP Level 3 (n = 23) (differs from PIP Level 2 in that those trained to PIP Level 3 are trained to be lead investigators in serious offences and major investigations). However, nearly half of the participants indicated that they had not received any mental health training (n = 15), which would be expected at PIP Level 2.

3.2 Qualitative Results

Nine conceptual categories with 21 sub-categories emerged from the data. These were grouped under the following: (i) *Interviewee centred*, (ii) *Interview centred* and; (iii) *Interviewer centred* (see Table 1). The integration of the memos with the diagrammatic outline of the conceptual categories describes the emerging model; Police Experience Transitional Model (PETM) (see Figure 1). Grounded within Schema Theory, PETM indicates that the level of experience (i.e. the number of investigative interviews conducted with MD suspects) that the police officer has may impact upon their current perceptions. The more experienced police officers are referred to as those that have conducted 3 or more interviews with MD suspects (reported statistical average and above) within the previous 24 months, whilst the less experienced police officers are referred to as those who have conducted less than 3 interviews with a MD suspect (less

than the reported statistical average). In addition, PETM suggests that the perceptions of police officers are not entirely static, that is, their perceptions change as their level of experience does. This is explored throughout the reported results.

[Table 1 near here]

3.2.1 Interviewee centred

3.2.1.1 Understanding and perceptions of mental disorder

All participants had some level of understanding of what a MD is with participants frequently placing MD within a context (primarily medical or social). Participants also displayed some common misperceptions of what a MD is and references were made to the way a MD suspect presents within the police interview. Despite increasingly more contact with MD suspects, their level of experience (e.g. their interview experience) did not affect these findings. Three sub-categories emerged; (i) the notion of what is a MD, (ii) crime involvement of the suspect group, and (iii) the presentation of the MD suspect. Regarding the notion of what is MD, the majority of participants (80%) described MD within a medical context by making references to specific mental disorders, psychological issues, and states of mind and disease (see table 2, exemplar quote a). Many participants mentioned the severity and longevity of a MD, although some (8.6%) were unable to discriminate between everyday responses to external events and MD. As well as a medical context, fewer participants (14%) defined MD within a social context and made reference to social norms and deviant behaviour (see table 2, exemplar quote b). Although the participants defined MD within a context, there were some common misperceptions about MD with participants indicating that it includes a learning disability and/or Autism.

The second sub-category that emerged related to crime involvement of suspect groups. The majority of participants (74.3%) provided negative portrayals of MD suspects. They were described as uncooperative and unobtainable and some instances of labelling were evident. When asked to describe the most memorable interview they have conducted with a MD suspect, participants recalled violent/high stake crimes (see table 2, exemplar quote c). Nevertheless, participants acknowledged that a range of sentencing options is available to MD suspects including psychiatric sentences.

Regarding the presentation of MD suspects, the majority of participants (77%) reported predominantly negative characteristics of MD suspects when compared with a NMD suspect. These included aggressive or difficult behaviour and a lack of open-mindedness from the MD suspect. Participants also reported that MD suspects presented as distrusting towards the police officer (see table 2, exemplar quote d). However, participants also noted there to be occasions when there was positive engagement from MD suspects.

3.2.1.2 Communication in mental disorder

Participants reported varying perceptions of their communication with MD suspects and this appeared to be largely influenced by the level of experience the participant had. The results indicate that the more experienced participants believe that MD suspects are poor communicators (e.g. expressive and receptive communication), although effective communication is highlighted as being dependent on other factors. The least experienced participants tended to indicate that MD suspects are good communicators and did not identify any issues. This is explored through three sub-categories; (i) barriers to communication, (ii) attempts at communication, and; (iii) the importance of rapport.

Concerning ‘barriers to communication’, some participants (22%) indicated that there were difficulties in communicating with MD suspects during the police interview. They noted that some MD suspects had a poor level of speech and a lack of understanding. The more experienced participants highlighted that this could also be dependent on other factors including the interview style (see table 2, exemplar quote e). Not all participants indicated there were communication barriers. The less experienced participants reported that MD suspects could communicate well within a police interview with some examples provided (see table 2, exemplar quote f).

The second sub-category relates to the attempts made by the participants to communicate effectively with MD suspects. Participants (89.3%) reported being keen to engage with MD suspects and in support of this, noted that they would often take guidance from the MD suspects’ level of communication or receive verbal confirmation from them to continue (see table 2, exemplar quote g). This would often take the form of the police officer checking the understanding of the MD suspect if it became obvious from their verbal communication that they did not understand.

The final sub-category highlights the importance that the participants place on rapport when trying to communicate with a MD suspect. Participants reported that the amount of rapport is positively related to the amount of information achieved in the investigative interview. Poor rapport may impact on the whole of the interview (see table 2, exemplar quote h). Although participants suggested the importance of rapport, they also acknowledged the difficulties they may face when trying to build rapport with MD suspects compared to NMD suspects (see table 2, exemplar quote i). This is also indicated when nearly a third of participants acknowledged the ‘Engage’ stage of the PEACE model of interviewing to be the most difficult when interviewing MD suspects. Despite the variation in the participants’ perceptions of effective and non-effective

communication with MD suspects, the majority of all participants highlighted the importance and necessity of trying to engage with this vulnerable group.

3.2.1.3 Cognition level and subsequent assistance

Participants provided insight into their perceptions regarding the cognitive level of MD suspects and expressed a keenness to assist when appropriate. The more experienced participants appear to suggest that the interview is dictated by the MD suspects' capacity to understand. However, such insight does not appear to be demonstrated by the less experienced participants. This is explored through two sub- categories: (i) the impact of MD on subsequent cognitive levels and, (ii) the assistance provided.

The first sub-category highlights how participants (64.3%) commonly perceive MD suspects to have low performing cognitive levels and a lack of responsibility in relation to the crime committed (see table 2, exemplar quote j). Some participants also indicated that MD suspects might mask their ability to understand the consequences of their actions. Comparisons were frequently made to NMD suspects. Participants highlighted that this suspect group have a full understanding of the interview process and of the consequences of their actions.

The second sub-category highlights the desire indicated by the participants to assist MD suspects with their understanding during the interview process. Some participants (71%) suggested the use of visual aids as well as in depth explanations within the interview (see table 2, exemplar quote k). Participants felt that as a result of such assistance, MD suspects would be better engaged with them and the interview process, heightening the levels of rapport developed and the information gained.

3.2.2 Interview centred

3.2.2.1 Emphasis and importance of investigation relevant information

During any police interview, gaining investigation relevant information (IRI) is vital to ensure the progression of the investigation. This was reflected in the participants' responses across all levels of experience. Participants regularly reported the need for gaining a clear and orderly account and provided details of how this would be achieved. Furthermore, participants indicated the impact of not gaining this information. The responses had two sub-categories: (i) gaining IRI; and (ii) the impact of MD on gaining IRI.

The first sub-category relates to the methods of gaining IRI. Participants reported the importance of everyone being given the opportunity to provide an account so that the appropriate information can be gained. Participants highlighted how they would encourage the account but also explore any discrepancies between the account and the evidence (see table 2, exemplar quote l). Despite this being the general consensus of all participants, some acknowledged that gaining a suspect's account cannot always be achieved and can be problematic. Furthermore, some participants (7%) indicated that the amount of information gained is a perceived measure of being an effective interviewer – the more information that is gained which allows the progression of the investigation, the better they are as an interviewer. Such participants were the more experienced interviewer.

The second sub-category highlights the participants' perceptions of MD suspects and gaining IRI. Participants (70.4%) reported that MD suspects provide little information with concerns raised such as confusing accounts and missing information.

This is in direct comparison to NMD suspects, who are highlighted as being eager to cooperate and provide their explanations (see table 2, exemplar quote m). Participants associated a level of difficulty with a lack of IRI with MD suspects who are reported as

providing little information thus being seen as more difficult to interview than a NMD suspect. This was also demonstrated when 31.4% of participants indicated the ‘clarify and challenge’ part of the ‘account, clarify and challenge’ stage of the PEACE model of interviewing to be one of the most difficult stages when interviewing MD suspects.

3.2.2.2 Impact of question type on behaviour and cognition

Participants noted the use of various questioning styles during their interviews as well as providing explanations regarding question type and demonstrating the flexibility in question use. Influenced by the level of experience the participants have, two sub-categories emerged focusing on: (i) the impact and use of open question types and; (ii) the impact and use of closed question types.

Participants regularly acknowledged the use of open questions in their interview practice and suggested that these are the most frequently used question type when interviewing *all* suspect types (94.3% of participants). Participants indicated that open questions could encourage suspect explanation and allow for a free and uninfluenced recall (see table 2, exemplar quote n). In addition, a few participants (8.6%) reported that MD suspects do have the ability to answer this question type. However, other participants (38.7%) said that using open questions could have a detrimental impact on the information gained from the MD suspect. For example, these participants indicated that open questions are very broad and have no boundaries. This can result in a reported lack of control for the interviewer, especially when too much recall is provided by the MD suspect which may be irrelevant to the investigation (see table 2, exemplar quote o).

Regarding the second sub-category, some participants (38.7%) indicated how closed questions, although generally considered to be an inappropriate question type, could be used in an appropriate manner. This included using closed questions to allow the police officer to retain some control over the interview (see table 2, exemplar quote p).

Participants also highlighted that closed questions can actually aid a MD suspect's understanding of the question (see table 2, exemplar quote q). Although there is a general consensus that open questions are believed to be used the most during the police interview, the more experienced participants indicated that open questions are actually *inappropriate* when interviewing MD suspects, indicating that closed questions may be more appropriate.

3.2.2.3 Use and impact on time

The use and potential impact on time of a MD suspect is an issue that all participants reported to be as central to their role regardless of their level of experience, and relates to the amount of police resources (specifically time needed) to deal with a MD suspect.

This is explored through two sub-categories: (i) participants' perceptions explore how their time can be used effectively with particular focus made to the amount of time they have, and; (ii) potential stressors on their time.

In the first sub-category, participants highlighted how effectively using their time is important to their own perceived pressure but also to the investigation. Effective use of time includes the use of regular breaks and of shorter interview stages when interviewing MD suspects as compared to NMD suspects. Participants (28.6%) highlighted the positive impact this can have on MD suspects (see table 2, exemplar quote r). As well as using their time effectively, participants noted the importance of having a sufficient amount of time, which can ensure the appropriate allowances are made for MD suspects.

Participants indicated that this could lead to a sustained level of rapport with MD suspects.

Despite all participants noting the importance of effective use of time, a couple of participants (7.4%) reported the strain they can feel especially in relation to the 'custody clock' (see table 2, exemplar quote s). Therefore, although participants highlighted that having regular breaks and shorter interview stages is necessary for MD suspects and increases levels of rapport, it is also a stressor on time thus suggesting the balancing act often performed by a small percentage of participants.

3.2.3 Interviewer centred

3.2.3.1 Appropriateness of person centred approach and communication accommodation theory

Participants reported on their own practice when interviewing MD suspects. This is explored through two sub-categories, (i) the notion of a person centred approach (PCA) and variance in their own communication (Communication Accommodation Theory (source); CAT); and (ii) instances when participants would not amend their approach.

The first sub-category explores how participants may alter their interview approach and communication style when interviewing a MD suspect. Over half of the participants (57.1%) indicated that they would adopt a PCA when interviewing MD suspects.

Participants explained that they would maintain an open mind and be flexible in their interview style (see table 2, exemplar quote t). Participants also highlighted that they would change or adapt their language to assist in the MD suspects' understanding (see table 2, exemplar quote u). This highlights how the participants' own communication varies based on the MD suspect they may encounter.

Despite over half of the participants indicating that they would adopt a PCA and vary their communication accordingly (CAT), there were some participants (11.4%) whereby such behaviours were not demonstrated and were actually questioned (see table 2, exemplar quote v). Additionally, these participants highlighted that they would not change their behaviour when interviewing a MD suspect with particular reference made to the challenge part of the ‘account, clarify and challenge’ phase. The level of experience the participant has appears to influence such perceptions with the more experienced participants suggesting they use increasing levels of both a PCA and instances of CAT. The participants that have indicated that they would not change their behaviour or language have, overall, conducted fewer interviews with MD suspects.

3.2.3.2 Interviewer experience and perception of safeguards

The use of safeguards (i.e. Appropriate Adults) is a necessity within interviews of MD suspects. Two sub-categories emerged including: (i) participants’ perceptions in relation to their own understanding and experiences of MD and, (ii) participants’ perceptions of current safeguards and proposed new safeguards.

The first sub-category includes participants recalling their own cases and experiences of MD. Some participants (15%) reported using their own experiences when planning future interviews with MD suspects (see table 2, exemplar quote w). Hindsight is regularly referred to and participants indicated their keenness at using their experiences to better understand MD suspects. In addition, participants reported taking the time to learn about MD before they conduct the interview (see table 2, exemplar quote x). This suggests that the Internet is being used as an official source of training over and above evidence-based training, despite the participants receiving some training in MD. Some

participants placed an emphasis on their experiences, which seems important in terms of their future practice.

All participants provided their perceptions of current safeguards including Appropriate Adults, Legal Advisers and Medical Practitioners (Custody Nurses or Forensic Medical Examiners). Some of the more experienced participants reported negativity towards Appropriate Adults and Legal Advisers as well as distrust in the medical professionals' assessment of MD suspects (14.7% of participants), (see table 2, exemplar quote y). The less experienced participants highlighted the positive contributions that all safeguards could offer in terms of protecting the MD suspect before and during the interview. A minority of participants indicated a lack of understanding of the various safeguards and their differing roles, whilst others identified potential alternatives such as the use of Registered Intermediaries. The impact of the participant's experience on their perceptions and subsequent practice is concluded by one of many participants (see table 2, exemplar quote z).

3.2.3.3 Current and future training perceptions

Participants were insightful about the current training they had received and the future training they would like to participate in. The participants' perceptions are influenced by the level of experience the participants have. This is explored through two sub-categories.

The first sub-category relates to the participants' perceptions of current training. Some participants (42.8%) highlighted that they had not actually received any mental health training despite being actively involved in interviewing MD suspects. Participants reported that there is very little available training in relation to suspect mental health within their force. Other participants indicated that some training had been received but

it depended on their rank (see table 2, exemplar quote aa). Furthermore, most of those participants that had reported receiving some mental health training also reported that there was a lack of refresher training; something they reported to be necessary for their role to avoid potential bad practices.

The final sub-category reports the need for future training. The majority of participants (91.43%) indicated what they would like to receive future training on. This not only covered a breadth of issues such as identification of MD suspects, the presentation of a MD suspect, effective questioning techniques and rapport, but also included a preference for an experiential style of training (see table 2, exemplar quote bb). Although the majority of participants highlighted a need for training in mental health, the more experienced participants perceived the training already received as being clear and adequate. Interestingly, some of these participants had not recorded any clear mental health training courses when completing their questionnaires.

[Table 2 near here]

3.2.4 Police Experience Transitional Model

All participants reported their perceptions and insight into their experiences and current practice. Although some of the participants' perceptions were very similar, some differences did emerge. These emerging differences may be explained by the varying levels of experience the participants had – that is, how many interviews they have conducted with MD suspects. Through the exploration of the participants' perceptions and their police experiences, the conceptual categories captured the emerging model grounded within Schema Theory and termed 'Police Experience Transitional Model' (PETM) (see Figure 1). This suggests that the level of experience the police officer has may impact upon and influence some of their perceptions. Such perceptions are not static

but appear to change based on the level of experience. This is evident in Diagram 1 where the less experienced participants hold their views, which subsequently change as they move through the spectrum of police experience thus becoming more experienced. As Schema Theory suggests, schemas and stereotypes are developed in order to gather information about groups of individuals that guide our future interactions (Mayer, Rapp & Williams, 1993). These schemas and stereotypes may change as our level of experience increases.

[Figure 1 near here]

4. Discussion

The current study explored the experiences and perceptions of serving UK police officers when interviewing MD suspects. To our knowledge, it is one of very few in the UK that focuses specifically on police officers' perceptions of MD suspects within a police interview context. Nine conceptual categories emerged from the data that described the perceptions that police officers have of interviewing MD suspects. The participants' own reported experiences indicated the impact upon their perceptions and these were explored in relation to the use of Appropriate Adults, Legal Advisers and Forensic Medical Examiners. Despite a lack of training in mental health and some confusion when defining what a mental disorder is with references made to learning disability and Autism, participants reported the importance of rapport and an eagerness to engage with MD suspects. Throughout most conceptual categories, participants reported varying perceptions that appeared to be strongly influenced by their level of experience, that is, how many investigative interviews they had conducted with MD suspects.

Our findings relate to previous findings within this area of research, in that MD suspects were viewed more negatively when compared to suspects who did not have a mental

disorder. This can be understood in part by drawing upon Labelling Theory (Scheff, 1984). Throughout the perceptions of the participants in this study, there were instances of labelling by police officers of MD suspects. As highlighted previously, once an individual is labelled, it is increasingly difficult to remove that label with implications for how MD suspects may be treated by some police officers due to the myths, stereotypes or beliefs that the MD label can evoke (Scheff, 1966; Link *et al.*, 1999). That is, the way the police officer perceives a MD suspect may impact upon their interaction and subsequent treatment of that individual. However, whilst such negative connotations were highlighted by police officers, this theory does not fully explain the eagerness that the participants in the current study demonstrated in assisting MD suspects.

Despite the negative reports of MD suspects, participants recognised the importance of engaging with this suspect group during the police interview. Such discrepancies may be due to police officer's having more than one schema. Whilst the current participants were not trained (to our knowledge) within any crisis intervention teams, they regularly encounter MD individuals and such schemas may be determined by the frequency and experience of such encounters. Alternatively, the investigative interview utilises an 'information-gathering' approach so whilst MD suspects were viewed more negatively, the current participants may have recognised and highlighted the need to engage with the MD suspect in order to gain the necessary information to further the investigation.

Participants within the current study reported that the amount of rapport they achieve with a MD suspect is positively related to the amount of information gained.

Some participants indicated how they would change their approach accordingly (adopting a person-centred approach) when dealing with MD suspects. This also included varying their communication and avoiding 'police jargon' (demonstrating instances of Communication Accommodation Theory; Gallios, *et al.*, 2005). Participants

reported that this often led to higher levels of rapport and better engagement from MD suspects. Procedural Justice Theory (Tyler & Blader, 2003) suggests that individuals are more likely to cooperate with ‘authority figures’ such as police officers if they feel they have been treated fairly, given an opportunity to voice their opinions and afforded dignity and respect. In order for an individual to be given the opportunity to voice their opinions, they must be able to understand, process and respond to the language and questions used in the interview; as such, the language used by police officers may need to be altered. Some participants in the current study highlighted how they would make such variances in their language suggesting instances of procedurally just treatment. Despite this, communicating with MD suspects was reported as difficult by some participants, an issue that is echoed in research in other countries (e.g. Godfredson, Thomas, Ogloff & Luebbbers, 2011). Not surprisingly, the participants highlighted effective communication with a MD suspect as also being dependent on the type of questions used during the police interview. In the current study, police officers indicated that open questions such as ‘Tell’, ‘Explain’, ‘Describe’ are used the most frequently when interviewing all suspect groups. This is a positive finding, but there are grounds to be skeptical given that the current literature suggests open questions are used infrequently and that closed questions (those that evoke a ‘Yes/No’ answer) are more commonly used in actual interview practice in the UK (Myklebust & Bjorklund, 2006; Oxburgh, Ost & Cherryman, 2012).

Throughout the current study, the participants reported how interview practice would be tailored to the MD suspect. For example, shorter interviews with frequent breaks, as well as additional time spent explaining concepts to the MD suspect to ensure their understanding. Participants also reported the use of the Forensic Medical Examiner when assessing the ‘fitness for interview’ of a MD suspect, and the Appropriate Adult during

the actual interview. Although participants reported their experiences of using these safeguards, they also highlighted the impact on the 'custody clock' and the strain this can have on their time, as well as some negative reports regarding the assessments of the Forensic Medical Examiner and the use of the Appropriate Adult. Similar frustrations were also echoed in a recent UK study investigating police officers' views on their roles in dealing with MD individuals and mental health services (McLean & Marshall, 2010). In addition, similar findings regarding the use of the Appropriate Adult have been echoed in various studies (O'Mahony, Milne & Grant, 2012; Medford, Gudjonsson & Pearse, 2003; Pearse & Gudjonsson, 1996).

Participants reported varying perceptions regarding the interviewing of MD suspects. The results indicate that their level of experience influences such variation in their perceptions. For example, the more experienced participants identified that communication is difficult with MD suspects and were more likely to use increasing levels of a person-centred approach. They also highlighted that they were more likely to trust their own opinions regarding MD suspects' ability to be 'fit for interview'. One explanation of this variation in perceptions could come from Schema Theory (Anderson, 1977). This suggests that as the police officer becomes more experienced in dealing with MD suspects, their level of experience may impact on their beliefs and perceptions. Similarly, results from a recent study in Greece highlighted a correlation between police officers' age, their level of education and their views of 'dangerousness' in relation to mental disorder (Psarra *et al.*, 2008).

Although Schema Theory provides some explanation, it does not explain all of our findings. The level of experience of the participants in the current study is a central theme and appeared to impact on most but not all of their perceptions. The current literature and theory lends itself to explaining some of our results, but does not apply to

all. By using a Grounded Theory approach, we have been able to provide a more comprehensive explanation for understanding police officers' perceptions and experiences when interviewing MD suspects. The emerging model, grounded in Schema Theory, and termed 'Police Experience Transitional Model' (PETM), conceptualises the impact of experience on perceptions, specifically, how perceptions can change according to level of experience. We propose that PETM complements the existing body of work in this area, specifically that of Schema Theory, although note that perceptions can vary across different countries given the difference in police practice. In addition, with any new model, we recommend further testing to ensure its validity and reliability.

Our study is not without its limitations. Although the geographical area of the police forces involved within the current study is somewhat substantial, a higher level of participating police forces would allow for a more inclusive study exploring police officers' perceptions. In addition, replication of the current study is needed to ensure validity and reliability of the emerging theory. Further research aims to achieve this additional testing. Meanwhile, we propose that PETM has several implications for practice.

4.1 Implications for Practice

The current study and proposed model demonstrates the impact that police officers' perceptions and experiences can have on their current interview practice. This suggests that the treatment and outcomes of MD suspects are heavily dependent on whom they encounter and their perceptions (Cant & Standen, 2007). Such perceptions also have implications for gaining investigation relevant information (IRI) as well as the MD suspects' perceptions of stigma and their subsequent level of co-operation. Insight into police officers' beliefs regarding questioning styles suggests the potential for future

development of an amended questioning framework. Police officers' general beliefs of using open questions the most frequently does not always match what they perceive to be the most effective when interviewing a MD suspect, i.e. more closed question types. Police officers' perceptions regarding MD individuals in the community have direct implications to the ways in which such officers may identify and handle crisis. For example, if officers perceive MD individuals as dangerous when they may not be, or if their perceptions interfere with their ability to determine the most appropriate course of action when dealing with MD individuals, this can impact upon police resources and officer behaviour, when dealing with MD individuals within the community and more specifically within the investigative interview with a MD suspect. Gaining a better understanding of the police officer's schemas or the mind-set they may apply to interviews with MD suspects is critical when considering any future guidance or policy change.

Also, our study holds serious implications for the role of the Appropriate Adult – if police officers hold negative perceptions about this safeguard, how often are they actually being used during the police interview? Is it that MD suspects are not actually receiving the appropriate safeguards that have been implemented to protect them within the CJS? As has often been reported in the literature, some interviews have been deemed inadmissible in court due to the lack of an Appropriate Adult. In addition, vulnerability is often one of the main issues in miscarriages of justice. Without the use of the Appropriate Adult, there is a heightened risk.

Finally, future training should aim to educate police officers in exploring how their own perceptions may shape their interactions with MD individuals generally and within an interview context. Such insight will assist police officers in determining the appropriate approach, whilst minimising the impact upon police resources, such as the demand on

time, an issue raised within the current study. Participants also demonstrated how their experiences impact on their perceptions, as well as reporting a need and desire for a more experiential style of training. These important outcomes of the research should be incorporated into future - standardised - training on mental disorder.

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Appendix B



Participant Information Sheet

Institute of Criminal Justice
Studies,
St. George's Building,

Study Title: Investigative interviewing, communication,
and mental disorder: Current perspectives from
practitioners

Name of Researcher: Laura Oxburgh (nee Farrugia)

Director of Studies: Dr Rebecca Milne

We would like to invite you to take part in our research study. Please read the information below, which will describe the study.

What is the purpose of the study?

The purpose of the study is to address the paucity of research in the literature by exploring the experiences of practitioners in England and Wales who are involved in interviews with MD suspects/offenders. By exploring such experiences, it is envisaged that knowledge can be gained as to what *actually* happens within an investigative interview with this cohort of suspects/offenders, subsequently leading to better policy and practice.

What is the procedure of the study?

Following reading the information sheet, if you are happy to participate, you will be given a consent form to sign. After consent has been obtained, the interview will commence. You will be asked a series of questions regarding your experiences within the investigative interview and encouraged to express your thoughts and opinions. The interview will be audio-recorded. You may stop the interview at any stage if you feel uncomfortable. On completion of the interview, you will be given a debrief form to read and details of the research team. Your participation will then end.

What will happen to the interview data that I supply?

All data supplied will be completely anonymised and kept confidential via the use of participant numbers. Once you have completed the audio recorded interview, all data will be transcribed. At no time during the analysis or in reporting of the research will any interviews, police officers, suspects or victims/witnesses be mentioned by their real name. If names have to be included, synonyms will be used. Furthermore, only the research team will have access to the interview data that you supply. When the interview transcripts are not being analysed, they will be stored securely in a locked filing cabinet in the Supervisor's office at the University of Portsmouth. Once the analysis is complete, all interview data will be destroyed on completion of the PhD programme.

Expenses and payments

There will be no expenses or payments incurred by yourself.

What are the possible disadvantages and risks of taking part?

There are no identified disadvantages or risks of participation.

What are the possible benefits of taking part?

There are several benefits of participation that may impact upon your organisation. The research team will seek to reduce the paucity of research within this area, thus highlighting (i) good practice and (ii) where enhancement may be possible. Guidance can then be developed and implemented to the PEACE model of interviewing with regards to the interviewing of MD suspects/offenders. This will help to ensure that the investigative interview stage continues to be a fair and transparent process for all involved. Overall, it is hoped that this study will enhance training, policy and ultimately practice.

What will happen if I want to stop the interview or withdraw my data?

You can withdraw your interview data at any stage within six weeks of the interview taking place. Unfortunately, withdrawal is not possible after the six weeks due to the subsequent analysis that will be carried out.

What will happen to the results of the research study?

As ACPO (Association of Chief Police Officers) approval has been sought, ACPO will have sight of the results before any dissemination. The results will then be used for the intention of publication with regards to the principal researcher's PhD programme of study. The results can be made available to any participating Home Department Police Force or Appropriate Adult organisation upon request. Please note, however, that no individual Home Department Police Force or Appropriate Adult organisation will be

identifiable in any report or publication.

What is the research for?

The research is being conducted as part of the principal researcher's PhD programme of study and is sponsored by the University of Portsmouth.

Who has reviewed the study?

Research in the University of Portsmouth is reviewed and granted ethical approval by the Research Ethics Committee. This study has also been reviewed by ACPO who have also provided approval for the research to take place.

Further information and contact details

If you require any further information relating to the research project, please feel free to contact the principal researcher at laura.oxburgh@port.ac.uk

Thank you for taking the time to read this information sheet. If you wish to participate in this research, you will be given a copy of this information sheet and your consent will be sought.

Appendix C



Consent Form

Institute of Criminal Justice
Studies
St. George's Building

Study Title: Investigative interviewing, communication, and mental disorder:
Current perspectives from practitioners

REC Ref No:

Name of Researcher: Laura Oxburgh (nee Farrugia) Please initial box

1. I confirm that I have read and understand the information sheet dated..
..... for the above study. I have had the opportunity
to consider the information, ask questions, and have had these answered
satisfactorily.

2. I understand that my participation is voluntary and that I am free to
withdraw at any time up to six weeks after data collection without giving
any reason.

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3. I understand that data collected during the study, may be looked at by individuals from the University of Portsmouth or from regulatory authorities. I give permission for these individuals to have access to my data but understand that data will be anonymised.

4. I understand and agree to my interview being audio recorded and in the reporting of results, I agree to being quoted verbatim. I understand that no names will be quoted.

5. I agree to take part in the above study.

Name of Participant:

Date:

Signature:

Name of Person taking consent:

Date:

Signature:

Appendix D

Participant Number:

Dear Participant,

Investigative interviewing, communication, and mental disorder: Current perspectives from practitioners

I am currently conducting my PhD programme of study into investigative interviewing and mental disorders and would like to request your participation in the completion of this questionnaire. The questionnaire is focusing on investigative interviewing, communication and mental disorder and is being investigated from a practitioner's perspective. The overall aim of this study is to address the paucity of research in this area by exploring the experiences of serving police officers. It is envisaged that the data that you provide will subsequently inform the current policy and practice.

Your participation is entirely voluntary and you are free to withdraw your data at any time without providing reason, for up to six weeks after completion of the questionnaire. You have been selected to complete the questionnaire as you fulfil the criteria – that is, you are currently a serving police officer trained to Tier 2 or above in investigative interviewing. All information will be kept confidential and anonymous.

We anticipate the preliminary results of this study will be available by the end of July 2014. If you would like to discuss your experiences of this study or if you would like information regarding our findings, please do not hesitate to contact me via the email address provided at the end of the questionnaire.

If you have a keen interest in this area and would like to participate in the follow up interview, I would be very pleased to hear from you. My contact details are at the end of the questionnaire.

Thank you once again for your participation.

Section 1: Personal Details and Level of Training

Age:

Gender: Male/Female

Current post:

Length of time in this post:

Total length of police service:

Please complete the table below indicating the most recent interview training (of any type) you have received. Please state the most recent first.

Of the above training, please indicate which (if any) has centred on mental health disorders. Please state the most recent first and give a brief description of the content of the training. (If necessary, continue overleaf or on a separate piece of paper)

Section 2: Interview Experience

2.1 How many investigative interviews of suspects have you conducted, as the main interviewer, in the previous 12 months?

2.2 Of these investigative interviews of suspects that you conducted as the main interviewer in the previous 12 months, how many involved a suspect that was mentally disordered?

2.3 Please describe what you believe a mental disorder is:

2.4 As mental disorders cover a broad range of conditions, please indicate in each box how many investigative interviews you have conducted as the main interviewer in the previous 12 months, of suspects with one (or more) of the following conditions:

Schizophrenia

Depression

Personality Disorder

Anxiety Disorder

Other (please describe briefly) _____

2.5 Please describe any issues or problems you may have encountered whilst conducting an investigative interview with a suspect who had a mental disorder.

2.6 How did you deal with the identified issues or problems described above?

2.7 Describe the most memorable investigative interview you have conducted with a suspect who had a mental disorder.

2.8 Please think of a recent investigative interview you have conducted with a suspect who had a mental disorder. Would you have conducted the interview any differently – if so, how and why?

2.9 What do you believe were the positives and negatives of this recent investigative interview?

Section 3: Interview Techniques

3.1 Following the PEACE model of interviewing (a mnemonic for **P**reparation and planning, **E**ngage, **A**ccount, **C**larify and challenge, and **E**valuation), what stage of this interview approach do you feel is the hardest to conduct in relation to a suspect who did *not* have a mental disorder?

3.2 Why do you feel this is?

3.3 Following the PEACE model of interviewing, what stage of this interview approach do you feel is the easiest to conduct in relation to a suspect who did *not* have a mental disorder?

3.4 Why do you feel this is?

3.5 Following the PEACE model of interviewing, what stage of this interview approach do you feel is the hardest to conduct in relation to a suspect who *did* have a mental disorder?

3.6 Why do you feel this is?

3.7 Following the PEACE model of interviewing, what stage of this interview approach do you feel is the easiest to conduct in relation to a suspect who *did* have a mental disorder?

3.8 Why do you feel this is?

Section 4: Communication and Questioning Techniques

4.1 Within the investigative interview, which question type do you believe you use the most frequently when conducting an interview with a suspect who did *not* have a mental disorder?

4.2 Within the investigative interview, which question type do you believe you use the most frequently when conducting an interview with a suspect who *did* have a mental disorder?

4.3 Open questions (sometimes known as ‘TED’ questions – *tell, explain, describe*) can be defined as those which allow a full range of responses and are framed in such a way that the interviewee is able to give an ‘open’ and unrestricted answer (Griffiths & Milne, 2006; Oxburgh, Myklebust, & Grant, 2010), and closed questions limit the range of responses available to an interviewee and can be responded to (although not always) with a ‘yes’ or ‘no’ answer (Dickson & Hargie, 1997). Probing questions also known as specific-closed questions (5WH) are those that start with ‘*what*’, ‘*where*’, ‘*when*’, ‘*why*’, ‘*who*’, and ‘*how*’ (Oxburgh *et al.*, 2010).

In your experiences, do you feel that using open questions are appropriate when conducting interviews with suspects who *do* have a mental disorder?

4.4 Why do you feel this is?

4.5 When conducting an investigative interview with a mentally disordered suspect, what do you believe the main characteristics of a mentally disordered suspect may be? Please provide reasons for your answer.

4.6 When conducting an investigative interview with a mentally disordered suspect, how would you challenge the mentally disordered suspect's account? Please provide reasons for your answer.

4.7 Do you believe a mentally disordered suspect communicates well in an investigative interview? Please provide reasons for your answer.

Section 5: Support in the Interview Process

5.1 Do you believe that enough support is given within the interview process to a suspect *who* has a mental disorder? Please provide your reasons.

5.2 Please describe what you believe the role of the Appropriate Adult is.

5.3 Do you believe the role of the Appropriate Adult can help or hinder the interview process? Please provide your reasons.

5.4 Do you believe there could be an alternative to the use of Appropriate Adults within the interview process of suspects, i.e the use of Registered Intermediaries with suspects (a registered and trained professional to assist the vulnerable witness)? Please provide your reasons.

Section 6: Further Training

6.1 Do you believe that the training (if any) you have received regarding mental health disorders is adequate? Please provide your reasons.

6.2 If you were to receive future training, what aspect of investigative interviewing and mental health disorders would you like this to focus on?

Thank you for taking the time to complete this questionnaire. Your participation is valued and greatly appreciated. All information will be kept confidential and anonymous.

If you would be interested in taking part in further research, please do not hesitate to contact:

Laura Oxburgh (nee Farrugia) – Laura.Oxburgh@port.ac.uk

Appendix E

Participant No.

Analysis of investigative interviews with vulnerable and non-vulnerable suspects

Raw Data Coding Framework

Section 1 – Details of Interview

Interview length in total: Number of Interviewers:

Interviewer 1: **M/F** Interviewer 2: **M/F** Interviewer 3: **M/F**

Suspect: **M/F** Suspect mental health status: **MD/NMD**

Suspect mental health condition:

Offence:
.....

Other persons present:

Solicitor/Legal App.Adult Other (state).....

No. of interviews conducted with suspect:

Length of each interview:

.....

No. of breaks taken during interview/s:

Interview outcome:

Tick which of the following applies most (one tick only)

Fully co-operative = suspect is engaging/talking in interview but denying the offence;	
Non co- operative = suspect responds 'no comment' throughout;	
Partial admission = admits part of the offence but not all (“Yes I hit her, but I didn’t kill her” “It is bound to be my username, but I can’t remember the conversations”);	
Full admission = admits whole offence	

Section 2 – Engage and Explain

1. Did the police officer provide the date, time and location?

Date reported?	
Time reported?	
Location reported?	

2. Main interviewer's introduction & role explanation:

Name	
Rank	
Police force	
Name of Unit	
Role of main interviewer	

3. Identification of all other person/s present and their role:

PRESENT	
No identification or acknowledgement of other person/s present	
Identifies/acknowledges Legal Adviser	

Identifies/acknowledges Appropriate Adult/Registered Intermediary	
ROLE	
Provides or invites a brief description of their role	
Provides or invites a thorough description of their role and ensures suspect understanding of their role	

4. Suspect right to legal advice:

No mention or explanation of legal advice	
Informs suspect to right of legal advice	
Acknowledges if a legal advisor is present or not	
Asks if the suspect has had enough time to talk to legal advisor or would like to talk to a Legal Advisor if not present	
Suspect is reminded the interview can be stopped at any time to talk to a Legal Adviser	
If the legal advisor is not present, explores why legal advisor is not present and reminds of the right to have a legal advisor at any point during the interview should they want one.	
Provides a full explanation of rights to legal advice.	

5. Recording procedure and notice:

No mention or explanation of recording procedure or notice	
Informs suspect that the interview is being recorded	
Suspect told that they will be provided with a notice at the end, which explains how they can get a copy of the tapes.	
Suspect told that a copy of the tapes will be sent to the legal advisor	
Suspect told that any questions can be asked to legal advisor/officer about the tapes	
Suspect informed that the tapes may be played in court	

6. Police caution:

No caution provided	
Caution provided	
Caution explained by being broken down into individual components	
Suspect is asked questions relating to each individual component of the caution	
Suspect is encouraged to explain in their own words what the caution means	
Interviewer reiterates key points of the caution	
Interviewer liaises to Legal Adviser or Appropriate Adult to confirm they are happy the suspect understands the caution	

7. Explanation of reasons for arrest and interview topics:

No reasons for arrest	
No details of interview topics	
Reasons for arrest stated	
Interview topics stated	
Suspect informed the interview is an opportunity to provide their side	
Relevant law identified for reasons of arrest	
Details of exhibits to be referred to during the interview are provided.	

8. Explanation of interviewer behaviour and exploration of significant statements:

No details provided regarding interviewer behaviour	
No details provided regarding significant statements	
Suspect is informed of note-taking	
Suspect is informed of interviewers taking notes during the interview	
Any significant statements are mentioned (i.e. at the time of arrest, you mentioned...can you confirm you said that...?)	
Suspect is invited to add anything further to significant statements	

9. Rapport:

No evidence of active listening	
---------------------------------	--

No evidence of using the suspects first name (or preferred name)	
No acknowledgement of suspect distress	
Evidence of active listening (i.e. uh huh), paraphrasing	
Use of suspects first name (or preferred name)	
Acknowledges suspect distress	
Evidence of interviewer spontaneity in acknowledging suspect distress, i.e. interviewer spontaneously asks suspect if he/she is ok to continue without the suspect showing signs of distress at that time	

10. How many occasions did the main interviewer demonstrate CAT during the interview? (For example, rewording questions or statements the suspect did not understand):

Section 3 – Account

11. First account:

Interviewer does not ask suspect for first account	
Interviewer does not provide any encouragement to suspect to provide their first account	
Encouragement provided to suspect to provide their first account (i.e. “in your own time, tell me what happened”)	
Appropriate question used to obtain suspects first account	
Inappropriate question to obtain suspects first account	
Following first account, interviewer asks suspect if they have anything further to add	
Interviewer thanks suspect for providing their first account	

12. How often does the main interviewer challenge the suspect in the following ways throughout the interview?

Problem-solving (Appropriate):

Information-gathering (Appropriate)

Confrontational (Inappropriate):

Accusatory (Inappropriate):

13. How many Special Warnings are used throughout the interview?

14. How often during the interview was the suspect asked if he/she had committed the crime?

Section 4 – Intervention by Third Parties

15. How often did the Appropriate Adult intervene in the following ways during the interview?

Inappropriate question type:

Guessing of answers:

Lack of explanation given:

Information-seeking:

Provide further explanation:

Distress:

Challenge suspect:

16. How often did the Legal Adviser intervene in the following ways during the interview?

Inappropriate question type:

Guessing of answers:

Lack of explanation given:

Information-seeking:

Provide further explanation:

Distress:

Challenge suspect:

Section 5 – Question Types

17. Code for each question type for both interviewers

Appropriate	Interviewer 1	Interviewer 2
Open-ended questions:		
(TED)		
Probing (5WH):		
Encouragers/		
Acknowledgements:		
Inappropriate	Interviewer 1	Interviewer 2

18. How many occasions of each question type needed clarification (e.g. suspect asks what the interviewer means)?

Open ended

Probing

Enc/Ack

Closed

Forced Choice

Leading

Opinion/Stat

Multiple

Echo

19. When the interviewer asks a multiple question, what question is answered first by the suspect (total each occasion):

First Question

Second Question

Last Question

Section 6 – Interviewer Characteristics

20. How many occasions does the main interviewer persist with his/her own view when the suspect is providing their explanation?

21a. How often were visual aids used to assist the suspect in their account?

21b. What type of visual aids were used to assist the suspect during the interview?

.....

.....

.....

.....

22. How many occasions did the main interviewer use the following tactics:

Minimization

Maximization

23. How many occasions did the main interviewer use repetitive questioning?

24. How many instances were there of suggestibility during the interview due to the following:

Responses to negative feedback

Responses to leading questions

Responses to repeated questions

25. How many instances were there of compliance during the interview:

26. How many instances were there of acquiescence during the interview:

Section 8 – Investigation Relevant Information (IRI)

27a. Interviewer 1

	Person	Action	Location	Item	Temporal
Open-ended					
Probing					
Encouragers/Ack.					
Closed					
Forced Choice					
Leading					
Opinion/Statements					
Multiple					
Echo					

27b. Interviewer 2

	Person	Action	Location	Item	Temporal
Open-ended					
Probing					
Encouragers/Ack.					
Closed					
Forced Choice					
Leading					
Opinion/Statements					
Multiple					
Echo					

Section 9 – Closure

28. Managing the tapes:

No mention of tapes	
Acknowledges when tape beeps and informs suspect what that means and what will happen next (beeping suggests we are coming to the end of the tapes; the interview will now be suspended)	
Records date and time	
Provides reminder of the purpose of the tapes, i.e. played in court or transcript	
Issues notice for the tape to suspect/Legal Adviser	

29. Summary of events and future processes/agenda:

No summary of events or explanation of future processes/agenda	
Summary of events	
Summary of future processes/agenda	
Encourages suspect to add anything further to the interview	
Encourages suspect to ask any questions	
Suspect is thanked at the end of the interview	

Coding Framework MANUAL

Sections

Section 1 – Details of Interview

Section 2 – Engage and Explain

Section 3 – Account

Section 4 – Intervention by Third Parties

Section 5 – Question Types

Section 6 – Interviewer Characteristics

Section 7 – Suspect Characteristics

Section 8 – Investigation Relevant Information (IRI)

Section 9 – Closure

Section 1 – Details of Interview

Interview length in total: record in minutes

Number of interviewers: numerical

Interviewer Gender: Circle M/F

Suspect Gender: Circle M/F

Suspect mental health status: Circle MD/NMD

Suspect mental health condition: state condition (if known)

Offence: state offence as recorded in interview

Other persons present: Tick box

No. of interviews conducted with suspect: numerical

Length of each interview: numerical (interview 1 = 40 mins; interview 2 = 45 mins etc.)

No. of breaks taken during interview/s: numerical, also record break length (break 1 = 5 mins; break 2 = 15 mins etc.)

Interview outcome:

Tick which of the following applies most (one tick only)

Fully co-operative = suspect is engaging/talking in interview but denying the offence;

Non co- operative = suspect responds 'no comment' throughout;

Partial admission = admits part of the offence but not all (“Yes I hit her, but I didn’t kill her” “It is bound to be my username, but I can’t remember the conversations”);

Full admission = admits whole offence

Section 2 – Engage and Explain

Questions 1-7: In this section, for each question tick all that apply. Record if an option is not applicable (N/A), for example, if there is no Appropriate Adult or Registered Intermediary in the interview, put N/A.

8. Explanation of interviewer behaviour and exploration of significant statements: this relates to the interviewer explaining that they will be taking notes. Significant statements relate to anything that the suspect has said or done at the time of arrest and/or prior to the interview which is significant to the crime in question.

10. Occasions of Communication Accommodation Theory (CAT): Record in numerical form. This should include spontaneous occasions from the interviewer and occasions when the suspect has queried the question and the interviewer has rephrased. It does not include occasions when the interviewer merely repeats the questions.

Communication Accommodation Theory = CAT explains many of the adjustments individuals make to create, maintain or decrease social distance in interaction. Explores ways in which we accommodate our communication. Interviewer changes language to suit suspect's level of understanding

Section 3 – Account

11. To what extent did the interviewer encourage the suspect to provide their first account: Tick all that apply. Record if an option is not applicable (N/A).

12. How often does the main interviewer challenge the suspect in the following ways throughout the interview. Record in numerical form:

Problem-solving (Appropriate) = “so you’re saying you went to the pub and then the shop not the other way around?” “So why are you saying it must have been then?”
Interviewer is working through inconsistencies in the suspect account.

Information-gathering (Appropriate) = typically 5WH, “what way did you go again?”
“When you say you have a drink problem, how does that affect you?” Also can include echo questions but not in the context of the crime – “suspect: yeah I think I said that”
“police: you think you said that?”

Confrontational (Inappropriate) = being confrontational in their highlighting of discrepancies, “But the chat there is not on the MSN its Yahoo isn’t it?” “Isn’t it variable?”

Accusatory (Inappropriate) = “It wasn’t her, it was you” “So you have never seen anyone doing a conversation on these one to one chat bases?” Generally closed/leading questions, “Now you say that, but...” Can also include echo questions in the context of the crime “police: You’ve been arrested for murder” “suspect: I wouldn’t do that”
“police: you wouldn’t do that?”

13. Special Warnings: Record in numerical form. (If a suspect is being interviewed and he/she fails or refuses to answer questions satisfactorily or at all, when being asked to account for objects, marks, substances, marks on objects, possessions etc., or if he/she fail to answer any questions satisfactorily when asked to account for his/her presence at a place or time of offence which he/she has been arrested for, then an adverse inference may be drawn. In giving the warning, the suspect being interviewed must be told in ordinary language what offence is being investigated, what fact they are being asked to account for, this fact may be due to them taking part in the commission of the offence, that a court may draw a proper inference if they fail or refuse to account for this fact and that a record is being made of the interview and it may be given in evidence if they are brought to trial.)

14. How often during the interview was the suspect asked if they had committed the crime. Record in numerical form.

(For example, directly asking the suspect “did you intend to kill XXX?” or asking the suspect when the offence is denied, “You wouldn’t do that?”)

Section 4 – Intervention by Third Parties

15. How often did the Appropriate Adult intervene in the following ways during the interview (this does not include their introductions at the beginning): record in numerical form:

Inappropriate question type (App.): Intervenes due to inappropriate question type and may say, “I think that question is unfair with respect”.

Guessing of answers (App.): If they feel the suspect is guessing in their answers, “Is that a guess? It’s not appropriate to guess”

Lack of explanation provided (App.): Aimed at interviewing officer in order to seek further explanation. For example, “Just to clarify, did you mean...?”

Information-seeking (App.): Seeks further information for suspect from interviewing officer, for example, “Sorry when did they start?”

Provide further explanation (App.): Aimed towards suspect and may provide them with some further explanation if question ambiguous. For example, “You have probably forgotten times, do you need particular times to help?”

Distress (App.): If the suspect is displaying signs of distress; “Are you ok?”

Challenge suspect (InApp.): Challenges the suspect in their answer, for example, “Now you say that but...”

16. How often did the Legal Advisor intervene in the following ways during the interview (this does not include their introductions at the beginning): record in numerical form:

Inappropriate question type (App.): Intervenes due to inappropriate question type and may say, “I think that question is unfair with respect”.

Guessing of answers (App.): If they feel the suspect is guessing in their answers, “Is that a guess? It’s not appropriate to guess”

Lack of explanation provided (App.): Aimed at interviewing officer in order to seek further explanation. For example, “Just to clarify, did you mean...?”

Information-seeking (App.): Seeks further information for suspect from interviewing officer, for example, “Sorry when did they start?”

Provide further explanation (App.): Aimed towards suspect and may provide them with some further explanation if question ambiguous. For example, “You have probably forgotten times, do you need particular times to help?”

Distress (App.): If the suspect is displaying signs of distress; “Are you ok?”

Challenge suspect (InApp.): Challenges the suspect in their answer, for example, “Now you say that but...”

Section 5 – Question Types

17. Question type: Code for question type **after caution and all introductions completed/roles explained**. First question to be coded for is when the suspect is asked for their first account following all introductions, legal sections and significant statements (Code question type for interviewer 1 (main interviewer) and interviewer 2). This includes any questions the interviewers say that may be in the form of a statement:

Open = TED (questions that start with ‘tell, explain, describe’), includes “can you tell me...” etc.

Probing = 5WH (questions that start with ‘what, where, when, who, how’)

Encouragers/Acknowledgements = “Uh huh, ok, hmm”

Closed = Questions that can only elicit a ‘yes or no’ answer (“did you hit him?”)

Forced Choice = Questions where the choices are provided (“was the car black or blue?”)

Leading = Questions that are suggestible or leading, for example, “describe the sawn off shotgun” – no shotgun previously mentioned; “you were in her bedroom weren’t you?”

Opinion/Statement = an opinion or statement by interviewing officer, no question asked.

Multiple = Multiple questions are asked in one instance; “describe the car to me. Did you drive it? What time of day was it?”

Echo = Interviewer repeats suspect response: “I didn’t kill her; you didn’t kill her?”

18. How many occasions of each question type needed clarification, e.g. the suspect asked for clarification; “what do you mean?” Record this in numerical form.

19. When a multiple question is asked, what question is answered first: record this in numerical form. (Only code if the multiple questioned is asked, do not code if the suspect seeks clarification).

Section 6 – Interviewer Characteristics

20. How many occasions does the main interviewer persist with his/her own view when the suspect is providing their explanation (I.e no open mind; “I don't think that happened, this is what I think...”). Record this in numerical form.

21a. How often were visual aids used to assist the suspect in their account (I.e sketches, map drawings). Record this in numerical form.

21b.. What type of visual aids were used to assist the suspect during the interview:

record type of visual aid

22. How many occasions did the main interviewer use minimization and maximization:

record this in numerical form.

Minimization = minimize the crime, moral justification, sympathy and understanding offered, normalizes the crime, offers suspect choice of alternative explanations, for example, suggesting the crime was spontaneous or provoked;

Maximization = citing evidence, real or manufactured, threat of harsher consequences, emphasize the seriousness of the situation, police officer expresses absolute certainty in the suspects guilt, exaggerating the seriousness of the offence

23. Repetitive questioning: how many occasions did the main interviewer use repetitive questioning: record this in numerical form. This does not include any instances where the suspect has not answered the question the first time and the interviewer asks it again.

Does not include questions where the suspect asks for clarification.

Section 7 – Suspect Characteristics

24. Record how many instances of suggestibility occurred due to the following (record in numerical form):

Responses to negative feedback = change response due to negative feedback;

Responses to leading questions = agrees with new information presented in leading question despite not mentioning it previously;

Responses to repeated questions = changes response due to repeated questioning

Please note, suggestibility can be defined as:

Suggestibility = suspect has personal acceptance of information suggested which is why they will provide more information. Questions are structured in such a way to suggest wanted or expected answer. New information mentioned in leading question for example.

25. Total instances of compliance: record in numerical form

Please note, compliance can be defined as:

Compliance = no personal acceptance so will agree to information but will not provide further information. Refers to the tendency of the individual to go along with propositions, requests or instructions for some immediate instrumental gain, eagerness to please, avoid conflict/confrontation

26. Total instances of acquiescence: record in numerical form

Please note, acquiescence can be defined as:

Acquiescence = say yes to two conflicting questions, “Are you happy? Yes. Are you sad? Yes.” Questions are not structured in such a way to suggest the wanted or expected answer. Say ‘yes’ to absurd questions

Section 8 – Investigation Relevant Information (IRI)

27. Code for PALIT and record this in numerical form. PALIT is taken from the suspects response after the question. PALIT should be coded for interviewer 1 and interviewer 2. Code the information when first mentioned during the interview and only code new information. Do not code prepared statements (i.e. those that are read out by the Legal Adviser as a prepared statement on behalf of the suspect)

Please note, PALIT is an acronym for:

P = person, any description of any person, i.e. height, weight, any mention of mental illness or health condition

A = action, any action, i.e. “I went, I ate” etc. Do not code “I can’t remember” as action

L = location, any location, i.e. bedroom, pub, street

I = item, any item, bed, knife, adult dating website, internet email provider

T = temporal, time, date including “yesterday,” “tomorrow,” “next week”

Section 9 – Closure

Questions 28-29: In this section, for each question tick all that apply. Record if an option is not applicable (N/A).

Appendix F

What they do and what they *should* do: The Appropriate Adult intervention in mentally disordered suspect interviews in England and Wales

Raw Data Coding Framework

Section 1: General Interview Characteristics

Interview length (total in minutes):

No. of interviews conducted:

Break length (total in minutes):

No. of breaks:

No. of interviewers:

Interviewer 1: **M/F**

Interviewer 2: **M/F**

Suspect mental health condition: Suspect: **M/F**

Other persons present:

Legal Advisor

Appropriate Adult

Other:

Interview Outcome:

Co-operative = suspect is engaging/talking in interview but denying the offence;	
Non co-operative = suspect responds 'no comment' throughout;	
Partial admission = admits part of the offence but not all (“Yes I hit her, but I didn’t kill her” “It is bound to be my username, but I can’t remember the conversations”);	
Full admission = admits whole offence	

Section 2: Appropriate Adult Interventions

How often did the Appropriate Adult **actually intervene due to the following appropriate reasons** (instances to be recorded in numerical value):

(NB Appropriate interventions include those that are in accordance within the role of an Appropriate Adult as outlined in PACE and the accompanying Codes of Practice (1984), and include interventions that are purposeful).

Legal rights

Understanding of legal rights

Role of AA

AA Consultation

Police caution

Understanding of the caution

Free recall

Inappropriate/repeated challenges

Interruption of suspect

Leading suspect

Suspects' misunderstanding/Clarification of Q

Guessing of answers

Suspect distress

Other

How often did the Appropriate Adult **intervene due to the following inappropriate reasons** (instances to be recorded in numerical value):

(NB Inappropriate interventions include those that are beyond the scope of the role of an Appropriate Adult as outlined in PACE and the accompanying Codes of Practice (1984), and include interventions that were purposeless and obstructive).

Answering questions Other

New and/or additional information

Challenge/Truth

Role of officer

How often did the Appropriate Adult **fail to intervene** due to the following appropriate reasons (instances to be recorded in numerical value):

(NB Failure to intervene includes the Appropriate Adult not appropriately intervening in accordance within the role of an Appropriate Adult as outlined in PACE and the accompanying Codes of Practice (1984), and include interventions that are purposeful).

Legal rights

Understanding of legal rights

Role of AA

AA Consultation

Police caution

Understanding of the caution

Free recall

Inappropriate/repeated challenges

Interruption of suspect

Leading suspect

Suspects' misunderstanding/Clarification of Q

Guessing of answers

Suspect distress

Other

What they do and what they *should* do: The Appropriate Adult intervention in MD suspect interviews in England and Wales

Coding Framework MANUAL

Section 1: General Interview Characteristics

All to be recorded in numerical value and appropriate selections to be signified

Section 2: Appropriate Adult (AA) Interventions (APPROPRIATE)

- a) **LEGAL RIGHTS**: AA prompting the officer to advise suspect of their legal rights if the officer has failed to do so;
- b) **UNDERSTANDING OF LEGAL RIGHTS**: AA prompting the officer to test the suspects' understanding of their legal rights if the officer has failed to do so; do not code

if the officer asks “do you understand?” Do not code if not completed in multiple interviews;

- c) **ROLE OF AA**: AA prompting officer to inform suspect of the role and duties of the AA (including giving advice/assistance, ensuring interview is conducted fairly and facilitate communication as per PACE (1984)) Also code if the AA reminds the suspect of their role or if the AA clarifies their role if suspect misunderstands;
- d) **AA CONSULTATION**: AA prompting officer to inform suspect that they can consult privately with the AA at any time re communication and understanding;
- e) **POLICE CAUTION**: AA prompting the officer to advise the suspect of the police caution if the officer has failed to do so;
- f) **UNDERSTANDING OF THE CAUTION**: AA prompting the officer to test the suspect’s understanding of the caution if the officer has failed to do so. Do not code if not completed in multiple interviews;
- g) **FREE RECALL**: AA prompting the officer to allow for a free and uninterrupted/unhurried period of free recall if the officer has failed to do so;
- h) **INAPPROPRIATE/REPEATED CHALLENGES**: AA highlighting/informing the officer if he/she is inappropriately/repeatedly challenging the suspect in a confrontational or accusatory manner, or if the officer is challenging the account as being unbelievable or a lie in the absence of clear evidence or if it impacts upon the suspects’ communication, for example, causing confusion. Should also include inappropriate interpretations of the suspect recall, e.g. suspect states: ‘I brushed past’ and interviewer states, ‘you pushed past’. This should also be coded if the interviewer is not corrected by the suspect and the AA intervenes but should not be coded if the LA has intervened and it relates to a legal point;

- i) **INTERRUPTION OF SUSPECT**: AA highlighting/informing the officer if he/she is constantly interrupting the suspect, should only be coded if the interruption is inappropriate;
 - j) **LEADING SUSPECT**: AA highlighting/informing the officer if he/she is leading the suspect;
 - k) **SUSPECTS MISUNDERSTANDING/CLARIFICATION OF Q**: AA highlighting the suspect's misunderstanding and/or assisting in the clarification of questions. This includes if the AA asks for further information from the officer or others present (e.g. Legal Advisor), and/or provides further explanation to the suspect to assist their understanding; do not code if the suspect asks the officer for clarification;
 - l) **GUESSING OF ANSWERS**: AA highlighting/informing the officer if the suspect is guessing in their responses or reminding the suspect not to guess if it appears they are doing so;
 - m) **SUSPECT DISTRESS**: AA highlighting/informing the officer if the suspect appears distressed and the officer has not acknowledged this;
 - n) **OTHER**: AA intervening for any other occasion not noted above, e.g. use of visual aids
-

INAPPROPRIATE INTERVENTIONS:

- a) **ANSWERING QUESTIONS**: AA answering the questions on behalf of the suspect;
- b) **NEW AND/OR ADDITIONAL INFORMATION**: AA introducing any new and additional information in support of, or, incriminating the suspect;

- c) **CHALLENGE/TRUTH**: AA challenging the suspect's account or insisting on the suspect telling the truth;
 - d) **ROLE OF OFFICER**: AA adopting the role of the interviewing officer, such as echoing the officer's questions or putting questions to the suspect other than to clarify meaning;
 - e) **OTHER**: AA intervening for any other occasion not noted above
-

MISSED INTERVENTIONS: These should be recorded as per the definitions listed in APPROPRIATE INTERVENTIONS above.

Appendix G

Information Sheet

Title of Project: Forensic interviewing of mentally disordered suspects: The impact of interview style on investigation outcomes.

Introduction: The study in which you have been invited to participate is designed to explore which investigative interview practice is most effective when interviewing individuals in a forensic interview setting. This study is being conducted as part of a PhD Programme of Study within the Psychology Department and is currently supervised by Professor Fiona Gabbert. The study has been reviewed and received ethical approval by the Research Ethics Committee at Goldsmiths, University of London.

Procedure: You will shortly be briefed on two tasks that you are required to complete. One will involve a minor transgression and the other will involve a non-criminal task. Please be assured that these tasks form part of this study and are being simulated for this purpose. There are no consequences and you will not get into any trouble. Once you have completed both tasks, you will attend a simulated forensic interview during which you will be asked a number of questions about your involvement in the tasks. The interview will be visually and audio recorded. You should tell the truth about the non-criminal task but deceive the interviewer about the minor transgression – you should come up with an alternative narrative as to why you are here. The interviewer will be unaware of which non-criminal and minor transgressions you have completed and your task is to provide as much information as possible but convince the interviewer that you have not been involved in any transgressions. Following your interview, you will be

invited to complete a short post-interview evaluation about your experiences of the simulated forensic interview.

Risks/Ethical Concerns: This study is not expected to involve any risks or cause any discomfort or distress. However, should you experience any discomfort or distress, you are able to withdraw your participation from this study at any time without providing any reasons.

Confidentiality: The data obtained from this study will be fully anonymised and stored confidentially. You will be provided with a participant number and where subsequent publication may take place following the study, neither you nor your data will be identifiable.

Should you have any questions, you can contact:

Laura Farrugia

PhD Researcher

Loxbu001@gold.ac.uk

Professor Fiona Gabbert

PhD Supervisor

f.gabbert@gold.ac.uk

Appendix H

Consent Form

Forensic interviewing of mentally disordered suspects: The impact of interview style on investigation outcomes.

The study in which you have been invited to participate is designed to explore which investigative interview practice is most effective when interviewing individuals in a forensic interview setting. This study is being conducted as part of a PhD Programme of Study within the Psychology Department and is currently supervised by Professor Fiona Gabbert. The study has been reviewed and received ethical approval by the Research Ethics Committee at Goldsmiths, University of London.

Your participation in this study is extremely valuable but completely voluntary. You are free to withdraw from this study at any time you choose. If you choose to participate, we anticipate that the study will take no longer than 1 hour to complete. Please feel free to ask any questions you may have before completing the consent form.

Participant Number:

CONSENT FOR RESEARCH PARTICIPATION

I have read, understood and have been provided with a copy of the information sheet detailing this study.

I consent to participate in this study and given permission for the forensic interview to be video and audio recorded for the purposes of data analysis.

I understand that I will be provided with a participant number and I have been informed that my data will be stored confidentially and neither myself nor my data will be identifiable in any subsequent publication.

Signature of Participant:

Date:

Signature of Researcher:

Date:

Researcher Details:

Laura Farrugia

loxbu001@gold.ac.uk

Professor Fiona Gabbert

f.gabbert@gold.ac.uk

Appendix I

Debrief Form

Forensic interviewing of MD suspects: The impact of interview style on investigation outcomes.

The study in which you have participated has been designed to explore which investigative interview practice is most effective when interviewing individuals in a forensic interview setting. This study was conducted as part of a PhD Programme of Study within the Psychology Department and is currently supervised by Professor Fiona Gabbert. The study has been reviewed and received ethical approval by the Research Ethics Committee at Goldsmiths, University of London.

Your participation in this study was extremely valuable but completely voluntary. Whilst you have completed the study, you are free to withdraw your data up to 6 weeks from your participation date. You do not have to provide any reasons for doing so.

All data will be stored confidentially and neither you nor your data will be identifiable in any subsequent publications. If you feel you have experienced any discomfort or distress or have any questions about the study, please contact one of the researchers below.

Researcher Details:

Laura Farrugia

loxbu001@gold.ac.uk

Professor Fiona Gabbert

f.gabbert@gold.ac.uk

Forced Choice	
Leading	
Opinion/Statement	
Multiple	
Echo	

7. How many occasions of each question type needed clarification?

Open

Probing

Enc/Ack

Closed

Forced Choice

Leading

Opinion/Stat

Multiple

Echo

8. When the interviewer asks a multiple question, what question is answered first (total each occasion):

First Question

Second Question

Last Question

Section 3: Investigation Relevant Information (IRI)

9. How much IRI was gained overall from all interviewer questions?

	Person	Action	Location	Item	Temporal	Total
Open						
Probing						
Enc/Ack						
Closed						
Forced Choice						
Leading						
Opinion/Stat						
Multiple						
Echo						

10. Correct vs. Incorrect IRI from scenario specific details (percentages):

	Person		Action		Location		Item		Temporal	
	Correct	Incorrect	Correct	Incorrect	Correct	Incorrect	Correct	Incorrect	Correct	Incorrect
Open										
Probing										
Enc/Ack										
Closed										
Forced Choice										
Leading										
Op/Stat										
Multiple										
Echo										

11. What additional IRI was gained through the use of visual aids?

Person		Action		Location		Item		Temporal	
Correct	Incorrect	Correct	Incorrect	Correct	Incorrect	Correct	Incorrect	Correct	Incorrect

Section 4: Interviewee Characteristics

12a. How many instances were there of minimisation during the interview?

12b. Of those instances of minimisation, how many occasions did the participant demonstrate compliance to it:

13. How many instances were there of suggestibility during the interview:

14. How many instances were there of compliance during the interview:

15. How many instances were there of acquiescence during the interview:



Forensic interviewing of mentally disordered suspects: The impact of interview style on investigation outcomes

Coding Framework MANUAL

Sections

Section 1 – General Interview Characteristics

Section 2 – Question Types

Section 3 – Investigation Relevant Information

Section 4 – Interviewee Characteristics

Section 1 – General Interview Characteristics

1. Length of interview: record in minutes
2. Interview type: select which model was used
3. Gender of participant: select male or female
4. Age of participant: record in years
5. MH of participant: select if participant has mental health disorder or not; if participant has mental health disorder, note which type

Section 2 – Question Types

6. Question type: code frequency of each question type after all introductions and explanations provided. The first question to be coded for relates specifically to scenarios and may be, ‘Ok so tell me what you know...’ or ‘what were you...’

Open = TED (questions that start with ‘tell, explain, describe’)

Probing = 5WH (questions that start with ‘what, where, when, why, how’)

Encouragers/Acknowledgements = ‘uh huh’ ‘ok’ ‘hmm’

Closed = questions that can only elicit a ‘yes or no’ answer, e.g. ‘did you take the phone?’

Forced Choice = questions where the choices are provided, e.g. ‘was the phone inside or outside of the bag?’

Leading = questions that are mention new information not previously mentioned by the participant, e.g. ‘describe the iPhone’ – a mobile phone mentioned but no iPhone previously mentioned

Opinion/Statement = an opinion or statement mentioned by interviewer, no question asked

Multiple = several questions asked in one instance, e.g. ‘describe the mobile phone to me, was it switched on or off?’

Echo = interviewer repeats participant response, e.g. ‘I don’t know about the phone’ ‘you don’t know about the phone’

7. Clarification of question type: code the frequency of any questions that needed clarifying by the participant, e.g. when the participant asks ‘what do you mean?’ or indicates that they do not understand the question, e.g. ‘I don’t know what you mean by that question’

8. Multiple question: record which question is answered first (do not code if the suspect seeks clarification)

Section 3 – Investigation Relevant Information (IRI)

9. IRI gained overall from all interviewer questions: code for PALIT and record frequencies. PALIT is taken from the participants responses after the question. Code the information when first mentioned during the interview and only code once (e.g. do not code if same information is mentioned on more than one occasion)

P = person, any description of any person, e.g. height, weight, any mention of mental illness or health condition

A = action, any action, e.g. I went, I ate, etc., do not code ‘I can’t remember’ or ‘I think’

L = location, any location, e.g. postgraduate room, university

I = item, any item, e.g. phone, USB pen, internet email provider

T = temporal, time, e.g. date including yesterday, tomorrow, next week

10. Correct vs Incorrect details: code IRI (PALIT as above) from scenario specific details and record if correct (✓) or incorrect (x); record as percentages

11. Additional IRI through visual aids: code mention of new details (PALIT as above) when using a visual aid (such as sketching) that have not previously been mentioned; record as percentages if details are correct (✓) or incorrect (x)

Section 4 – Interviewee Characteristics

12a. Minimisation: record frequencies of minimization

Minimisation = minimise the crime, offer moral justification, sympathy and understanding, normalizes the crime, offers participant alternative explanation, for example suggesting they took the mobile phone by accident

12b. Compliance to minimisation: record frequency of participant being compliant to instances of minimisation

Compliance = participant does not have a personal acceptance of information suggested to them and will not provide further information but will agree to information. Refers to the tendency of the individual to go along with propositions, requests or instructions for some immediate instrumental gain, eagerness to please, avoid conflict/confrontation

13. Suggestibility: record frequencies of suggestibility

Suggestibility = participant has personal acceptance of information suggested and will provide more information; questions are structured in such a way to suggest wanted or expected response, new information mentioned in a leading question for example

14. Compliance: record frequencies of compliance (definition as above)

15. Acquiescence: record frequencies of acquiescence

Acquiescence = participant will say 'yes' to two conflicting questions, e.g. 'are you happy?' 'yes' 'are you said?' 'yes'. Questions are not structured in such a way to suggest the wanted or expected response.

Appendix K

The Forensic Interview Trace (FIT) ©

Effective evaluation and analysis of forensic interviews: The Forensic Interview Trace[®]

Abstract

Forensic interviewing forms an integral part of a police/law enforcement officer's main duties and responsibilities. However, not every interviewer possesses suitable interview skills to be able to complete this effectively and despite the introduction of the PEACE model of interviewing, with the last 'E' focusing specifically on 'Evaluation', this stage of the interview model rarely gets the attention it deserves. This is concerning given the need for forensic interviews to be ethical, productive and admissible. The Forensic Interview Trace (FIT[®]) is a recently developed tool designed to record all aspects of a forensic interview including questioning, interviewee responses and interview/interviewee characteristics. The development of this tool is considered within the context of a forensic interview and in comparison to similar tools, namely the Griffiths Question Map (GQM). Whilst still in its infancy and requiring empirical testing and validation, it is anticipated that the FIT[®] will assist with the effective evaluations of forensic interviews in order to ensure compliance with relevant guidance and legislation, as well as ensuring that effective interview skills pertain to best practice.

Keywords: Forensic interviews, police, evaluation, questioning, information gain

Introduction

The Forensic Interview

The current paper focuses on when and how interviewers evaluate their forensic interviews whilst introducing a new tool, the Forensic Interview Trace[®]. Forensic interviewing is a crucial part of the judicial process to progress any investigation, with the intention of gathering as much accurate and reliable information as possible (Oxburgh & Ost, 2011; Williamson, 2006). The PEACE model in England and Wales provides interviewers with an ethical foundation for interviewing any type of interviewee (Williamson, 2006). PEACE is the mnemonic acronym for the five stages of forensic interviewing; (**P**lanning and preparation, **E**ngage and explain, **A**ccount clarify and challenge, **C**losure, and **E**valuation (Central Planning and Training Unit [CPTU], 1992a, b; National Crime Faculty [NCF], 2000). It is now the most widely used and accepted method of forensic interviewing for victims, witnesses and suspects across the world including (but not limited to) Australia, parts of Canada, England and Wales, New Zealand and Norway. An adapted version of the various phases of the PEACE model of interviewing, as outlined by NCF (1996; 1998; 2000 [pp. 37-71]) and Centrex (2004, p.77-79) are detailed below:

Planning and preparation – This is a vital part of all investigative interviews (whether a victim, witness or suspect) and interviewing officers must first consider how the interview might contribute to the overall investigation. The interviewing officer/s should have a clear understanding of the purpose of the interview and should consider when and where it will take place. If there are two interviewing officers, they should be clear what each other's roles are within the interview, but they should also be aware of all known facts in the case and, if interviewing a suspect, they should have all available evidence against him/her (and have any exhibits available) and know at what point in the interview the evidence will be disclosed. Before commencing the interview, the interviewer should make any necessary arrangements for the attendance of other persons such

as a legal advisor, a Registered Intermediary¹⁴, Appropriate Adult¹⁵, interpreter etc.

Engage and explain – This is the first main phase of the actual interview (see figure 1) and involves the opening of the interview and building rapport with the interviewee – this phase is crucial to the interview’s overall success; however, anecdotal evidence suggests this phase is not given the attention it deserves. Interviewers should use appropriate language, avoid legal jargon, should be flexible in their approach, and try to create a relaxed atmosphere reassuring the interviewee if necessary. All individuals present in the interview room should be introduced and their roles explained. The reasons for the interview and the procedures that will be followed in the interview should be explained, including how long (approximately) the interview will last, together with a basic outline of the interview, including who will ask the most questions, who will be taking notes, and the introduction of any exhibits. Interviewees should be encouraged to say when they don’t know or are unsure about something.

Account, clarify and challenge – The aim of this phase is to gain as much information as possible and in the interviewee’s own words; this helps increase accuracy and consistency. Interviewer/s should obtain an initial free recall from the interviewee and then sub-divide the account into sub-sections to probe for more detail or clarify any details provided. The interviewer may use several attempts to get the interviewee to recall their events; this may involve encouraging the interviewee to change their perspective before challenging them on all relevant factors using appropriate questioning techniques (e.g., open depth or open breadth questions [Tell..., Explain..., Describe...], followed by focussed prompts, also known as probing or 5WH questions [Who..., What..., When..., Where..., How...]). During the challenge part of this phase, the officer/s should introduce any relevant exhibits (if a suspect) and other evidence available.

¹⁴ Communication experts called in by police and the criminal justice system with backgrounds in speech and language therapy, psychology, mental health, vulnerability *per se* and recruited, selected, trained and accredited by the UK Ministry of Justice.

¹⁵ An independent individual who is required to facilitate communication with the suspect in a police interview and to observe

whether the interview is being conducted properly and fairly. Such individuals can be volunteers who have received minimal training.

Closure – This phase involves the interviewer/s summarising what has occurred during the interview to ensure that there is a mutual understanding about what has taken place. This is an ideal opportunity to verify that all aspects have been sufficiently covered (with the interviewee and the second interviewer if appropriate). The interviewer/s should also explain what will happen after the interview is completed. If this phase is conducted appropriately, it should facilitate a positive attitude towards the interviewee helping the police in the future.

Evaluation – This phase is vitally important for the interviewer and his/her manager/supervisor. It is not just about the evaluation of how much information was obtained, or whether a confession was obtained (if a suspect), rather, it should include the interviewer/s and appropriate supervisor/s evaluating performance including questions asked, information obtained, whether sufficient rapport was established, whether empathy was used throughout, and whether all aspects of the model were upheld. Adherence to policy and practice should also be reviewed.

Figure 1 shows the linear model that includes all processes before, during and after the PEACE interview.

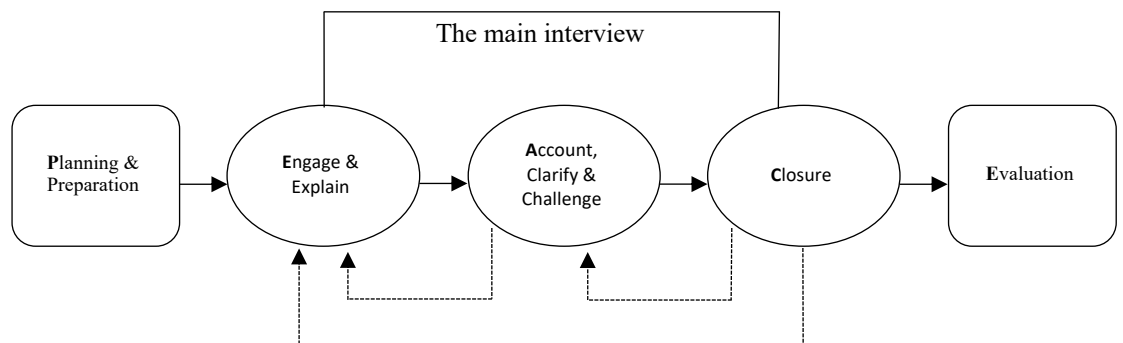


Figure 1.

The PEACE model of interviewing (adapted from the National Crime Faculty [NCF], 1996, p.21).

Anecdotal evidence suggests (and empirical research confirms) that the 'Evaluation' stage of the PEACE model (the last 'E' in PEACE), rarely gets the attention it deserves or warrants (see Clarke & Milne, 2001; Clarke, Milne & Bull, 2011, Walsh, King & Griffiths, 2017 for a full discussion on the topic area). This is concerning on a number of levels. First, such evaluations ensure the interviewer is complying with the appropriate policies and practices, including legislative practices. Second, this stage allows for the interview to be examined within the context of its aims and objectives and for further areas of investigation to be identified. Third, in addition to the procedural aspects of the forensic interview, conducting effective evaluations allows the interviewer to reflect upon their own practice and consider what (if any) improvements could be made in their future interviews (Walsh et al., 2017). This is becoming increasingly important given the often-limited refresher training and resources available to those conducting forensic interviews (Wright & Powell, 2006). Interviewers are required to be skilled in their practice, especially as they can be held accountable for their own performance. As such, interviews must be conducted ethically, fairly and in accordance with National laws and policies (e.g., making the interview/s legally admissible (e.g., 'bomb-proof'; see Oxburgh & Hynes, 2016). It is important to note that Police Officers tend to rate their own interview performance more highly than expert witnesses do (Powell, Wright & Hughes-Scholes, 2011) which may have serious implications for the outcome of the overall investigation.

The Importance of Conducting Evaluations of Forensic Interviews

Conducting interviews is a highly complex and dynamic process regardless of the type of interview conducted. Interviews of a forensic nature must consider a vast amount of issues when interviewing victims, witnesses and/or suspects (De Fruyt, Bockstaele, & De Greek, 2006). Maintaining effective interview skills pertaining to best practice, is, therefore, vital and can be achieved with continuous evaluation of the individuals' interview performance. Indeed, research has shown that the absence of feedback/evaluation is closely linked with the persistence of under-performing and a lack of learning (Kruger & Dunning, 1999). It has also been shown that training alone is

insufficient to sustain levels of skill in investigative interviewing due to the lack of subsequent reinforcement activities (e.g., supervisory monitoring and evaluation; Griffiths, 2008).

Anecdotally, police officers make reference to not having enough time or resources to evaluate their interview performance, especially if the investigation is high-profile in nature. Although this is not overly surprising given the limited funding and resources available to police forces *per se* in England and Wales, it is concerning (see Association of Police and Crime Commissioners, APCC, 2015). Information gained in such interviews often goes on to inform the subsequent stages of the overall investigation, thus, making this an important stage within the judicial process (Smets & Rispens, 2014). Although the interviewing of any type of interviewee forms an integral part of a police/law enforcement officer's main duties and responsibilities, not everyone possesses suitable interview skills to be able to complete this effectively (Bockstaele, 2002). In addition, what police officers believe they are doing in terms of questioning practice does not always reflect what is actually occurring (Oxburgh, Gabbert, Milne & Cherryman, 2016). As such, evaluating forensic interviews allows individuals to not only explore areas of best practice that are already being completed, but also and perhaps more importantly, identify those areas that may require further learning. This ensures that further interview performance can be enhanced and optimised (Smets & Rispens, 2014) and that the quality of forensic interviews is maintained and improved where necessary.

There are varying views as to what constitutes a 'good quality' or 'effective' interviews (Baldwin, 1992), given the different variables that can be accounted for. For example, the context of the interview; whether it be within a forensic context or that of a doctor-patient interaction. In addition, individual personalities and the impact of question type can also impact upon what constitutes a 'good quality' interview; individuals may respond to specific types of questions which others may class as of poorer quality (Shepherd & Griffiths, 2013). In addition, those attempting to make an evaluation of a 'good quality' forensic interview may discover that there are very few ground rules as interviewers will interview in their own way (although it is expected this will be in accordance with interview guidelines and legislation). Consequently, it can be difficult to

assess the 'quality' of any given interview. However, within a forensic interview context, initial research has highlighted that the interview is of 'good quality' if considerations have been given to, for example: (i) the appropriate planning and preparation being completed (ii) a knowledge and compliance with the law has been shown; (iii) appropriate questioning has been applied, and; (iv) the use of rapport and empathy (amongst other factors; McGurk, Carr, & McGurk, 1993; Milne & Bull, 1999; Stockdale, 1993). More recent research has also advocated that a 'good quality' interview should also include the use of a free narrative and refers to the amount of detail elicited from the interviewee (Westcott, Kynan & Few, 2006). Thus, methods of evaluating forensic interviews need to be able to accommodate for all of these factors (and more).

Current Methods in Evaluating Forensic Interviews

Currently, there is no standardised practice for evaluating forensic interviews in England and Wales, despite the PEACE model of interviewing being used for several decades. In fact, some organisations do not complete any evaluation of their interview performance, risking a decline in skillset or an increase in malpractice (Lamb, Sternberg, Orbach, Esplin, & Mitchell, 2002; Walsh et al., 2017). Of those that do monitor performance, the methods in which forensic interviews are evaluated differ widely.

Various research conducted into the evaluation of forensic interviews has established that interview quality is improved following the 'coaching' of police officers in interview competencies or supervision of forensic interview practices, thus emphasising the importance of interview supervision in ensuring the maintenance of best practice (Lamb et al., 2002; Powell & Wright, 2008; Smets, 2012). In addition to standard supervision with a mentor or superior, discussing interview performance amongst peers (known as 'interview supervision') is another method which can assist in performance monitoring (Smets & Rispens, 2014). This can be undertaken in addition to individual evaluations of interviews, group and/or individual coaching. However, whilst interview performance is enhanced immediately after or during the interview evaluation, research has indicated that learned investigative interview skills drop significantly once each supervision session has ended (Lamb et al., 2002). This suggests the need for regular and ongoing supervision and support. Yet, there is still no standardised method or tool to assist those required (or keen) to maintain and develop their skillset through

the evaluations of their own interviews, although some attempts have been made by Clarke and Milne (2001) using their Behaviourally Anchored Rating Scales (BARS). However, these authors found limited consistency amongst supervisors who used the BARS even when assessing the same interviews. More recently, anecdotal evidence suggests that some police forces and academic researchers now use the Griffiths Question Map (GQM; Griffiths, 2008), although the evaluation stage overall is still largely overlooked.

The Griffiths Question Map

The Griffiths Question Map (GQM) is a tool which maps the chronology and sequencing of questions asked across the timespan of an investigative interview (Griffiths, 2008). Using question types defined individually and categorised as appropriate and inappropriate within the psychological literature (Hargie & Dickson, 2004; Milne & Bull, 1999), the GQM provides the reviewer with a visual record of the interview. The following eight question types are utilised as part of the GQM (see Griffiths, 2008 for full details):

Appropriate: (i) open, (ii) probing, and (iii) appropriate closed

Inappropriate: (iv) inappropriate closed, (v) leading, (vi) multiple, (vii) forced choice, and (viii) opinion/statement

The GQM can be created and managed using an Excel spreadsheet and allocating one line for each question type. This allows for each question type to be plotted onto the appropriate line. The plots are subsequently joined together so that a visual map is formed of the question types used during the interview (see Figure 2 for an example). In addition, the reviewer can manually insert blocks of times or breaks taken for example.

This tool is efficient in that it is relatively easy to train individuals to categorise questions appropriately and utilise the GQM. Griffiths (2008) trained serving police officers in the use of the GQM and its effectiveness. He found that the level of agreement between police officers for all question types was 87.1%. Further research has

also highlighted the usefulness of the GQM. Dodier and Denault (2017) used the GQM to objectively describe the way in which an interviewer questioned an adolescent during a police investigation. Furthermore, its graphical representation of the quality of an interview has also proven useful in court proceedings when evaluating evidence. For example, Griffiths (2008) outlines a case study whereby a trial Judge excluded an interview from the proceedings due to the erratic style of questions asked, illustrated graphically via the use of the GQM.

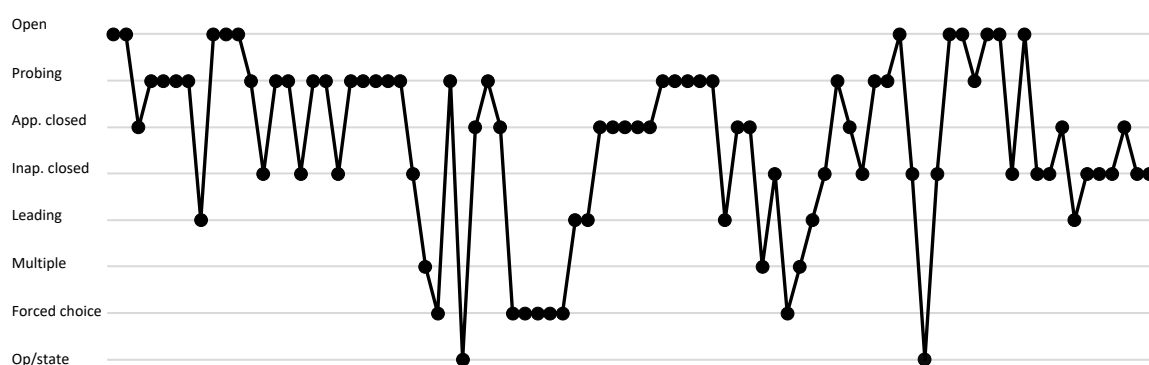


Figure 2. Example of a completed GQM (adapted from Griffiths, 2008, pp. 222-223)

Whilst there is no doubt that the GQM has assisted in the evaluation of interviews and provides a useful visual display of the types of questions asked during an interview, its use is somewhat limited. Conducting forensic interviews (or interviews of any nature) is cognitively demanding and involves more than just the questioning of an individual. Focusing solely on question types restricts the GQM's use in that it does not provide many other details (i.e. length or specific details of responses provided, use of rapport, empathy, impact of interviewee characteristics; Dodier & Denault, 2017). This could impact upon the forensic interview process which may be of specific interest to interviewing officers when evaluating their own interview performance, or to other professionals working as part of the criminal justice system (expert witnesses, legal professionals, members of the judiciary), or indeed to academic researchers. The evaluation of the quality of the forensic interview requires a tool that will encompass more than the questioning strategy.

Background

The Forensic Interview Trace (FIT)[®] is a computer programme that has been specifically developed to: (i) record the structure, content and characteristics of a forensic interview involving victims, witnesses and suspects (or ‘persons of interests’); (ii) visually represent the structure and content of forensic interviews, and (iii) assess the efficacy and quality of forensic interviews for the purposes of national and international judicial processes (including police and law enforcement agencies, non-governmental organisations (NGOs), and the private sector), and the continuation of professional development of interviewers.

Accessing the FIT[®]

The FIT[®] can be installed on institutional services and subsequently used on an individual, group or institutional basis with each user provided with secure log-in details. Whilst the FIT[®] is a secure tool, it will be the responsibility of each institution to ensure they comply with data protection laws (e.g., General Data Protection Regulations [GDPR]). Each user will only have access to their own individual interviews, with a hierarchy of secure access to supervisors and line-managers. Users can upload and store audio/video files of forensic interviews in addition to the upload and storage of documents relevant to the planning and preparation of such interviews. Given that it is not mandatory for all interviews to be recorded in various countries, interview transcripts can still be analysed by the user. Each user can record details of all demographic information relating to the interviewer and interviewee, plus interactions during the selected interview/s, including, but not limited to: (i) types of questions asked; (ii) information gained from the interviewee in response to the questions asked; (iii) other persons present etc; (iv) positive and negative interviewer behaviour (e.g., active and reflective listening, humane interaction, contempt, anger, disgust, maximisation etc), and; (v) interviewee characteristics (e.g., suggestibility, compliance etc.). In addition, the user can add notes or comments justifying particular questioning styles or other relevant material.

Once all of the information is uploaded and the interview is analysed by the user, the FIT[®] provides bespoke visual ‘traces’ and summary of the entire interview (across time intervals; see figures 3 & 4 for examples). Whilst figure 3 is self-explanatory, figure 4 shows a visual representation of the complete interview in five-minute intervals. The grey visual background highlights the total number of unique items of investigation relevant information obtained (see Oxburgh & Ost, 2011) whereas the blue and orange bars show the number of appropriate and inappropriate questions asked by the interviewer. The green and black dots outline incidences of positive and negative behaviour shown by the interviewer. This enables full evaluation and reflection of the interview and the interviewer/s’ behaviour and skills for the purposes of continuing professional development. The FIT[®] is fully customisable to the needs of the specific clients regardless of background (e.g. police and law enforcement, NGOs, financial institutions, insurance companies etc.) and full reports of each interview can be downloaded and printed if required.

Open questions (breadth)												X	X			X		X	X
Open questions (depth)	X	X				X								X	X		X		
Probing/Focused (wh- questions)					X														
Encouragement/Facilitators																			
Echo statements																			
Closed questions			X	X			X		X	X									
Forced choice/Option posing																			
Multiple questions																			
Opinion statement																			
Leading questions																			
Clarification								X			X								
Person						2		1				1	1			3			
Action	2								1	1	1	1	1	1		3	1		1
Location																			
Item																			
Temporal											1	1	1						
Suggestability																			
Compliance	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Acquiescence																			
Interruption by Interviewer																			
Silence by Interviewer																			
Suggestion of Possible Scenarios																			
Summary																			
Communication Aid																			
Empathy																			
Time	00:26:30	00:26:42	00:27:00	00:27:12	00:27:25	00:27:49	00:28:57	00:29:24	00:29:39	00:29:43	00:30:21	00:30:32	00:31:17	00:32:34	00:32:47	00:33:25	00:34:23	00:34:46	00:35:10

Figure 3. Example (a) of visual trace produced by FIT[®]

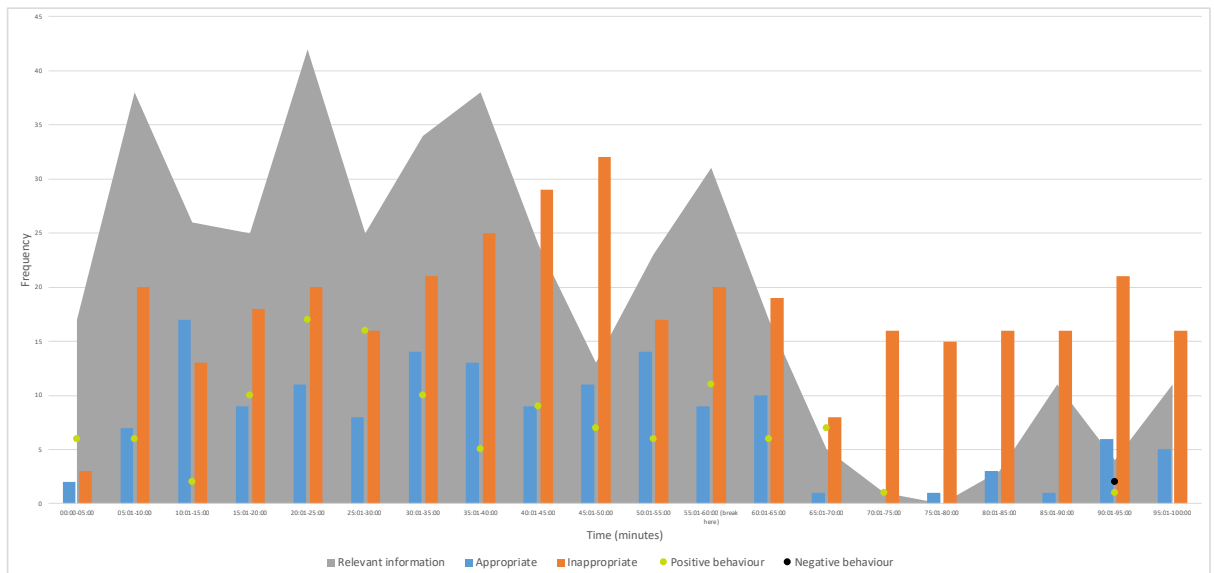


Figure 4. Example (b) of visual trace produced by FIT[®]

The FIT[®], therefore, allows all aspects of a forensic interview to be incorporated into the analysis and reflection, ensuring that the whole of this dynamic process can be captured and evaluated upon.

Limitations of FIT[®]

The Forensic Interview Trace[®] has been developed to allow for all aspects of an interview to be incorporated into the evaluation. It is anticipated that this will facilitate the maintenance of effective interviewing skills. However, the tool requires empirical testing and validation. In addition, time and cost implications need to be considered - those using FIT[®] in their interview evaluations would require the appropriate time and workload measures to be able to use FIT effectively. Consequently, such implications must be interpreted with caution given the early stage that this tool is currently at.

Whilst still in its infancy, the FIT is currently being piloted and empirically assessed by several national and international organisations in evaluating forensic interviews, and its efficacy in assisting with the evaluation of investigative interviews is also being tested in the laboratory. Although there may indeed be time and cost implications, it is vital that all interviewers conduct evaluations of their forensic interviews; the FIT is being explored as a tool to allow this in a systematic and

standardised approach thus making the task of evaluating forensic interviews less burdensome.

Conclusion

Forensic interviewing is a crucial part of any investigation and since the introduction of the PEACE model of interviewing, the onus is now on gathering reliable and accurate information. Although the interviewing of any type of interviewee (victims, witnesses, suspects) forms an integral part of a police/law enforcement officer's main duties and responsibilities, not every interviewer possesses suitable interview skills to be able to complete this effectively (Bockstaele, 2002). The last 'E' of the PEACE model focuses on 'Evaluation', yet both anecdotal evidence and empirical research suggests it rarely gets the attention it deserves (see Clarke & Milne, 2001; Clark et al., 2011; Walsh et al., 2017). This is concerning given the impact that forensic interviews have on furthering the investigation. In addition, forensic interviews need to comply with local/current policies and legislative guidance, and, given that interviewers are regularly held accountable for their interview practice, such interviews must be of 'good quality' and legally 'bomb-proof' (Oxburgh & Hynes, 2016).

Currently there is no standardised practice for evaluating forensic interviews in England and Wales (and indeed in many other countries). Some organisations utilise standard supervision with a mentor or superior, others undertake individual evaluations of interviews or participate in group and/or individual coaching. However, whilst interview performance is enhanced immediately after or during the interview evaluation, research has indicated that learned investigative interview skills drop significantly once each supervision session has ended (Griffiths, 2008; Lamb et al., 2002). This suggests the need for regular and ongoing supervision and support.

The Griffiths question map (GQM) is one tool that has assisted in evaluating interviews to some extent (see Griffiths, 2008). Mapping the chronology and sequencing of questions across the timespan of an interview, it provides the reviewer with a visual record. However, given the dynamic and highly complex process of a forensic interview, focusing solely on question types only goes some way in effectively evaluating forensic interviews. Evaluations of forensic interviews consists of more than monitoring question types.

The Forensic Interview Trace (FIT)[®] is a secure computer programme that has been developed to specifically address this problem. All characteristics of a forensic interview can be recorded on the programme subsequently leading to a visual trace of the entirety of the forensic interview. This allows the reviewer to explore all aspects of their interview performance, whilst uploading notes and comments to justify specific questioning strategies or other decision-making processes. Whilst in its infancy and still requiring empirical testing and validation, it is anticipated that the FIT[®] will be able to effectively assist in maintaining the quality of the forensic interview, whilst upholding the necessary interview skills individuals require.

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