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'I don't even remember anything'

*Optimising the choice of method when interviewing
preschoolers*

KARIN FÄNGSTRÖM



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Abstract

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There is increasing need and demand in various contexts to take children's perspectives into account, including the views and opinions of the youngest children. However, listening to the voices of children is a challenging and complex task, and the field is normatively loaded. There is thus a growing need for valid and reliable methods and techniques that aid children to verbalise their experiences. The overall aim of this thesis was to examine the ability of the In My Shoes computer assisted interview and a Standard verbal interview to elicit accurate information and evaluative content, when used with preschool-aged children and determine their suitability in relation to situationally shy children.

Our studies show that the two interview methods, in general, provided equally accurate and complete statements. In addition, the IMS interview can be a more useful and suitable tool during the rapport phase with situationally shy children compared to the Standard verbal method. For non-shy children, the interview methods were equally adequate. In relation to evaluative information, the recommended open-ended questions in the Standard verbal interview were insufficient. Children appeared to need evaluative questions in order to provide evaluative content. Examining the ability of IMS to elicit subjective experiences showed that using IMS aided children to provide detailed and varied descriptions of emotions, somatic experiences, and objects such as toys.

Thus, when choosing the optimal child interview method, there are several aspects that need to be considered, including the degree to which children's statements need to be accurate and complete and/or contain evaluative information and the child's level of shyness. These studies have increased the number of evaluated methods for interviewing children and contributed to new knowledge about the challenging task of optimising the choice of method for interviewing preschoolers.

Keywords: child, interview method, computer-assisted interview, validity, forensic, shy, distress, emotion

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*Gutta cavat lapidem,
non vi, sed saepe cadendo.*

Ovidius, AD 14–16

List of Papers

This thesis is based on the following papers, which are referred to in the text by their Roman numerals.

- I **Fångström, K.**, Bokström, P., Dahlberg, A., Calam, R., Lucas, S., & Sarkadi, A. (2016). In My Shoes – Validation of a computer assisted approach for interviewing children. *Child Abuse and Neglect*, 58:160–172.
- II **Fångström, K.**, Salari, R., Eriksson, M., & Sarkadi, A. The computer assisted interview In My Shoes can benefit shy preschool children’s communication. *PLoS ONE*, 12.
- III **Fångström, K.**, Sarkadi, A., Lucas, S., Calam, R., & Eriksson, M. (2017) “And they gave me a shot, it really hurt”– Evaluative content in investigative interviews with young children. *Children and Youth Services Review*, 82: 434-443
- IV Bokström, P., **Fångström, K.**, Calam, R., Lucas, S., & Sarkadi, A. (2015). “I felt a little bubbly in my tummy” – Eliciting preschoolers’ accounts of their health visit using a computer-assisted interview method. *Child: Care, Health and Development*, 42: 87–97.

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Abbreviations

UNCRC	United Nations Convention on the Rights of the Child
CHC	Child Health Centre
IMS	In My Shoes computer assisted interview
NCAC	National Children's Advocacy Center
NE	Narrative Elaboration
CI	Cognitive Interviewing

Foreword

As a clinical psychologist, my work with traumatised children has involved both therapy and sometimes observing and providing support to the child in the parallel forensic process. Occasionally, I have also been part of the interdisciplinary consultations at the Child Advocacy Centre in Uppsala. In my work, I have often experienced the encounters between the clinical therapeutic practice and the forensic perspectives as challenging and frustrating. The methods, goals, and perspectives for working with children have often been diverse and sometimes conflicting. However, there was also a wish to learn from each other and to improve knowledge about children and how to handle difficulties within the forensic context.

Thus, when the opportunity arose to undertake a PhD on a potential method for interviewing young children, developed for use in clinical, forensic, and research contexts, I became enthusiastically interested. Furthermore, this opportunity was offered within a multi-professional, dynamic, and positive research team, something that has made the PhD journey a true learning experience.

Half way through this journey, at the half-time seminar, I received advice on how to proceed with my work. I was strongly dissuaded from the original plan of conducting interviews with young children who were in foster care. The reasons for this, on the one hand, wise recommendation, was the perceived need to protect these children from the risk of harm caused by being asked questions about their experiences and relations. On the other hand, this advice upholds the long-standing tradition of excluding children from research. This has been done in the past and is still being done based on the view that children are fundamentally vulnerable and that their need for adult protection is in fact greater than their right to be listened to. I respect the importance of protecting children from being exposed to unnecessary harm; however, I think it is time that we start taking young children's experiences seriously. One way forward is to search for evaluated, structured methods to bring forward the voices of children. However, the choice of method must also be optimised in relation to the context and the goal of the interview as well as to the individual child and, finally, the interviewer.

Uppsala, October 2017

Karin Fångström

Introduction

Children are increasingly considered as important and competent informants about their own lives and well-being (National Board of Health and Welfare, 2015). The growing interest in children's perspectives raises questions of how to listen to children and elicit their input within various fields such as social services, healthcare, school, and government. Different theoretical perspectives on children affect how children are viewed; ultimately, they also play a role in how children are listened to.

This thesis is based on interviews conducted by adult interviewers with preschool aged children. To place the interviews in perspective, I will first give an overview of some of these theoretical perspectives on children and childhood and describe how the purpose and desired outcomes of interviews can differ. Specifically, the circumstances of institutional interviews, as opposed to everyday talk, will be considered. The focus will then be on specific interview methods after which factors that relate to the child and the interviewer, for example, children's memory and emotion, and the interviewer's behaviour, are examined. The background is followed by the methods and results of the different studies that comprise this thesis. Finally, the results are discussed, and clinical implications are presented.

Background

Children's rights

In 1989, the United Nations Assembly approved the United Nations Convention on the Rights of the Child (UNCRC) (UN General Assembly, 1989). The UNCRC is the most extensive and recent human rights document dealing with children's rights (Levesque, 2014). Levesque pointed out that, 'it is clearly one of the greatest achievements of modern human rights law' (Levesque, 2014, p. 46). The UNCRC gives the child citizen status, which in turn gives the child certain civil, political, and social rights (Sommer, Samuelsson, & Hundeide, 2009). It encompasses numerous rights in different areas described in 54 articles. However, the declaration has also been criticised, on an international level, for being impossible to implement, and for not providing any legally binding protection. Furthermore, on a more practical level, there have been several difficulties in implementing the rights (Lee, 1999). For example, according to article 12, children's views should be 'given due weight in accordance with age and maturity of the child' (UN General Assembly, 1989, p.3). In various institutions, the issue of maturity seems to have been translated to whether children have reached a particular age or competence (Melton, 1999), leaving room for interpretation that may or may not benefit the child.

Despite the criticism, the UNCRC has affected not only children's legal rights but also how children are viewed in society. There is now wider recognition of the importance of taking children's thoughts, feelings, opinions, and perceptions into account (Singer, 2000). This movement is supported by article 12 which specifies that states should 'assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child' (UN General Assembly, 1989, p.3). The trend of acknowledging children's right to participate in all matters that affect them has led to international reforms in health policies, legislation, and guidelines; the Council of Europe e.g. adopted the Guidelines on Child-Friendly Health-Care in 2011, a practical framework that places children's rights, needs, and resources at the centre of healthcare activities (Council of Europe, 2011).

One way to gain knowledge about children's perspectives is to let them speak for themselves through interviews (Clark, 2005; Clavering & McLaughlin, 2010; National Board of Health and Welfare, 2015). Interviews give children the opportunity to participate and contribute with information

from their perspective. The information is nevertheless limited by the questions asked and the interview structure.

There are several types of interviews, varying from highly structured to semi-structured to largely unstructured (Weller, Hobbs, & Goodman, 2014). It is not only the level of structure that differentiates interviews, but also purpose of the questions asked within the interview. The type of interview and the context where it is developed and used is often underpinned by a certain epistemology. For example, interviews within forensic or medical context draw on the positivist approach to epistemology, while interviews within social work often stem from the theoretical framework of the sociology of childhood and interpretivist epistemology. However, in recent years, the extensive development of interview methods within the forensic field and the associated underlying epistemological assumptions have spread to the field of social work (Wilson & Powell, 2001). The risks and challenges associated with this practice are discussed in Study III.

Different theories and perspectives on children

How can we understand children's accounts in an interview situation? To answer this question, we first need to get an overview of different theoretical perspectives on children and the way these perspectives describe what constitutes a child. Furthermore, how they relate to the way children's voices and accounts are perceived and valued, is also of importance. These issues have been and are still debated and discussed within different fields, but they seem to seldom meet. This thesis departs from the interface of different fields and discourses and will only briefly touch on them to provide a context for the analyses and results presented below, but it is beyond the scope of the thesis to account for the debates in great depth.

Developmental perspectives

Traditional developmental psychology represents various theoretical and empirical approaches studying different domains within the field (Sommer et al., 2009). Historically, the focus has been on individual development, and the child has been perceived as a passive becoming and not as a being (Bergnehr & Zetterqvist Nelson, 2015; James, Jenks, & Prout, 1998). However, during the last 40 years, there has been a growing recognition of the complexity of child development and a mounting interest in diversity, context, biological premises and individual differences (Damon & Lerner, 2006). In line with this, there is also an increasing interest and effort to integrate information about human development deriving from several organisational levels (Damon, Lerner, Kuhn, Siegler, & Eisenberg, 2008).

One important approach that has influenced developmental psychology is Bronfenbrenner’s bioecological model, which describes how psychological phenomena are embedded in *context* and, inspired by life-span psychologists, also embedded in *time* (Bronfenbrenner & Morris, 2006). In order to include and visualise factors at the individual level, such as cognitive, attachment, biological, emotional, and gender, I have borrowed parts from a developmental framework described by Wenar and Kerig (2006) and fused it together with Bronfenbrenner’s model (Figure 1). Importantly, there is a constant interaction between the levels of context.

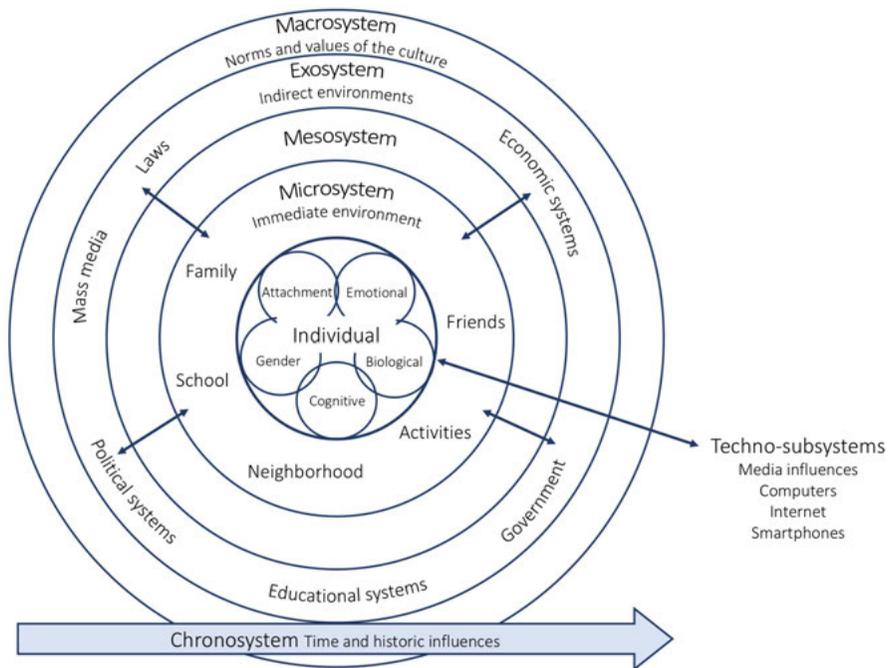


Figure 1. Bronfenbrenner’s bioecological model combined with factors at the individual level from the developmental framework by Wenar and Kerig.

While the developmental outcome has been the main focus for a long time, developmental psychologists are now even more interested in the *process* of development (Reynolds & Kamphaus, 2003). This can be reflected in questions about mediating and moderating factors in child development and social psychology. A mediator is a causal factor and the independent variable can only affect the dependent variable through the mediator. A moderator is a variable that affects the relationship between the independent and dependent variable.

Potential moderating factors, for example, can be sex, socioeconomic class, ethnicity, personality, prior socialisation experiences, and type of situation examined, which can affect the strength or direction of a relationship. Mediating factors can be the effect of parenting and parent-child attachment on developmental outcomes.

Furthermore, the dynamic and bidirectional relations between individuals and their context that form the basis for behaviour and development have also started to gain recognition (Thelen & Smith, 2006). On the biological level, the intertwined relationship between the genome and its context has also gained attention during the last few decades through research from the field of the new social biology and more specific epigenetics. Changes in gene expression, caused by social experiences and the environment, can, for example, be transferred inter-generationally, something which further emphasises that the previous dichotomous view of biology versus society/culture is fallacious (Meloni, 2014).

Children are increasingly being viewed as ‘producers of their environment as well as the products of socialization; parents and children are viewed as co-regulators of each other’s behaviour and affective states; and development is characterized as a consequence of social interactions that are shaped by contextual factors and characteristics of all participants in the interaction’ (Damon & Lerner, 2006, p. 21)

Despite this development, Piaget’s classic developmental stages theory and many other developmental theories from the beginning of the 20th century, which are perceived as out-of-date in today’s research and clinical practice, still seem to prevail in many institutional settings. Thus, the gap appears to be wide between, on the one hand, new theories and, on the other hand, what is applied in everyday life in, for example, social work, law, policymaking, decision-making, education, etc.

In order to overcome such gaps, and to achieve development and synthesis, there is a need to be more explicit about the underlying perspectives and theories influencing research and practice as well as their strengths and shortcomings.

Participatory perspectives

During the 1980s, the “new” sociology of childhood, or rather sociologies of childhoods, emerged (James et al., 1998; Åkerlund & Gottzén, 2017). Since the 1980s, childhood sociology has developed into a complex theoretical field, entailing many different perspectives on children and children’s agency, including perspectives that emphasise children’s differences from adults. Some of these perspectives draw on an ethnomethodological tradition, while others recognise a social structural or socio-legal approach. For example, within the field of ethnomethodology, Garfinkel, Girton, Livingston, and Sacks (1982) described Sachs’ conjecture which included the notion of kids’ culture and kids’ talk. Kids’ culture and talk have their own integrity and coherence, i.e.

“kids’ ways and kids’ knowledge of kids’ ways”, which are not visible to adults. Children are adults-in-becoming and as such, they are ‘incompetent as adults’ (Garfinkel et al., 1982, p. 2). However, from kid’s point of view, when adults are invited to participate in kids’ culture, the adult is an ‘incompetent child’ (Garfinkel et al., 1982, p. 7).

The earlier developmental psychology theories and their prevailing effects in everyday practice have been heavily criticised for putting too much emphasis on the individual at the expense of the importance of historical, cultural and social influences (James et al., 1998). The traditional view of a child as an unfinished and vulnerable social actor was questioned, and children are instead seen as social agents and actors in their own right (Hill, Davis, Prout, & Tisdall, 2004; James & Prout, 1997). James, Jenks and Prout (1998) argue that childhood is important in itself, and according to this participatory perspective, children have the competence and ability needed to express their opinion and to participate in decisions that affect their lives (Melton, Gross-Manos, Ben-Arieh, & Yazykova, 2014; Singer, 2000). Hill (2004) argued for the importance of creating opportunities for children to decide how they choose to participate, for example, in institutions, organisations, and services. Clavering et al. would call this doing research *by* children (Clavering & McLaughlin, 2010). This stance can be provoking, as the new insights into children’s worlds may not be in line with adult priorities (Clavering & McLaughlin, 2010).

The new social studies on children also recognise the complexity of childhood, for example, the problematic use of age as a clear and static category. This is put in contrast with viewing children’s abilities and what is expected of them as something that varies with respect to time and place (Qvortrup, 2007). Furthermore, bracketing children together as a group is also problematic (James, 2007). The differences within a group of children, when it comes to experiences, gender, class, culture, and social position, are so large that it becomes impossible to talk about children as one single group (James, 2007).

Amongst childhood researchers, there is also an extensive debate on the possibilities to access children’s voices. This debate is not uniquely concerning children but is pertinent to all social actors. Some researchers argue that it is impossible to truly access what someone else/children think and feel. This is because all social actors’/children’s voices are produced and co-constructed within a certain context (Punch, 2002); thus, statements cannot be understood as directly reflecting inner thoughts and motives (Hutchby, 2005). Furthermore, children’s voices are inexorably affected by cultural discourses on childhood, for example, what a child is and what children are assumed to think and feel (Spyrou, 2011). However, it is also argued that by taking a reflexive stance and being aware of one’s own influences on every part of what is scientifically produced, it is possible to develop sound methods for studying children (James, 2007; Åkerlund & Gottzén, 2017).

Collecting information on or with children

During the 20th century, when children were increasingly defined as individuals, the interest in children as being just individuals emerged. Children's needs and what might be in their best interest was gaining more attention. This approach, to consider the best interest of the child, is not something new within the Swedish legal context. However, the definition of what is the best interests of the child is not static, but is affected by the time and social perspectives on children as well as the specific question at hand (Singer, 2000). This can be exemplified by parents' historical right in Sweden to use physical punishment to discipline their children. This was perceived as necessary and the only way to quell the capricious nature of children and therefore in the best interest of the child (Singer, 2000). Since then, what constitutes the best interests of the child has gradually changed, and the child is now considered an individual with rights and opinions (Sommer et al., 2009). This is captured by article 3 in the UNCRC, which states that the best interests of the child must be the primary concern in all matters that may affect them (UN General Assembly, 1989). However, the principle of the best interests of the child still contains ambiguity regarding how a child's interests and need for protection should be valued when in disagreement with other rights, for example, the right to private and family life (Leviner, 2014). This conflict is not only present in Sweden.

To gain knowledge about children's lives, views and what might be best for them, the adults around children, such as parents, teachers, doctors or nurses, are often asked to provide information (Clavering & McLaughlin, 2010). Clavering et al. (2010) refer to this as doing research *on* children rather than *with* children. This is still a common approach, particularly when it comes to younger children, children with disabilities or children from minority groups. The assumption is that working with younger children is more difficult and more ethically complex than working with older children (Clark, 2005). This belief also holds for children with disabilities, while children from different ethnic or socioeconomic groups are perceived as being difficult to reach (Clavering & McLaughlin, 2010; Komulainen, 2007). This approach has been criticised for continuing to define children as objects and the information gained is always dependent on the adult interpretation and presentation of what they think the child says (Qvortrup, 1997; Åkerlund & Gottzén, 2017).

Alongside the contemporary (Western) view of the best interests of the child and growing respect for the child as an individual participant, there has been a movement of recognising the importance of exploring children's own experiences and perspectives. Research with children can give new knowledge and insight into children's perspectives and concerns, which are separate from adults (Clavering & McLaughlin, 2010; Sommer et al., 2009). Including children as informants can also mean that children are seen as

sources of information, as objects of observation or respondents in interviews or questionnaires (Eriksson, 2017; Hill et al., 2004).

Within the context of structured forensic interviews, children are perceived as important sources of information, and the purpose of the interview is to obtain information about what has happened to them or what they have witnessed. This type of interview is an example of many situations where adults listen to children, but still decide what questions to ask, when to listen to the perspectives of children and whether the child's statement or opinion is valuable. This is what Simovksa (2007) would call 'token participation', i.e. the participation is defined and measured by adults, which is not the same as genuine participation where children are actively involved and viewed as agents. Token participation appears to be more common in, for example, health research (Bergnehr & Zetterqvist Nelson, 2015), and the question remains whether children are invited to genuinely participate in research in various fields. Thus, giving children the possibility to express their opinions and views does not automatically result in them having a say on important issues in their lives or to self-determination (Melton, 1999). Another problem in research and other fields where children's voices are valued is that many groups of children are still excluded. The question is whether the voices of children presented in, for example, research, represent the existing diversity of childhoods (Komulainen, 2007; Åkerlund & Gottzén, 2017).

Interviews in institutional settings

What is common in all types of interviews is that they are conducted within a specific context, with certain goals, and they strive to generate particular kinds of information. Moreover, all approaches ascribe specific roles to the interviewee and the interviewer as well as to the child and the adult. They are thus distinguished from ordinary conversations.

The interview situation can be understood as a specific kind of institutional setting. Within institutional settings, the conversation can be understood as institutional talk. Institutional talk includes several practices of ordinary conversation, such as turn-taking and sequence organisation, which is how, for example, a question relates to and limits the answer, which, in turn, affects the response. Furthermore, the participants use strategies to solve problems in speaking, hearing and/or understanding and select and use words in a timely fashion. They are also aware of their co-participant as well as the occasion and context and their normative premises in, for example, duration, activities and order (Schegloff, Koshik, Jacoby, & Olsher, 2002).

There is no single definition of institutional talk; however, according to Drew and Heritage (1992), institutional talk is characterised by three basic elements:

1. At least one of the participants should be oriented towards a goal, task or identity that is tied to the institution.
2. The institutional interaction contains limitations on what will be allowed, in terms of the contributions of one or both participants.
3. The interaction involves inferences that are specific to particular institutional contexts.

Thus, interaction within an institutional context generally means that the participants are not using the same talk and behaviours as they would in a mundane setting. Institutional talk mainly differs from everyday conversations in the overall structural organisation, language choice and specific turn-taking systems (Heritage, 2004). Such talk cannot even be restricted to a particular setting; it can occur anywhere (Heritage, 2004). For example, a social worker's conversation with a child client will still be institutional talk even if the conversation is taking place in a playground, as long as the social worker is oriented towards the identity as social worker, and thus the institution of social services.

An interview with a child contains the basic features of institutional talk; the interviewer's goal is to elicit information by getting the interviewee to describe her or his experiences of, for example, abuse. The identities in the setting include the interviewer/adult and the interviewee/child. The structural organisation comprises the predetermined phases of the interview. The constraints on what can be said and done concern both the interviewer, who should adhere to the interview protocol, and the interviewee who should answer the questions. If the participant(s) depart from the specific constraints, it warrants inferences about the participant(s) attitudes towards the interview or the interview situation. Departures that are too great might violate the goal of the interview (Heritage & Clayman, 2010). Because institutional talk in interviews is not dependent on being conducted in a specific institution, it is the interview guide that connects the interview to the institution.

Another important perspective on the institutional interview setting is the unequal power relation between the interviewer and the interviewee. This power difference is also affected by broader issues of social and cultural dimensions within which the interview takes place (Christensen, 2004). Therefore, issues of gender, class, ethnicity, disability, age, etc. add to the question of power (Hill et al., 2004). However, Christensen (2004) argues that power is not something that resides in people or social positions, but rather something we make and negotiate, and therefore can affect. In interviews with children, the adult is responsible for taking different measures to ensure that the child has the possibility to influence the content of the interview and its boundaries. To minimise power inequality, the adult can develop her or his research competence and be more attentive and perceptive to the needs and wishes of children (Åkerlund & Gottzén, 2017). Concrete strategies to empower children can be to inform them of how they can end their participation or give them

specific techniques to pause or stop (Humphreys, Mullender, Thiara, & Skamballis, 2006; Peled, 1998). Furthermore, letting the child choose the setting for the interview, such as where the interview is conducted and whether to let a caregiver/adult participate, can further empower children (Eriksson & Näsman, 2012).

The studies included in this thesis are carried out within a medical context (they concern a health visit), and the institutional setting where they are performed draws on the perspectives and knowledge from the forensic field. The interview methods used are both developed and can be used within a forensic context. The studies also critically evaluate the type of information that is produced and examine the methods' advantages and shortcomings.

The information gathered

The kind of information children are asked to produce is affected by the institutional setting and the methods used within it. Furthermore, the theoretical perspective underpinning the specific methods and aims also plays a role. In some fields, there is strong focus on gathering information from children that is perceived as objective and that describes certain features of the experiences. For example, in a forensic institutional setting, the aim is for children to retrieve memories and provide detailed information in a coherent and reliable way. The information of interest is the actions, objects and people, i.e. referential information. To create a personal narrative, i.e. to tell what happened during a personally experienced event, this information is important (Haden, Haine, & Fivush, 1997). The narrative also needs to contain orienting information, such as the setting, the when and where. This is to orient the listener and place the event in the correct spatial-temporal context (Fivush, 1991). A personal narrative must also include evaluative information such as emotions and thoughts. This information tells us how we feel about the experiences and what they mean to us. Within the forensic field this latter aspect of personal narratives – the evaluative information – has not been of particular interest. Thus, when developing knowledge and methods within the forensic field, the emphasis has been on exploring cognitive factors related to the previously mentioned information requirements. Focus has been on how interview protocols can be developed and enhanced according to these factors (Faller, 2015; Hershkowitz, Lamb, Katz, & Malloy, 2015).

In Study I, this perspective is of interest, as we compare the ability of two interview methods to elicit accurate and complete information about actions, objects and people, thus, adhering to the logic of the forensic interview.

Turning to the field of psychotherapy, the referential kind of information is less important, and more focus is put on the evaluative aspects of experiences, i.e. why the event was interesting, meaningful, frightening, comforting etc. to

the person (Fivush, 1991; Haden et al., 1997). It is also the evaluative content of a personal narrative that may contribute to the sense of self (Fivush, 1991), which can be an important aspect in therapy. This type of information is examined in Study III and partly in Study IV, where children's evaluative accounts and subjective experiences are of interest.

In a social work context, there is a trend towards a more child-focused orientation and an ambition to increase children's participation (Matscheck & Berg Eklundh, 2015). This not only incorporates obtaining information about certain events, but it also concerns eliciting children's experiences of events and relations, their opinions, perspectives, and their values and appraisals. The aim is also to let children participate, to a greater extent, in decision-making. In this institutional context, the information children provide is often important as a basis for making decisions and planning, which could imply that striving for reliable reports as well as coherent narratives should be of importance. Furthermore, there is also growing demands for working more systematically and evidence-based within this field (Johansson, Denvall, & Vedung, 2015). To develop a more research based practice, social workers sometimes draw on forensic interview protocols (e.g. Cederborg, 2005), even though these protocols have not been developed with social work agendas in mind. The implications of the use of interview protocols developed in a different institutional setting are discussed further below.

Factors affecting the interview

There are various elements that can affect both the process and the outcome of an interview. When interviewing children about their experiences, there are several factors at the micro-level and individual level, to borrow concepts from Bronfenbrenner's bioecological model, which affect the interview outcome. These factors, mainly studied within the developmental psychology framework, encompass children's individual developmental differences in memory, cognition, social behaviour, communication, and attachment. They also include relational factors such as rapport and interviewer behaviour (Hershkowitz, 2009; Saywitz & Camparo, 2014; Saywitz, Larson, Hobbs, & Wells, 2015).

Individual factors

Memory, cognition and emotion

Memory is not a single system; on the contrary, there are different memory types that involve distinctive neural pathways and brain regions (Nelson & Fivush, 2004). One basic distinction was made by Squire (1992) between declarative and non-declarative memory; declarative memory is the conscious

recollections of facts and events, whereas non-declarative memory is collection of non-conscious memory abilities. Declarative memory system, in turn, consists of three sub-systems: the working memory, semantic memory, and episodic memory (Nelson & Fivush, 2004). An episodic memory refers to something that happened at a specific time and place, and it is recalled from the perspective of the self (Nelson, 1993). A subtype of episodic memory is autobiographical memory. This is the memory for personally significant episodes. It is a functionally distinct system that evolves together with cognitive and language development through social interaction within a cultural context (Nelson & Fivush, 2004). Through conversations with caregivers, children gradually learn how to talk about memories and how to formulate their memories as narratives (Nelson, 1993). Both Vygotsky's theory on zone of proximal development and Rogoff's guided participation model have been used as frameworks for examining these processes (Haden et al., 1997). The cognitive skills needed to narrate are thus developed in social interactions with parents who are more skilled as partners. When parents talk about the past with their very young children, they scaffold the conversations by providing the necessary structure for the narrative. As children accomplish and internalise the personal narrative skills, parents gradually reduce their scaffolding (Haden et al., 1997). Differences in the caregiver's language and reminiscing style, cultural differences, and family context affect development of the narrative competence, which results in a great variability across children of the same age (Kang, Kim, & Pan, 2009; Nelson & Fivush, 2004; Wang, 2008).

During the preschool years and into middle childhood, there is rapid development in children's language and narrative skills as well as improvements in their memory retrieval strategies and capacities (Nelson & Fivush, 2004; Schwenck, Bjorklund, & Schneider, 2009). Already at 2 years of age, children can describe memories of personal events, even when these events were experienced several months earlier (Fivush, Gray, & Fromhoff, 1987; Peterson, 2002, 2012). They can also include emotions in their autobiographical narratives and use terms such as *happy* and *sad* from an early age (Fivush & Baker-Ward, 2005). By the age of 3, most children are able to describe their past experiences with some detail and coherence (Nelson & Fivush, 2004). Furthermore, around 3 years of age, children's ability to talk about mental states and affect, called internal state language, burgeons (Bretherton & Beehly, 1982; Kristen, Sodian, Licata, Thoermer, & Poulin-Dubois, 2012). The communicative and narrative skills are constantly developing in preschoolers. Hershkowitz and colleagues (2012), for example, found that children aged 3 and 4 years old could provide significant information; however, they were less capable of providing informative responses and details compared to children aged 5 and 6 years old. The developing ability to narrate and include more actions and details, called referential information, is accompanied by the ability to also include orienting information and emotional-evaluative information (Haden et al., 1997; Wang, 2008).

Researchers have also investigated how the emotional valence of experiences (Fivush, Hazzard, McDermott Sales, Sarfati, & Brown, 2003; Lagattuta & Wellman, 2002) and stress during encoding affects the memory (Weede Alexander, Quas, & Goodman, 2002). Lagattuta and Wellman (2002) studied everyday conversations between parents and children aged 2 to 5 years old. They found that the parents talked more about past negative emotions and their causes and connections to other mental states than about positive emotions. This could be understood on the basis of the need to help children learn how to understand and cope with negative life events and to regulate negative emotions (Sales, Fivush, & Peterson, 2003).

The relation between stress and memory is complex, and studies sometimes draw contradictory conclusions. Some studies demonstrate that highly distressful events can decrease young children's recall, accuracy, and completeness (Merritt, Ornstein, & Spicker, 1994; Sales, Fivush, Parker, & Bahrack, 2005), while other studies point to the opposite relation, when showing that mildly stressful events can improve memory (Goodman, Hirschman, Hepps, & Rudy, 1991). The different findings are affected by differences in how the studies were performed and how stress and memory were measured. The child's response to a stressful event, i.e. the arousal and regulation, are usually measured either behaviourally through self-report or observations, or physiologically via, for example, heart rate, activity in the sympathetic nervous system or cortisol levels (Sales et al., 2005). One problem is that these different types of measures, for example, self-reported stress and cortisol levels, are not always correlated with each other (Marche & Salmon, 2013). The arousal is in turn affected by wide range of factors such as whether the child observed the event or participated in it, whether caregivers helped the child to regulate emotions, and the child's own ability to regulate. Another problem is that different studies have evoked varying levels of stress. According to Deffenbacher and colleagues (2004), the event either elicits an activation mode of attention control (high stress) or an arousal mode of attention control (low stress), which could explain some of the variations in memory. Moreover, the specific part of the event that is to be remembered (central or periphery information), and different measures of memory also affect the inconsistency in relation to stress and memory across studies (Sales et al., 2005).

In trying to weave together the neurological and cognitive developmental perspective with cultural and social perspectives as well as attachment theory and the importance of highly negative experiences, Goodman and Melinder (2007) have proposed a new model for understanding the development of autobiographical memory (Figure 2). The model describes that the capacity for autobiographical memory depends on certain degree of brain development, which is influenced by the socio-emotional and cognitive context. Regulation and processing of negative events, which are influenced by both child and adult attachment, are particularly important for early autobiographical memory (Goodman & Melinder, 2007).

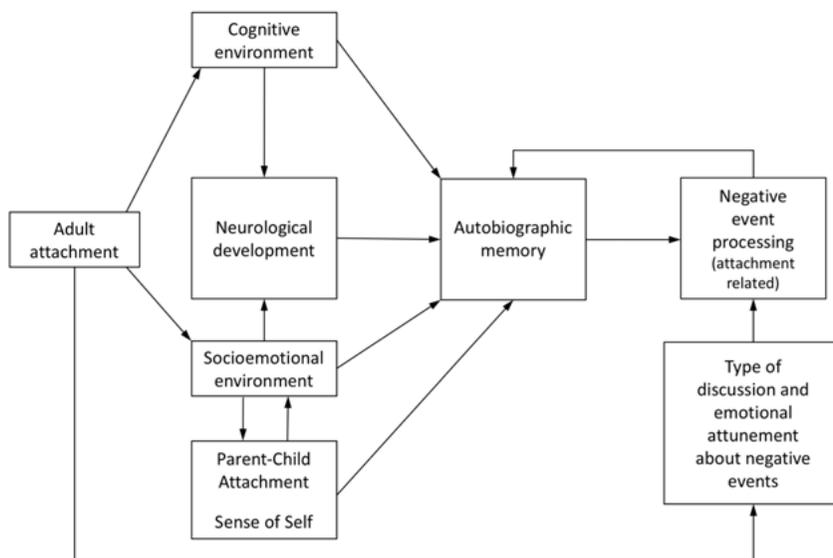


Figure 2. Proposed model of development of autobiographical memory and its relation to negative events. From “The development of autobiographical memory: A new model”, by G. S. Goodman and A. Melinder, in S. Magnussen and T. Helstrup (Ed.), *Everyday memory* (p. 127), 2007, New York, NY: Psychology Press. Copyright 2007 by Taylor & Francis Group. Printed with permission.

The child’s cognitive skills also influence performance in an interview situation. For example, the ability to understand the questions addressed to them, if they comprehend the intention of the question as well as knowing what and how much information they are expected to share are important aspects (Hershkowitz et al., 2012; Saywitz & Camparo, 2014). These skills, together with communicative skills, also improve during the preschool years, as children’s meta-cognitive and meta-linguistic awareness gradually develops (Lamb, La Rooy, Malloy, & Katz, 2011; Markman, 1979). In summary, children’s communicative, cognitive, and memory limitations point towards the importance of using a developmental framework when conducting interviews with children.

Social behaviour

Children’s social behaviour in an interview situation has been connected to the interview outcome. The behaviour can be understood in relation to the specific interview situation and to the interviewer, but children also behave differently depending on their individual temperamental characteristics. Some children show shy or slow-to-warm-up characteristics, in particular when encountering new people or situations (Kagan, 1989). These children react with vigilant behaviours, they become motorically still, emotionally reserved and

verbally quiet (Fox, Schmidt, Calkins, Rubin, & Coplan, 1996). When participating in an interview, the shy child's socially overt behaviour is characterised by lack of communication, anxiousness, or uncooperativeness (Rotenberg et al., 2003; Sattler, 1998). The high social demands and the complex cognitive requests that are inherent in most interview situations can invoke elevated stress and anxiety in the child (Roebbers & Schneider, 2001). These reactions, in turn, can have a severe negative effect on the child's ability to regulate emotion and attention, which in turn affects the cognitive capacities needed to navigate the situation and verbalise experiences (Carter, Bottoms, & Levine, 1996).

Previous research has demonstrated that young children who are more withdrawn provide less information to open-ended questions than children who are more outgoing (Gordon et al., 1993). This relationship also applies to young children whose adaptability to new situations is poor, as they showed less complete recall than children who were described as more adaptable (Geddie, Fradin, & Beer, 2000). Salmon and colleagues (2003) studied the influence of children's temperament and expressive vocabulary on their verbal reports using three different methods. The results showed that temperament had a moderate effect on the re-enactment condition, but not in the verbal or drawing conditions. The level of expressive vocabulary only effected accounts in the verbal condition. Their conclusion was that it is important to match the interview method to the individual child in order to maximise the child's opportunity to provide significant information; however, this is a complex task (Salmon et al., 2003). We have targeted this aspect in Study II, which examines the suitability of two interview methods for situationally shy children.

In studies on children's social behaviour and its relation to interview outcome, the behaviour of the interviewer is seldom analysed. However, when both child and adult's behaviour have been examined, studies have shown that interviewers decrease their efforts to support reluctant children, which in turn increases their resistance (Hershkowitz, Orbach, Lamb, Sternberg, & Horowitz, 2006; Rotenberg et al., 2003). This is unfortunate, since the interviewer can help children who seem reluctant or uncommunicative at the beginning of the interview to begin to talk and open up by allocating more time and effort to build rapport (Collins, Doherty-Sneddon, & Doherty, 2014; Wood, McClure, & Birch, 1996).

In addition to children's memory, cognition, and temperamental characteristics, there are other individual differences in, for example, attention, impulsiveness, and intelligence, which may affect the interview outcome (Geddie et al., 2000; Lamb et al., 2011; National Board of Health and Welfare, 2015).

Relational factors – interviewer behaviour

In the last decade, studies have emerged on how interviewer relational behaviour affects the interview situation and the outcomes. One category of behaviour studied is interviewer supportiveness, i.e. the extent to which the interviewer familiarises her/himself with the child and shows warm and supportive behaviour (Lamb et al., 2011). Although the definition of supportive behaviour varies across studies, most have identified smiling and eye-contact, open body posture, encouragement of children's efforts without encouraging the content, using the child's name, addressing and acknowledging the child's feelings in the situation as being important (Hershkowitz et al., 2015; Lamb et al., 2011). These behaviours can be used throughout the interview and have been demonstrated foremost to reduce anxiety (Davis & Bottoms, 2002; Klemfuss, Milojevich, Yim, Rush, & Quas, 2013) and decrease children's suggestibility (Carter et al., 1996; Quas, Rush, Yim, & Nikolayev, 2014). It has also been discussed that by reducing anxiety and increasing children's confidence, their cooperation and motivation to share information grow (Ahern, Hershkowitz, Lamb, Blasbalg, & Winstanley, 2014; Bottoms, Quas, & Davis, 2007). However, positive effects of support are only seen when the support is used in a non-suggestive way. If the interviewer uses these behaviours in a suggestive manner, that is, by directly or indirectly selectively reinforcing some of the statements, the child might be led to report more of what they perceive the interviewer wants to hear (Garven, Wood, & Malpass, 2000).

Another component generally believed to be important for successful interview is the rapport between the interviewer and the child. In almost all types of interview guides, there is a notion of the importance of building rapport and of establishing an atmosphere where the interviewee feels relaxed and safe to talk about her or himself. However, when the Swedish National Board of Health and Welfare (2015) conducted a literature review on studies specifically examining rapport, they found them to be rare, something which might be a result of the ambiguous definition of the concept in relation to support. Rapport was studied as a certain phase in forensic interviews, and the effect of narrative practice on accuracy and suggestibility was evaluated (Brown et al., 2013; Roberts, Lamb, & Sternberg, 2004). In the studies included in the review, rapport was thus not studied as a relational concept, nor was it evaluated from the subjective view of the children (National Board of Health and Welfare, 2015). Other studies have shown that when older children have been interviewed about what aided them in disclosing maltreatment, having good quality relationship with the professional was the most important factor (Jobe & Gorin, 2013). Furthermore, a study with child protection practitioners showed that they regard rapport-building as an important ongoing communicative process during which they assess the child's cognitive, emotional, and

communicative abilities and then adjusted the interview approach according to the assessment (Collins et al., 2014).

Even though there are studies on the relational and transactional aspects of semi-structured interviews, the area has not been studied extensively. One exception is a study by Ahern and colleagues (2014) who examined conversational turns in interviews with reluctant children. They found that interviewers had difficulties providing the recommended support to reluctant utterances, but that when they did so, it immediately promoted child cooperation (Ahern et al., 2014). Furthermore, Gilstrap and colleagues have studied the bidirectional processes in interviews including both child characteristics (2004) and children's suggestibility (2005). They emphasise the importance of understanding how the interviewee and the interviewer co-regulate each other during the interview.

Evidence-based interview components and protocols

The overview of different theories and perspectives on children has shown that the field of institutionalised interviews with children is normatively loaded. Together with the awareness on children's individual prerequisites and development, it is clear that the need for evidence-based knowledge about how to interview children is great.

Within the field of psychology, evidence-based practice is defined as 'the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences' (American Psychological Association, 2006, p. 273). Included in the wider concept of evidence-based practice is evidence-based assessment, which Mash and Hunsley (2005) have defined as 'assessment methods and processes that are based on empirical evidence in terms of both their reliability and validity as well as their clinical usefulness for prescribed populations and purposes' (p. 364). The assessment method that is valid and reliable for one purpose or population may thus not be generalisable to other contexts or populations.

In research on forensic science, there has been a systematic and imperative development of evidence-based methods for interviewing children. To my knowledge, there are no other arenas with an equivalent method development on child interviews. The evidence-based interview components used in most forensic interview protocols have started to appear in other contexts (Poole & Dickinson, 2013). They are recommended to be used in, for example, the social services targeting children (Cederborg, 2005), in interviews with children in foster care (National Board of Health and Welfare, 2015) or child custody evaluations (Powell & Lancaster, 2003). Furthermore, teachers who talk to children about serious events are also recommended to adhere to guidelines based on these components (Brubacher, Powell, Snow, Skouteris, & Manger, 2016).

The aim, within the forensic field, is to acquire accurate and complete accounts from children who are interviewed about their own or witnessed experiences. This research has concluded that there are several important components of the interview to achieve these goals (Faller, 2015; National Board of Health and Welfare, 2015; Saywitz & Camparo, 2014) and when these components are used, children can provide reliable information about their experiences (Hershkowitz et al., 2012).

One of the most well researched components is the *question type*, and there is general agreement that open-ended questions are better than closed-ended ones (Lamb, Orbach, Hershkowitz, Esplin, & Horowitz, 2007a; Lamb et al., 2003). The recommended evidence-based recall strategies to use are open-ended questions such as ‘Tell me all about...’. These questions have been demonstrated to be superior in tapping children’s free recall, increasing productivity and minimising suggestibility (Hershkowitz et al., 2012; Sternberg, Lamb, Orbach, Esplin, & Mitchell, 2001; Steward et al., 1996). When more details are needed, the interviewer can proceed to using focused recall strategies referring to previously mentioned information by the child and asking questions such as ‘What did she look like?’ Recognition prompts such as option-posing questions and suggestive questions, are to be avoided. The type of questions asked is particularly important when interviewing young children, who are more sensitive to suggestive and leading questions compared to older children (Bruck, Ceci, Francouer, & Renick, 1995; Poole & Lindsay, 1998).

The instructions given to the child at the beginning of the interview, the *ground rules*, have been proved to improve the accuracy of the reports (Faller, 2015). The child is instructed to say, ‘I don’t know’ if they do not know the answer; ‘I don’t understand’ if they do not understand the question; ‘If I say something that’s wrong, tell me’ to correct interviewer error; and instructions not to guess. These rules enable children to know what are the expectations of the interview, which helps them to perform better, (Lyon, 2014; Saywitz, Snyder, & Nathanson, 1999).

A third important evidence-based component, termed *narrative practice*, is a way of letting the child practice narrating in response to open-ended questions, using a neutral event for this purpose (Lyon, 2014; National Board of Health and Welfare, 2015). Narrative practice has been demonstrated to increase both accuracy (Roberts et al., 2004) and productivity of the interviews (Brown et al., 2013). Several investigative interview protocols include all these components, for example, the National Institute of Child Health and Human Development (NICHD) Investigative Interview Protocol (Lamb, Orbach, Hershkowitz, Esplin, & Horowitz, 2007b), or the National Children’s Advocacy Center (NCAC) Child Forensic Interview Structure (The National Children's Advocacy Center, 2012).

NICHD Investigative Interview Protocol

One of the most well-researched formats is the NICHD Protocol. It is a highly structured investigative protocol developed to gain accurate, informative, and complete accounts from child witnesses (Brown et al., 2013; Lamb et al., 2007b). It contains clear and specific guidelines addressing all phases of the investigative interview, and it incorporates the evidence-based components described previously. The creators of this protocol have significantly contributed to the rich evidence-based knowledge that today is standard in several forensic interview methods (Faller, 2015).

NCAC Child Forensic Interview Structure

The National Children's Advocacy Center (NCAC), located in the United States, has designed the NCAC Child Forensic Interview Structure. The aim is to gather the greatest amount of reliable information in a child-sensitive, developmentally-appropriate, and legally-defensible manner when conducting forensic interviews with children (The National Children's Advocacy Center, 2012). It closely follows the structure of the extensively researched NICHD Forensic Interview Protocol (Faller, 2015; Lamb et al., 2011; The National Children's Advocacy Center, 2012), but it differs in its flexible structure, which can be adapted to the needs of individual children and community practices. The NCAC has provided training in forensic interviewing for the past 30 years, and more than 118,000 child abuse professionals within the United States and 108 countries have been trained in using the NCAC interview protocol (The National Children's Advocacy Center, 2017).

Evidence-based interviewing aids

When children are interviewed according to best practice interviews, they generally can provide reliable information about their experiences (Hershkowitz et al., 2012). However, adhering to these guidelines seems to be insufficient when it comes to younger children as they, for example, tend to provide less information and detail than older children in response to open-ended question (Baker-Ward, Gordon, Ornstein, Larus, & Clubb, 1993; Nelson & Fivush, 2004). One explanation for this is that their memory retrieval strategies and capacities are still developing (Schwenck et al., 2009). Therefore, younger children may need more scaffolded and focused age appropriate narrative questions (Lamb et al., 2003) and/or cues to aid their memory retrieval (Hammond & Fivush, 1991).

Several attempts have been made to develop aids and techniques to improve children's recall while maintaining accuracy and improving completeness. Various studies have explored Tulving's principle of encoding specificity (Tulving & Thomson, 1973), which states that while encoding the core

details of an event, people typically encode the context of the event too. The context can be any information about the environment, objects or emotions (Katz & Hershkowitz, 2010). Providing cues similar to the context present at the encoding could stimulate memory and aid in retrieval of information about the event (Priestley, Roberts, & Pipe, 1999; Smith & Vela, 2001). Three researched techniques are the Cognitive Interview, the Narrative Elaboration, and the In My Shoes computer-assisted interview.

The Cognitive Interview

The Cognitive Interview (CI) is a technique developed to interview adult witnesses that builds on Tulving's principle (Memon, Meissner, & Fraser, 2010). There are four main techniques developed to increase recall and improve communication (van den Eeden, 2013). The first is to mentally reinstate the physical and personal context at the time of the event. The second is to encourage the witness to report all information, even the smallest details. The third is to recount the event in both chronological and reversed order. Fourth, the witness is to describe the event from different person perspectives. The CI has been adjusted to suit children; both the Modified Cognitive Interview, which exists in two versions as well as an adaption called the Enhanced Cognitive Interview are available. In the child adopted versions, only the first two techniques are generally recommended. The CI has been demonstrated to increase the details reported by children, especially in 4–6-year-olds (Hershkowitz, Orbach, Lamb, Sternberg, & Horowitz, 2001), without negatively affecting the accuracy (Holliday, 2003).

The Narrative Elaboration

The Narrative Elaboration (NE) is an evidence-based approach to interviewing children in a forensic context (Camparo, Wagner, & Saywitz, 2001; Saywitz & Snyder, 1996). It is recommended for use in different contexts where the information gained in the interview will be used as input for legal and social-service decision-making (Saywitz & Camparo, 2013). The NE is a semi-structured interview approach that consists of three phases, and it incorporates the common best-practice principles within the field. What is specific to NE is that it includes a part termed cued elaboration. Children are provided with generic, non-suggestive verbal or visual cues to aid their memory search in four categories: participants, locations, actions, and conversations and affective states (Saywitz & Camparo, 2013). When this procedure was tested together with the best practice approach, it helped 4–5-year-old children to improve recall without comprising accuracy (Dorado & Saywitz, 2001). Improvements in recall were also found when NE was used in interviews with preschoolers from low- and middle-socioeconomic status (SES) communities. However, children from low-SES communities reported more erroneous statements than children from middle-SES communities (Dorado & Saywitz, 2001).

In My Shoes

The In My Shoes computer assisted interview (IMS) was developed by an interdisciplinary team of researchers and practitioners within clinical and educational psychology, psychiatry and computer science in the United Kingdom during the 1990s. The initial aim was to create an aid in interviewing children when abuse was suspected; however, through the development process, it became clear that there was a need for a broad-based assessment of the child's experiences and emotions in a range of settings and with different significant people. Thus, the aim was for it to have both forensic and therapeutic value (Calam, Cox, Glasgow, Jimmieson, & Groth Larsen, 2000).

Development of a computer aid was guided by children's interest in the medium and intention to create a tool that shifted the focus of the interview away from face-to-face conversation. The intention was for the interview to be a triadic interview, where the child and the interviewer used the software together sitting side-by-side (University of Liverpool, 2014). The shared external focus is thought to reduce anxiety and empower children and through this help them to provide information (Calam, Cox, et al., 2000).

IMS consists of a series of modules with stylised icons of places, people, emotions, speech, thoughts and sensations. These icons were developed and piloted by children and revised based on their feedback to ensure that they would function to support the communication as best as possible (Calam, Cox, et al., 2000). The icons work both as a prompt for the interviewer to open up areas of questioning and as facilitator for children to communicate their experiences and emotions (Grasso, Atkinson, & Jimmieson, 2013). An important part is labelling and using icons expressing different emotions. This has been shown to be a way to enhance memory retrieval as labelling emotional reactions 'enhances the probability of recalling information that stands in direct causal relationship to the emotion state' (Liwag & Stein, 1995, p. 5).

The interactive modules thus give a structure and a scaffold to the interview, and the purpose is to allow the child to self-express. The modules move from less emotive to potentially more emotive material (Calam, Cox, et al., 2000). The modules can be used flexibly to suit the purpose of the interview.

Everything typed into the programme and all choices made are automatically saved in a log, which means that both the responses and the scenes created by the child can be printed out for subsequent use (Calam, Cox, et al., 2000). Because IMS was designed to include work with children where abuse was suspected, precautions have been taken in designing the interview to avoid leading or disturbing the child through the images. The interviewer is recommended to use open prompts and more focused prompts when needed.

In addition to the images, IMS also contains an audio guide. The guide aims to engage the child, and it is interactive in the first modules asking questions such as 'How old are you?' 'What do you call this place?' This audio guide is

available in several languages, including sign language, and it can also be turned off.

IMS is being used by practitioners in a wide variety of contexts, for example, in forensic settings and child protection, social work, and paediatric settings as well as in the school settings. It is currently being used in the UK, Norway, Belgium, Ireland, and Sweden (Grasso et al., 2013). Results from research on IMS have shown that it can be a useful method for interviewing children in a medical context about their experiences of pain (Calam, Jimmieson, Cox, Glasgow, & Groth Larsen, 2000; Watson, Calam, & Jimmieson, 2002). Furthermore, IMS has been used within a school context to consult children with autism spectrum disorders (ASD) regarding how they experience their school environment and relations (Barrow & Hannah, 2012). In a social work context, IMS was used to aid disabled children, who were awaiting adoption, to express their needs and wishes to their social workers (Cousins & Simmonds, 2011). The tool is also used and has proved valuable in conversations with children whose parents are in conflict following divorce (Bøhren, Stabrun, & Tjersland, 2014). In addition, IMS has also shown to be useful in forensic settings (Calam, Cox, et al., 2000).

Rationale for this thesis

There is increasing need and demand in various contexts to take into account children's perspectives, including even the views and opinions of the youngest children. However, listening to the voices of children is a challenging and complex task, and this field is normatively loaded. There is thus a growing need for valid and reliable methods and techniques that aid children to verbalise their experiences.

During the last 30 years, extensive research has centred on factors that affect the child interview and strategies that can improve interview outcome, focusing mainly on cognitive aspects of memory reports. This has resulted in the development of several interview protocols, especially within the forensic field. Even though adhering to these research-based recommendations increases the reliability of children's statements, young children's narratives tend to be incomplete and contain few details. Furthermore, believing that "one-method-fits-all" will not aid professionals who need to conduct interviews with children. Rather, there is a need for a "toolbox" of evidence-based techniques that can be used flexibly.

Children are being interviewed for various reasons, but often they are asked to provide information about experiences that have been difficult, embarrassing, or that they are not used to talking about. They may have been exposed to maltreatment or abuse or they may not feel well. This affects the interview situation, and interviewing a child who is reluctant to talk or communicate is especially challenging. Aiding children to verbalise their negative experiences is another challenge.

The perspectives of interest to me have been to both consider what is scientifically relevant and new, but also what is pertinent and useful from a clinical and practical point of view. Based on all these factors, we designed the project reported here, where we aimed to evaluate two interview methods to be used with children from different points of view. The reliability of children's reports in the two interview conditions was of interest, as this is a requirement in several contexts. Moreover, from a clinical perspective, children who were more difficult to interview (the situationally shy children) were also of interest. Furthermore, focusing on content that might be difficult to talk about, i.e. negative experiences of distress and discomfort, were of relevance as well.

The NCAC method was chosen, as it is a structured method that builds upon well-researched components known to help children to share reliable information. It can, to a certain degree, be adapted to the specific circumstances where it is used, and thus offers a more flexible method than the NICHD protocol. Furthermore, it was possible for us to be trained in this method. It is referred to below as the Standard verbal interview, because it is well established, and information on its properties has been published.

IMS was chosen since: (a) it was developed specifically to facilitate communication with younger children, (b) it can be used to talk about children's experiences and emotions in various settings, (c) the computer could be used to engage children in the interview (d) it is structured and systematic, and (e) it aims to collect information in a legally sensitive way.

Overall and specific aims

The overall aim of this thesis was to examine the ability of the In My Shoes computer assisted interview and a Standard verbal interview to elicit accurate information and evaluative content, when used with preschool-aged children and determine their suitability in relation to situationally shy children.

The specific aims of the studies included were:

- I To compare the IMS interview approach with the Standard verbal interview on accuracy and completeness of children's statements and through this assess the validity of IMS.
- II To investigate whether IMS or the Standard verbal interview suited situationally shy children better, i.e. increased their verbal and non-verbal communication over time.
- III To explore the ability of the Standard verbal interview in aiding children in verbalising their emotional experiences of distress or discomfort.
- IV To evaluate the ability of IMS to elicit children's subjective experiences from a health care visit.

General method

The four studies comprising this thesis use, to a great extent, the same dataset, i.e. interviews with children aged 4–5-years-old regarding a routine health check-up at the Child Health Centre (CHC). We chose to study children's accounts of a routine health check-up at the CHC to ensure high ecological validity. When doing so, it is important to use real-life experiences that the child is likely to remember and which is likely to have evoked a range of reactions while not subjecting the child to any additional stresses. During the health check-up for both 4–5-year-olds, the nurse assesses the child's general health, as well as the child's physical and psychosocial development. For 4-year-olds, there is also a standardised test for vision (HVOT optometric exam) and at some CHC's a hearing test (play audiometry). Five-year-olds receive a vaccination in addition to the shared procedures. The CHC visits lasted between 25–45 minutes in general. In Sweden, more than 99% of parents of children up to age six utilise the services of the CHC (Wallby, 2012). Because the visit includes both interaction and physical contact, they provide a rich opportunity to examine children's reports of different types of experiences.

Participants

Families with children aged 4 and 5 years were recruited at five Child Health Centres in areas with varying socio-demographic characteristics in two larger municipalities in Sweden. There were no exclusion criteria except age. In total, 80 children and parents gave their consent to participate. However, due to dropout, there were 69 interviews conducted. Dropouts consisted of four children who changed their mind and did not want to be interviewed, and seven children who were never interviewed due to administrative mistakes. Depending on the aim of the different studies, which in turn affects the inclusion criteria for each study, the number of participants varies. This is further described in the summary for each study. An overview of the participants included in the four studies is provided in Figure 3.

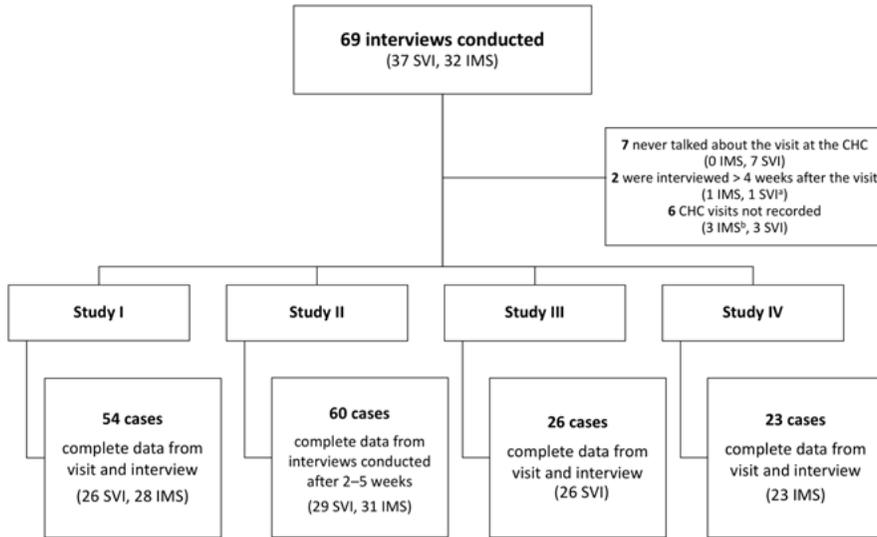


Figure 3. Overview of the participants included in the four studies. SVI = Standard verbal interview; IMS = In My Shoes computer-assisted interview; CHC = Child Health Centre.

^aThe interview not recorded. ^bOne interview not recorded

The children, whose parents chose to participate in the study, were mainly from families with highly educated parents born in Sweden (Table 1).

The children were randomised to being interviewed with either the IMS interview or a slightly modified version of the NCAC Child Forensic Interview Structure, hereinafter Standard verbal interview (see below). We used stratified randomisation based on age (4 or 5 years). To control the balance of the interview method within each stratum, block randomisation was used (Altman & Bland, 1999). We conducted a power analysis to determine the required number of participants. Based on statistical power of 0.80, a significance criterion of .05 and two interview groups, a sample size of 26 was needed for each group to detect a large (effect size) difference between the interview methods (Cohen, 1992).

Table 1. Socio-demographic variables in total sample and subsample with interviews conducted

	Total sample (N = 80)		Interviews conducted (n = 69)	
	<i>n</i>	%	<i>n</i>	%
Child's age				
4	42	52.5	38	55.1
5	38	47.5	31	44.9
Sex				
Girl	39	48.8	33	47.8
Boy	41	51.2	36	52.2
Parent's* level of education				
Elementary School	1	1.2	1	1.4
High School	11	13.8	11	15.9
University/college	68	85.1	57	78.6
Parent's* country of birth				
Sweden	66	82.5	58	84.1
Other	14	17.5	11	15.9

*Refers to the parent who filled in the questionnaire

Procedure

Nurses at the five Child Health Centres provided written and verbal information about the study to all families who attended their 4–5-year-old's child's annual routine check-up. The recruitment took place over a 20-month period between 2013 and 2015.

When the nurse had obtained the parent's consent and the child's assent to participate in the study, the health visit was video-recorded by the nurse. Interviews were conducted at the child's preschool 2–5 weeks after the visit. Nearly 95 per cent of children aged 4–5 years in Sweden attend preschool (The Swedish National Agency for Education, 2017). The preschool is considered a safe and secure place for children, and it was therefore chosen as a suitable site to conduct the interview. Since the interviewer was unknown to the child, a preschool teacher or parent could be present during the interview. A preschool teacher was present in six (8.7%) of the interviews. However, they were instructed not to interact or say anything during the interview. The interviewer had not seen the videotaped visit at the CHC before the interview. The interviews were videotaped and conducted by either of two interviewers, one male and one female. I was the female interviewer. Both interviewers have a Master of Science degree in sociology or psychology, and they were both

trained and accredited in using the IMS computer assisted interview and the NCAC Child Forensic Interview Structure.

The study was approved by the Regional Ethical Review Board in Uppsala, Sweden, # 2012/387.

Interviews

Standard verbal interview

The Standard verbal interview structure used is a slightly modified version of the NCAC Child Forensic Interview Structure (The National Children's Advocacy Center, 2012). However, as these were not forensic interviews, the structure was adapted to suit the purpose of this study. The three main phases from the NCAC protocol were kept, i.e. the introduction/rapport, the substantive phase and the closure (see Figure 4 for an overview of both interview methods). However, the part where the child is asked about her or his family was excluded.

During the introduction, the interviewer introduced her or himself and acquired the child's assent. The interviewer also informed and showed the child how she or he could end the interview. To build rapport, the interviewer then asked the child what she or he likes to play. The focus was also to create a supportive environment, and the interviewer listened in a careful and active manner. This was followed by an explanation of the ground rules; thereafter, followed a short narrative practice where the child was asked to describe an event more in depth using the recommended types of questions, i.e. open-ended questions and detailed questions when needed. Direct questions and leading questions were avoided.

The interviewer then showed the child two pictures of the CHC, one of the entrance to the CHC building and one of the entrance to the CHC waiting room. This is not part of the ordinary NCAC structure but was done to prompt the child to the event that the interview referred to and was considered the start of the substantive phase of the interview. During the substantive phase, the interviewer asked questions, specified above, about the visit in order to elicit as much information as possible. When the interview was finished, either when the child wanted to end the interview or had no additional information to provide, the interviewer thanked the child for participating and allowed her or him to choose a tattoo sticker. A follow-up questionnaire, with questions directed towards the parents and the child, was given to the child to bring home.

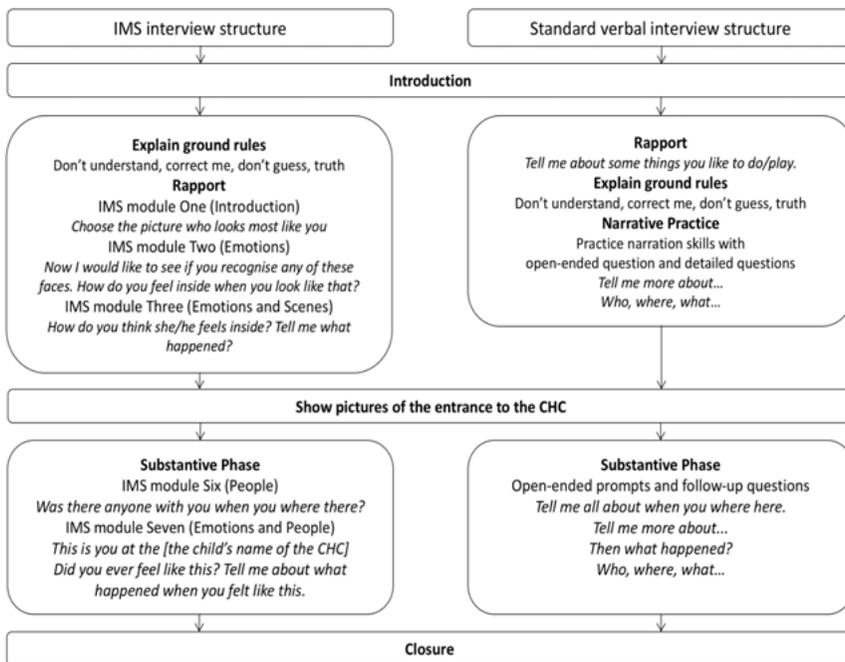


Figure 4. Overview of the phases in both interview conditions.

In My Shoes

The introduction part of these interviews was the same as in the Standard verbal interviews, i.e. the interviewer introduced her or himself and acquired the child's assent. The interviewer then informed and showed the child how she or he could end the interview. Next, the ground rules were explained to the child.

After the introduction and the ground rules, the IMS interview was presented to the child, and it was used together with the child for the rest of the interview. The first three modules constitute the rapport phase, where the purpose is to build rapport between the child and the interviewer and to gain a shared vocabulary for emotions. In Module 1 (Introduction), the child chose a figure as a self-representation. In Module 2 (Emotions), the child named the stylised icons showing different emotions and then practiced using these emotion-faces in Module 3 (Emotions and Scenes).

The same pictures of the CHC as in the Standard verbal interviews were then presented to the child with the same wording. The IMS interviews then continued using Module 6 (People), where the child was asked to choose representational figures of persons that were present at the CHC visit and then asked follow-up questions about these persons. In Module 7 (Emotions and People), the emotion-faces were used as stimulus for talking about the visit at the CHC, for example, 'Did you ever feel like this when you were at the CHC?' 'Tell me all about what happened then'.

During Modules 6 and 7, i.e. the substantive phase, the interviewer asked questions about the visit, as specified above. When the child indicated that she or he wanted to end the interview or had no additional information to provide, the interview was concluded. The interviewer thanked the child for participating and allowed her or him to choose a tattoo sticker. A follow-up questionnaire, with questions directed towards the parents and the child, was given to the child to bring home.

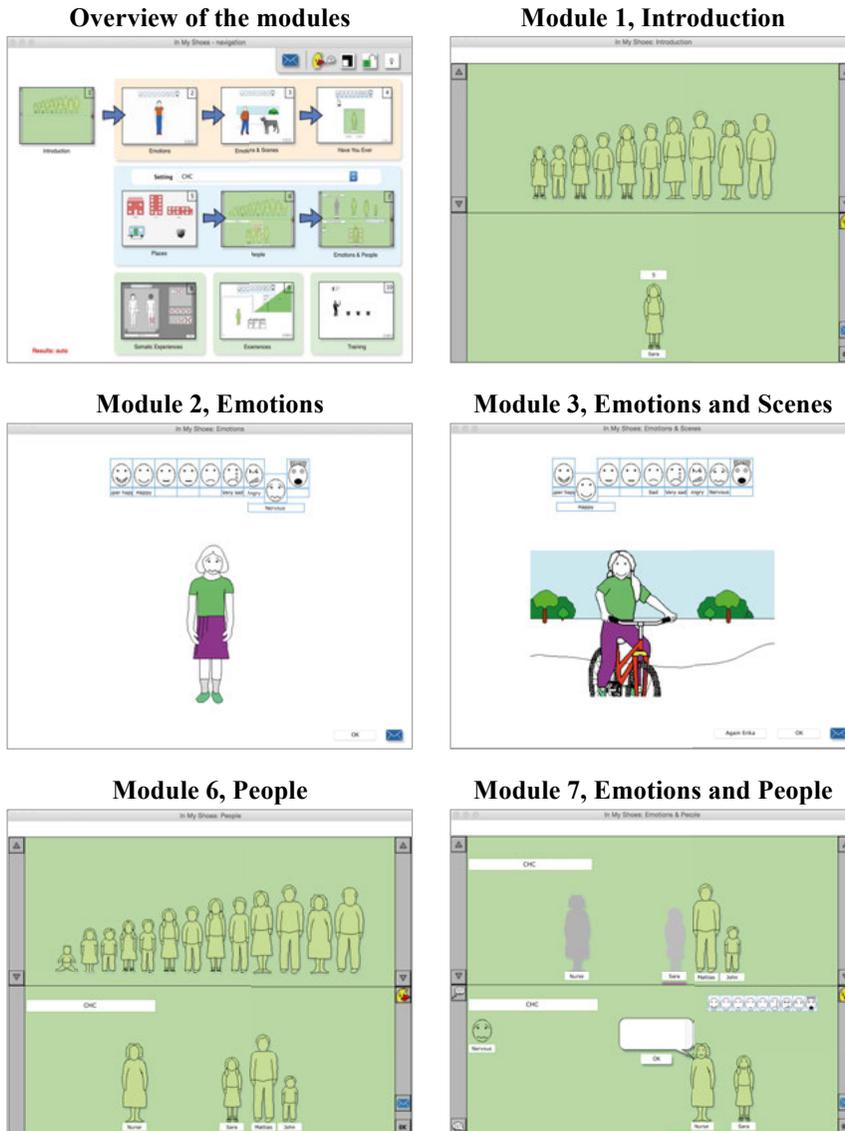


Figure 5. The IMS modules used in the interviews.

Study I: Comparing the two interview methods' ability to elicit accurate and complete information

Aim

The aim of Study I was to compare the IMS interview approach with the Standard verbal interview, on both accuracy and the completeness of 4–5-year-old children's statements. This was a way to assess the validity of the IMS interview method.

Methods

We conducted 69 interviews in total; however, 15 of these interviews were excluded from Study I. Reasons for exclusion were if the child did not talk about the visit at the CHC, the time between the visit and interview was more than 4 weeks, or the visit was not recorded due to technical problems. Study I included 54 participants, out of whom 28 children were aged 4-years-old (54% girls) and 26 children were aged 5-years-old (50% girls).

Twenty-eight children were interviewed with IMS (54% aged 4-years-old) and 26 children were interviewed using the Standard verbal interview (50% aged 4-years-old). The description of the components of each interview is presented in the full article.

The interviews were video recorded and transcribed verbatim. The questions posed by the interviewer in the substantive phase were coded into the following categories: invitations, detail questions (wh-questions), directive, i.e. option-posing questions, (yes/no and multiple choice), emotional questions, and leading questions.

The children's statements regarding their visit at the CHC were coded into the following categories: people, actions, objects, and descriptions. Each statement was also coded as *true positive* (the child states something to be the case, and the video recording supports the statement) or *false positive* (child states something to be the case, and the video recording refutes the statement). The *total accuracy* of the child's statements was obtained by dividing the total

number of true positive statements with total number of statements. Total accuracy as well as accuracy for each category (*people, action, object, and description*) was calculated.

Furthermore, child's statements about people present and central events from the CHC visit were coded. The statements were then checked against the video recording of the visit for each child. This resulted in People Completeness and Central Events Completeness.

The coding was performed by two individuals. The interrater reliability (IRR) analysis performed at the beginning and midway through the study indicated a near perfect agreement for both the question and information coding ($\kappa = 0.90$ and 0.98 , respectively).

Results

The IMS interviews were significantly longer in duration, measured in minutes ($M = 23, SD = 5$) than the Standard verbal interviews ($M = 14, SD = 5$), $t(52) = 6.59, p < .001$. There were also significantly more questions posed to children in the IMS interviews ($M = 28, SD = 6$) compared to the standard verbal interviews ($M = 18, SD = 7$), $t(52) = 5.98, p < .001$. Children in both interview conditions were asked very few directive or leading questions. However, the IMS interviews contained proportionately fewer invitations $t(52) = 6.72, p < .001$ and significantly more detailed questions $t(52) = 1.40, p < .001$ and more emotional questions $t(52) = 11.39, p < .001$ than the Standard verbal interviews.

Accuracy

Both the unadjusted and adjusted (for child's age and for the interviewer) linear regression models demonstrated no significant difference in Total Accuracy between the IMS interviews and the Standard verbal interviews ($\beta = -0.03, p = .581$; $\beta = -0.02, p = .682$, respectively). The same pattern was seen for the other accuracy categories. However, the Object Accuracy was significantly lower in the IMS interviews in both models ($\beta = -0.10, p = .037$; $\beta = -0.10, p = .041$). No significant interactions were revealed between the independent variables.

Completeness

Both linear regression models revealed that People Completeness was significantly higher in the IMS interviews compared to the Standard verbal interviews ($\beta = 0.11, p = .020$; $\beta = 0.11, p = .030$).

There was no significant difference between the interview methods on Central Events Completeness in either model. No significant interactions were revealed between the independent variables.

Conclusion

The results demonstrated that the two interview methods, in general, acquired equally accurate and complete statements. The IMS computer-assisted interview can be used as a reliable tool in child interviews and thus comprises an alternative to the standard verbal interview approach.

Study II: The suitability of the interview methods in relation to child shyness

Aim

The main aim of Study II was to investigate whether IMS or the Standard verbal interview suited shy children better, i.e. increased their verbal and non-verbal communication over time. Therefore, the development of verbal and non-verbal communicative behaviour from the beginning of the rapport phase to the start of the substantive phase was examined. We then investigated if this development was related to whether children were situationally shy or non-shy and interviewed using IMS or the Standard verbal interview.

Methods

We conducted 69 interviews in total, though two interviews were not recorded and therefore excluded. Out of the 67 video-recorded interviews, all children that talked about the visit to the CHC were included. The sample included 60 children (50% girls). Thirty-one children were interviewed using IMS (55% 4-year-olds), and 29 children were interviewed using the Standard verbal interview (48% 4-year-olds)¹. The interviews were conducted at the child's pre-school 2–5 weeks after the CHC visit.

A coding scheme was developed to rate the verbal and non-verbal observable manifestations of social behaviour during the interviews. The variables coded included verbal behaviour (talkativeness, answer latency, and the amount of encouragement the child needed to talk) and non-verbal behaviour (facial expression, eye contact, and body tenseness). Each variable was rated on a 5-point scale, where low values indicated shy and uncommunicative behaviour and high values indicated non-shy and communicative behaviour. Each interview was coded for two minutes at the beginning of the rapport

¹ Errata. Please note that in the published paper, we report that 30 children were interviewed using IMS and 30 children were interviewed using the Standard verbal interview. This is because one of the children was coded as interviewed with the Standard verbal interview by mistake. However, re-running the analysis with this child being put in the correct condition did not change the results. Therefore, we report the results as they were presented in the published paper.

phase and for two minutes at the beginning of the substantive phase (immediately after the rapport phase was finished).

Children who, at the beginning of the rapport phase, showed physical signs of tension such as tensed bodies and very little or no gesture, were defined as situationally shy (those who scored a 1 or 2 for the body tenseness variable). Children scoring from 3–5 were defined as situationally non-shy.

Three coders performed the coding. The interrater reliability was assessed using Krippendorff's alpha (Krippendorff, 2004). The recommended reliability standard is $\alpha \geq .80$ (Hayes & Krippendorff, 2007; Nunnally, 1978), and our analysis showed an α of .84.

Data analysis

To examine the changes in the variables coded, we conducted a series of mixed model ANOVAs with one within subject variable (interview phase) and two between subject variables (shyness and interview method). The simple effects were only investigated when the p value of the three-way interaction was below .10.

Results

The mixed model ANOVAs showed that the three-way interaction was significant for talkativeness: $F(1, 55) = 6.28, p = .015, \eta^2_p = 0.10$ and answer latency $F(1, 56) = 4.08, p = .048, \eta^2_p = 0.068$. In addition, a trend was observed for amount of encouragement needed $F(1, 55) = 3.41, p = .070, \eta^2_p = 0.058$. The three-way interaction was not significant for facial expression or eye contact.

The simple effects were investigated for talkativeness, answer latency, and the amount of encouragement needed. Results for both talkativeness and answer latency showed that shy children in the IMS condition talked more over time and decreased their answer latency, while no changes were observed for shy children in the Standard verbal interview condition. Non-shy children increased their talkativeness in both interview conditions, while there were no changes in answer latency in any of the interview conditions. Shy children interviewed with the IMS interview needed less encouragement over time, while shy children in the Standard verbal group did not change. Non-shy children showed no change over time in either of the interview groups with regard to encouragement needed.

Conclusions

The interview situation is a challenging experience for shy children, and conducting interviews with uncommunicative children can be difficult. Our findings indicate that the IMS interview can be a more useful and suitable tool during the rapport phase with situationally shy children compared to the Standard verbal method. For non-shy children, the interview methods were equally adequate.

Study III: The Standard verbal interview's ability to elicit evaluative content

Aim

The aim of Study III was to explore the extent to which the Standard verbal interview, i.e. a structured forensic interview protocol, aids children in verbalising their negative emotional experiences of distress or discomfort. Furthermore, the relationships between children's observable signs of distress or discomfort at the CHC visit, the verbalisation of such experiences in the interviews, and the interviewer questions preceding these emotional statements were also of concern.

Methods

Out of the 54 children for whom complete data were collected, the children interviewed with the Standard verbal interview were selected for this study; thus, the final sample included 26 children (50% aged five years).

Data analysis

First the video-recorded CHC visit was coded with regard to the child's observable discomfort during the HVOT vision test (4-year-olds) or distress during the vaccine injection (5-year-olds). The interviews were then analysed looking for children's statements containing evaluative information about the procedures and the type of interviewer questions preceding these statements about distress or discomfort. The final step was to compare the evaluative statements and type of interviewer questions for each child with the corresponding coded CHC visit.

Results

The results showed that 46% of the 4-year-olds and 39% of the 5-year-olds displayed discomfort or distress during their health visit. In the interviews, open-ended questions were posed to all children; however, these questions

were sufficient to aid only some children ($n = 6$) to share evaluative content. None of the children who displayed distress or discomfort during the visit verbalised such experiences after only an invitation. Most children who described experiences of distress or discomfort did so in relation to evaluative questions (Table 2).

Table 2. *Number of children with observed distress/discomfort in relation to verbalised distress/discomfort and type of question*

	Observed distress/discomfort		No observed distress/discomfort	
	Verbalised	Not verbalised	Verbalised	Not verbalised
4-year-olds				
Type of question				
Invitation	0	5	0	5
Invitation + Evaluative	1	-	-	2
5-year-olds				
Type of question				
Invitation	0	1	6	0
Invitation + Evaluative	4	-	2	0

Conclusion

Following the protocol guidelines strictly and only prioritising invitations might be problematic in relation to experiences of discomfort or distress as well as for younger children. Evaluative questions can be effective in eliciting evaluative statements. There is need for protocol development and clearer guidance on when and how to ask about evaluative aspects of experiences.

Study IV: The IMS interview's ability to elicit children's subjective experiences

Aim

The main aim of this study was to evaluate the IMS interview's ability to elicit preschoolers' subjective experiences of a routine health visit. Furthermore, children's engagement in and perception of the interview process was evaluated, and the accuracy of the accounts was measured.

Methods

Before the data collection for Study I was completely finished, we conducted this study for IMS. The 23 children interviewed with IMS at this time were included, of which 14 children were aged 4 years of age and nine children were 5 years of age.

Data analysis

The videotaped interviews were transcribed verbatim, and the children's accounts of their *subjective experiences* were analysed using a procedure similar to content analysis. The focus was on the manifest content of these data, and what areas they covered (Graneheim & Lundman, 2004; Kondracki, Wellman, & Amundson, 2002).

The children's *engagement* in the interview process was assessed through their willingness to complete the interview, length of the interviews, and children's interaction with the IMS tool.

The children's *perceptions* of the interview situation were measured through a questionnaire that was given to the child to bring home after the interview and then returned to the researchers by mail. The child rated the interview by choosing one of three faces showing different emotions (one negative, one neutral, and one positive). Using a 5-point scale (1=*very negative* to 5=*very positive*), the parent rated how they thought the child experienced the interview situation.

Three basic aspects of *accuracy* were evaluated by comparing the contents of the IMS interview with the videotaped actual health visits: (a) relating to

the correct health visit, (b) naming at least one specific person who was there (besides the child her/himself), and (c) describing at least one specific examination procedure.

Results

Children's subjective experiences

In the analysis, two overall themes emerged: accounts of emotions (happy, sad, scared) and accounts of details concerning the visit (e.g. descriptions of toys in the examination room or gifts they received).

All children gave accounts about their emotions during the visit, both by verbally describing how they felt and by using the emotions palette and pointing to different emotional expressions on the computer screen. Most children described their emotional state as “happy” during the visits; however, some children also described emotions like sadness in relation to the procedures at the CHC. Some statements made it obvious that the children did not appear to give a standard answer about their emotions but rather tried to reason about what emotion best described what they had experienced.

The descriptions of the procedures at the CHC varied, for example, some of the children found getting a vaccination very painful, while others described it as a mere sting. Sometimes their account of their somatic experiences was quite elaborated.

Many children mentioned receiving some kind of reward at the end of their visit. They provided vivid descriptions of these gift “tattoos” and stickers, or the Band-Aid they received. Other things the children mentioned spontaneously were toys available for them to play with.

Children's engagement in the interviews

Majority (91%) of the 23 children completed the interview. The interviews lasted 17–39 minutes ($M = 24$). Almost all children (96%) interacted with the IMS software through pointing at the screen, using the mouse, or typing their name, age or other details using the keyboard.

Child and parent's perception of the interview

The response rate for the questionnaire was 79%. The majority (76%) of the children rated their own experience as positive, 24% rated it as neutral, and none rated it as a negative experience. Parents rated their children's experiences of the interview as positive, with majority of the parents' evaluations being either positive or very positive.

Accuracy of the event

All children related to the correct health visit during the interview, and they all named at least one person who was present. Most children, 87%, correctly named at least one examination procedure that had occurred, whereof the most commonly mentioned correct procedure for 5-year-olds was receiving a vaccination. The 4-year-olds most often correctly mentioned undergoing an optometric (HVOT) examination.

Conclusion

The children's subjective descriptions covered a broad area: their emotional states, detailed descriptions concerning the visit including toys and stickers, and somatic experiences in connection with the procedures. This demonstrates that using IMS can render detailed and varied descriptions that elucidate how children view and remember the visit from a subjective perspective.

Methodological considerations

When discussing methodological considerations, i.e. the limitations and strengths of the methods used, it is important to take into account the underlying perspective from which the discussion departs. What is considered as a limitation or strength in one perspective, for example, in positivist epistemology, is not necessary a limitation or strength from another perspective, for example, within interpretivist epistemology. However, sometimes there is an overlap, meaning that a limitation can be valid from both perspectives but for different reasons. Out of the four studies constituting this thesis, Studies I and II investigate questions using quantitative approaches, and these are generally included in the positivism epistemology. Within this perspective, the limitations and assets relate to the statistical strength and generalisability of the results. Studies III and IV rely on qualitative methods, commonly used in interpretivist research, in trying to answer the questions. We both used methods inspired by conversation analysis and qualitative content analysis. The validity and trustworthiness of the research depends on the credibility, dependability, and transferability of the findings (Graneheim & Lundman, 2004). I will first discuss the overall methodological considerations and then the specific studies based on these different approaches.

From a positivist perspective, one important overall strength is that we chose to examine a real-life event, i.e. children's experiences of their health visit at the CHC. This visit contained interaction, physical contact, and it likely evoked a range of reactions in children. This gave us the chance to study children's reports of different types of experiences, including negative experiences, without exposing them to additional stresses. We established high ecological validity, which can be seen as a strength.

Some factors that can affect children's performance in an interview situation were not assessed, for example, children's intelligence or language ability. However, children were randomised to the two interview conditions, which reduced confounding. Another strength is that the two interview methods examined are both systematic and standardised. This decreased the variability between interviewers and provided us with the possibility to draw conclusions about the effect of the method on children's statements. However, from a critical perspective, one could argue that using standardised semi-structured interviews puts limits on children's possibilities for self-expression, something which has been shown in previous studies of interviews with children (Iversen, 2012). Nevertheless, the extensive use of open-ended questions

in our interviews probably decreased this risk. The structure of interviews can also give the interviewer and researcher a false belief of neutrality and objectivity. Being aware of how you as an interviewer understand, interpret, and make judgements during the interview and how this affects both the process and results is important. By taking a reflexive stance and critically reflecting upon and discussing these issues, some bias might be minimised and other will at least be noted.

From a positivist perspective, there are also some important overall limitations. First, even though the nurses at the CHCs were instructed to invite all families who came to the CHC for their 4–5-year-old health check-up, this was not fulfilled. Unfortunately, we lack information on the families that were not invited. We also lack information about families who were invited but declined to participate.

In order to reach families with heterogeneous characteristics, we involved CHCs in areas with varying socio-demographic characteristics. Furthermore, the written information provided to parents and to children was translated into the five most common foreign languages in Sweden (Somali, Arabic, Sorani, Kurmanji, and English). Nevertheless, both the nurses' selection and self-selection procedure resulted in a homogenous sample of children, and the majority of children in the final sample had highly educated parents born in Sweden. This, of course, affects the generalisability of the results to other groups of children. The homogenous sample is also problematic from an interpretivist approach, as it affects the trustworthiness of the findings through reducing credibility. This influences the results in Study III and IV as children with different social backgrounds are not represented.

Children who agreed to participate were included in the project; however, in the studies we only included children who talked about the visit to the CHC. This resulted in the exclusion of seven children aged 4 years who were interviewed using the Standard verbal interview. Some of these children talked about other events similar to the visit to the CHC, for example, going to the dentist or a hearing test at the central hospital. Others did not seem to understand what event we wanted them to talk about, could not retrieve it from their memory, or simply did not want to talk about it. It would be interesting to further analyse this small group to try to understand if there are any clues as to why this happened.

Another limitation is that only two interviewers performed all interviews. The interviewers were trained in both interview methods, but neither of them was a practicing, experienced child forensic interviewer. Previous research has shown that adhering to the widely recognised best practice interview components can be difficult for interviewers in real life settings, even though they have received training and know these components (Powell, Fisher, & Wright, 2005; Sternberg, Lamb, Davies, & Westcott, 2001). One reason for examining the type of questions asked in the two interview conditions in our studies was

to evaluate our performance. The results show that we followed the recommended guidelines to a very high extent, in terms of questions posed to the children. We used two elements known to improve interviewer performance, namely, using a structured protocol, and the internal motivation to enhance performance was high (Powell et al., 2005).

The limited number of interviewers can also affect the generalisability of the results; specifically, the results connected to the IMS interviews, as this study was the first to systematically validate IMS against a best practice protocol. The study needs to be replicated including more interviewers.

Furthermore, we calculated the sample size needed in order to detect a large difference between the interview conditions. This implies that medium or small differences were undetected. This information is important to consider in relation to the specific clinical context. For example, in a forensic setting, even small differences in accuracy between methods might be central in determining which method to use, while in other settings, for example, social work, small differences may not be of equal importance.

Based on these limitations, conclusions must be drawn with caution; moreover, there is a need for more studies to confirm, develop, or reject our results.

The limitations of Study I have mainly been covered by the overall limitations described previously. In addition, it is also worth mentioning that we included five of the total ten IMS modules. We chose to use the modules that suited the purpose of the study. Therefore, modules covering important aspects of a narrative were used, i.e. people and emotions. While piloting the IMS tool and the Standard verbal interview, we discovered that we needed to use pictures of the entrance to the CHC in order to orient the child to the specific setting. In the IMS interviews, these pictures replaced module 5, in which the child chooses a building that represents the setting to be discussed. The validation of IMS pertains to the modules used.

The aim of Study I was also to assess the validity of IMS by comparing it with the Standard verbal interview. Examining the convergent validity, as in our study, is one way to estimate the validity of an instrument or test. However, we have not examined, for example, the relationship between specific IMS modules and the information produced. Thus, we cannot say if all modules included are necessary to achieve similar results.

One particular methodological strength of Study I is the rigorous coding method for categorising interviewer questions as well as children's statements, well anchored in the scientific literature. Two coders were involved in the coding, and the interrater reliability was high.

In Study II, we wanted to examine whether children increased their communication depending on level of shyness and interview method. This study grew out of the clinical observations of children's behaviour during the interviews. Therefore, no standardised questionnaires were included to assess children's temperamental characteristics. Instead, structured observations were

used to code children's overt social behaviour at two time points. Coding verbal and non-verbal behaviour is complex. To increase the reliability, a well-defined coding scheme was created based on the literature and discussions with an experienced researcher in the field. This probably resulted in the acceptable interrater reliability, which made us deem the procedure to be adequate for use in this study.

The observations were done using the video-recorded interviews. In practice, this procedure is obviously not feasible. In studies on child interviews, the child's temperament is commonly measured through parental questionnaires (Bruck & Melnyk, 2004). However, there are limitations to procedures applying questionnaires, as they might not provide enough information about how the child will react in particular situations. Thus, there might be a need for guidelines on how to systematically and quickly assess the temperamental aspects that might influence the choice of interview method.

To answer the questions posed in Study III, i.e. to what extent does the investigative interview protocol aid children in verbalising their experiences of distress and discomfort, we examined children's statements and their location within the interview interaction, using a method inspired by conversation analysis. In trying to obtain a more thorough understanding of when children talked about evaluative content, we also studied the type of interviewer questions preceding the statements. This process included critically evaluating myself as an interviewer, which has further increased my awareness of the importance of reflecting upon questions such as the power imbalance between child/adult, interviewee/interviewer as well as the dialogic and bidirectional nature of the interview. To facilitate transferability, we aimed in Study III to clearly describe the selection of participants, data collection, and the process of analysis. We have also tried to present the findings vigorously and illustrated them with quotations.

Study IV mainly used a qualitative approach, inspired by content analysis to examine the question about the ability of IMS to elicit children's subjective experiences. However, we aimed at examining *if* IMS could elicit children's subjective experiences and not *what* these experiences were in detail. A full inductive analysis, where latent themes are identified, was therefore not applicable to the aim of the study. Instead, our analysis focused on children's *manifest* accounts relating to their subjective experiences. Two such manifest themes were identified: accounts of emotions and accounts of details regarding the visit. In line with recommended procedure, the themes are well described and presented with illustrative quotations (Graneheim & Lundman, 2004).

The chosen structure of the interview focused on recollection of events, and the recollection of emotions was treated as being of secondary importance. Thus, the potential of IMS in eliciting emotions was not fully explored.

Children's perception of the interview was measured by sending a questionnaire with them to fill out at home. This was merely to get an idea of

whether they recalled the interview as being positive, negative, or neutral. More in-depth studies where children's perception of the IMS interview is evaluated would be beneficial.

Discussion

Which interview method is the best?

Interviews with children are conducted in various institutional settings, ranging from social work, psychotherapy and school to research, government, healthcare, and forensic contexts. The common factor in all these interviews is the aim of collecting information from the child. This information is important for several reasons. First, it can provide adults with knowledge that can improve decisions, interventions, and policies that directly or indirectly affect children. Moreover, it can also allow children to express their opinions and views, which is valuable in itself and which can empower children and give them a sense of agency.

Depending on the institutional setting, the purposes and goals of an interview differs. In addition, the information sought after from the child also varies. In some institutions, it is of great importance that the information is accurate and coherent, while in others more emphasis is put on the emotional aspects of children's narratives.

The methods used in different settings depend on these goals and the information sought after. Most probably, they are also related to different traditions within a certain setting, which in turn is closely connected to how children are viewed, i.e. children's competences, shortcomings, and rights. Each method has its own rules and regulations, and the interviewer must balance these requirements with the needs of the specific child at hand. There is thus a conflict between treating the child as a social agent and listening to the child's voice and doing that within a specific institutional context which contains certain rules, limitations, and goals that the adult needs to follow.

The answer to the question, 'which interview method is the best?' is – it depends. The overall aim of this thesis was to examine the ability of the In My Shoes computer assisted interview and a Standard verbal interview to elicit accurate information and evaluative content, when used with preschool-aged children and determine their suitability in relation to situationally shy children.

Thus, two different factors that can be of importance in deciding which interview method to use are examined in this thesis: the information sought after and child-specific characteristics exemplified by child situational shyness. The implications of the use of interview protocols developed in a different institutional setting are also discussed.

The information sought after

Accurate information

The first factor is the information sought after in the interview situation. Within the forensic institutional setting, there has been extensive research on cognitive aspects that affect the interview outcome, i.e. accurate and complete information (Faller, 2015; Hershkowitz et al., 2015). In order to evaluate the In My Shoes computer assisted interview for interviewing children within this institutional setting, we compared it with the existing gold standard, i.e. the Standard verbal interview.

Study I showed that children interviewed with the IMS interview and the Standard verbal interview reported highly accurate information on most accuracy measures, including the total accuracy, and accuracy concerning people, actions, and descriptions. There were no significant differences between the two methods. Only the object accuracy was significantly higher in the Standard verbal interview. The overall high accuracy is in line with previous research examining structured interview protocols (Lamb et al., 2007b; Saywitz, Lyon, & Goodman, 2017) and specific interviewing techniques adhering to best practice guidelines (Dorado & Saywitz, 2001; Hershkowitz et al., 2001; Holliday, 2003).

The IMS interviews, on the other hand, resulted in significantly higher people completeness, i.e. the children reported more accurately those people who were present. The IMS module 6 includes icons of people, and these could have cued children to remember more people present. Overall, the completeness measures were lower than the accuracy measures, which could reflect that the children did not perceive, for example, the events defined by us, as salient enough to remember.

Why is accurate information important? From a forensic perspective, this question is rather self-explanatory as the purpose is for the information to be used as a basis for and material in investigations. Thus, the child's statements have to be in accordance with "the objective truth". In other fields, it is not as obvious if and why accurate information would be of importance. However, I would argue that other fields could learn from the forensic field on how to best interview children. The most important reason for this is the benefit of knowing how and what questions to pose to children. Our impressions from the video-recorded CHC visits align with my clinical experiences, which have clearly shown that children are very often asked directive questions such as yes/no questions or leading questions. Furthermore, when questions are asked, children are not always allowed enough time to answer the question. Sometimes no questions are posed to the child at all. Learning from the forensic field would imply understanding the importance of asking primarily open-ended questions and secondary detailed questions only when more scaffolding is required. Open-ended questions are superior in tapping the recall of events

and allow the child to narrate using her/his own words (Hershkowitz et al., 2012; Lamb et al., 2007b). When the interviewer, intentionally or unintentionally, uses suggestive language or directive and leading questions, the child's narrative will no longer be hers/his, but influenced to various and unknown degrees by the adult (Saywitz et al., 2017). Thus, extensive evidence on the importance of asking open-ended questions informs us that these questions result in the least involvement by the adult and is the best, based on what we know today, to elicit children's statements on referential information.

Evaluative information

When shifting our focus to evaluative information, such as emotions or thoughts, the picture becomes a bit more complicated in relation to the opening question, 'Which interview method is the best?'

Study III set out to examine the extent to which the Standard verbal interview could aid children in verbalising their emotional experiences of distress or discomfort. The results showed that the Standard verbal interview protocol and the recommended open-ended questions were not enough, in general, to aid children in verbalising negative emotional experiences. Previous research has demonstrated that children seldom share their emotional experiences spontaneously in investigative interviews, i.e. in relation to open-ended questions (Katz & Barnett, 2014; Westcott & Kynan, 2004). Children in our study were not asked to talk about severe negative experiences, as in a real-life investigative interview, but their experiences in an ordinary health visit. Despite this, they did not spontaneously include their emotional experiences, which warrants more research and protocol development in this area.

Our results also showed that in order to elicit evaluative content, more specific evaluative questions, such as 'How did it feel?' were often needed. The relation between this kind of evaluative question and its ability to elicit evaluative content has been explored before with similar results (Lyon, Scurich, Choi, Handmaker, & Blank, 2012). In addition, studies have also shown that the effects of cued emotion-questions was that they increased the total number of words children reported, indicating that children may be producing more information in general to these questions (Ahern & Lyon, 2013). However, these questions are not systematically included nor sufficiently evaluated within a forensic context. The conclusion is that in order to use this protocol and the recommended guidelines in contexts where the emotional content is of importance, there is a need for further protocol development and evaluation.

In Study IV, the ability of the IMS interview to aid children in sharing their subjective experiences of a health care visit was explored. It showed that children's descriptions covered a broad area: their emotional states, detailed descriptions concerning the visit, and somatic experiences in connection to the procedures. The children also talked about the toys in the waiting room and the sticker or Band-Aid they received at the visit. In the IMS interview, the

emotions are central to aid children in narrating their experiences. Children get to label icons with emotional expression and practice using them. Furthermore, in the substantive phase, the emotions are used as a starting point for talking about experiences. Previous research has demonstrated that one way of aiding young children to communicate feelings is through providing them with techniques that require less complex verbal or nonverbal responses (Measelle, Ablow, Cowan, & Cowan, 1998; Welsh & Bierman, 2003). By using concrete aids such as simple drawings on different emotions that children label, the interviewer can explore different emotions. This affect label technique is discussed as a recommended strategy to use within clinical and educational assessment (Welsh & Bierman, 2003).

So why is evaluative information important? In a social work institutional setting, information on how children feel and think is of considerable significance. This also applies to other contexts such as healthcare, psychotherapy, and school, where children's experiences and participation are of increasing interest. When children include emotions in their narratives, it gives us insights into how they make meaning out of and process experiences (Fivush, McDermott Sales, & Bohanek, 2008). Children's accounts of negative events can also contribute to a better understanding of their psychological functioning and well-being (Sales et al., 2005).

In forensic interviews, the evaluative aspects of children's experiences have not gained significant attention. As previously described, it is the cognitive factors related to memory retrieval that have been the focus of study. In recent years, however, there has been a growing interest in the socio-emotional aspects of the interview (Hershkowitz, 2009), and improved approaches to enhance interviewer supportiveness and to build rapport have been suggested (Hershkowitz, Lamb, & Katz, 2014). Included in these approaches is to echo and explore emotions spontaneously mentioned by the child (Ahern et al., 2014; Hershkowitz et al., 2015). The suggested approach results in that evaluative content can only be talked about if the child brings it up spontaneously. Furthermore, it implies that the evaluative aspects of children's experiences are not treated as important per se but rather as a means for increasing children's cooperativeness.

On the other hand, several researchers argue that the evaluative content in itself should be of importance in investigative interviews as it is an essential aspect of coherent narrative (Snow, Powell, & Murfett, 2009; Westcott & Kynan, 2006). This, in turn, is a significant criterion when the credibility of statements is judged (Vrij, 2005). Thus, the extent to which witnesses include descriptions of their reactions to an event can affect their credibility (Lyon et al., 2012). However, children (and adults) are only perceived as more credible and truthful when they display and narrate emotions that correspond to the reaction that the listener, e.g. the judge, is expecting (Landström, Ask,

Sommar, & Willén, 2015; Lyon et al., 2012). By not eliciting children's reports of evaluative/emotional content, the current practices might unintentionally discredit children as witnesses.

In sum, acquiring the evaluative aspects of children's experiences is of importance in several contexts. Even in forensic institutional settings, this aspect could or should be of relevance. However, there are no instructions or guidelines on how to introduce and cue children to provide emotional content (Ahern & Lyon, 2013). Our results show that in order to share evaluative content, children appear to need an introduction from the interviewer that this aspect is important, as in the IMS interviews, or the interviewer to ask specific questions targeting evaluative content. In light of the increasing transfer of interviewing techniques from the forensic field to other fields, research and clear guidelines on how and when to ask for evaluative content seem warranted.

Individual characteristics of the child

Another factor of importance when choosing the method to use is child characteristics. From a clinical and practical point of view, it can be challenging to interview children who are reluctant and unwilling to talk. Previous research has demonstrated that this child behaviour often makes interviewers less supportive, which, in turn, increases child resistance (Hershkowitz et al., 2006; Rotenberg et al., 2003). Interviewers also tend to resort to less optimal questioning with reluctant children in order to get them to talk (Hershkowitz et al., 2006).

During the interviews, we (the two interviewers, whereof I was one) made clinical observations of some children behaving as if the interview situation was very demanding. We also noted that for some children the IMS interview seemed superfluous; they talked and interacted with us anyway and could sometimes almost seem frustrated by the slow pace of the tool. Based on these observations, we formulated Study II where the aim was to examine if situationally shy children compared to non-shy children increased their social communicative behaviour differently depending on interview condition. We decided to focus on the first phase of the interviews, the rapport phase, as this has proved to be important for the continued interview (Powell & Lancaster, 2003; Sattler, 1998). The results from Study II demonstrated that situationally shy children interviewed with IMS increased their talkativeness and decreased their answer latency and the encouragement needed to talk, while no change was found for shy children interviewed with the Standard verbal interview. For non-shy children, the interview method did not seem to matter. Thus, when interviewing shy children, it appears to be beneficial to use IMS, at least in the first phase of the interviews.

However, trying to match the interview method with the specific child's characteristics has proved to be a complex task. Salmon et al. (2003) discuss how the effects of temperament on the amount of information remembered is probably also affected by the nature of the event and interview conditions. Already in the 1980s, Perlmutter (1988) proposed a framework to understand what factors affect memory performance. How children remember is influenced by environmental context, the current states (including both physical status like health or tiredness, and emotional status like anxiety, and self-efficacy), developmental level, and individual characteristics (Perlmutter, 1988). All these factors are of course difficult to take into consideration when conducting an interview; however, they can help researchers and practitioners understand the different components encompassing the complexity of interviewing.

Transferring methods between contexts

The discussion of the two perspectives on the information sought in interviews sheds light on the complex phenomenon of transferring a method developed within one institutional context to another. For example, what happens if the standard verbal interview, i.e. a forensic interview, is being used within a social work context or school context? Or will the IMS interviews be equally valid in a forensic setting when children are to talk about extremely negative events? This phenomenon of transfer has been extensively discussed within organisational theory in trying to understand how and why ideas travel, both nationally and internationally, and the consequences of these translations on different organisational levels (Sahlin-Andersson, 2001). Nygren and colleagues (2009), for example, examined the travelling of a method and framework used in child welfare agencies to guide and assess interventions directed towards children being cared for by these agencies, and the consequences for professionals in different countries. When ideas and methods travel, they are also transformed and translated to fit the new context (Czarniawska & Joerges, 1996; DiMaggio & Powell, 1983).

Ideas and methods are not just travelling in space, they also exist in time, and theories from different moments in history co-exist. Already in 1935, the German philosopher Ernst Bloch used the concept "**the simultaneity of the non-simultaneous**" in which he tried to capture this plurality (Brose, 2004). Both these concepts and terms can be used in trying to understand that there appears to be a time lag between the development of theories and how theories are used within different arenas in society. In other words, when methods or theories are used and adapted in areas other than where they were developed, there is not only a shift of the theory according to the perspectives within the specific field. There might also be a widening diversity between the theory

development, which is done within research arenas, and how the theory is understood and used “outside research”. It is difficult for professionals to remain up to date on research, and there is a risk that the continuous development of both theory and methods will not be known about or adopted in practice. One example is the attachment theory and the misapplications of ideas related to disorganised attachment within practice and policy-making (Granqvist et al., 2017). Disorganised attachment has, for example, erroneously been thought to reliably indicate child maltreatment, and with great certainty predict pathology. It is also thought to have similarities to a personality trait rather than something that can change with relations and time. The often, unintended, misuse of ideas can have major negative consequences for children and families.

Furthermore, there is increasing demand and search for evidence-based methods in various fields. For example, in the social welfare field, the Swedish government has persistently tried over the last two decades to implement evidence-based practice, which in many cases has been synonymous with introducing methods that have been evaluated in randomised control trials (Johansson et al., 2015). Less focus has been placed on evaluating methods from the perspective of the user. This is also a shortcoming in relation to structured child interviews, where neither children nor practitioners are systematically or regularly asked to provide their opinions on methods used. There is a need to consider that the definition of evidence-based practice and assessment includes both clinical usefulness and the preferences of patients (American Psychological Association, 2006; Mash & Hunsley, 2005). To transfer a method from one context to another or the use of a method from one purpose to another, thus, requires new and specific evaluations.

Conclusions

In various institutional settings, there is increasing need and demand to take into account children's perspectives, including even the views and opinions of the youngest children. Interviewing is a challenging and complex task, and the field is normatively loaded. There is, thus, a growing need for valid and reliable methods and techniques that aid children to verbalise their experiences.

The studies constituting this thesis have examined the Standard verbal interview and the IMS interview from different and complementary points of views, when used with children aged 4 and 5 years. Study I demonstrated that the two interview methods, in general, acquired equally accurate and complete statements. The IMS computer-assisted interview can, thus, be used as a reliable tool in child interviews and comprises an alternative to the Standard verbal interview approach.

Study II compared the two methods in relation to situationally shy and non-shy children. The results indicate that the IMS interview can be a more useful and suitable tool during the rapport phase with situationally shy children compared to the Standard verbal method. For non-shy children, the interview methods were equally adequate.

In Study III, the Standard verbal interview was examined in terms of its ability to aid children in verbalising experiences of distress or discomfort. The findings imply that following the protocol guidelines strictly and only prioritising invitations might be problematic in relation to experiences of discomfort or distress. Evaluative questions can be effective in eliciting evaluative statements.

Study IV showed that the children's subjective descriptions, when interviewed with IMS, covered a broad area: their emotional states, detailed descriptions concerning the visit including toys and stickers, and somatic experiences related to the procedures. Using IMS can render detailed and varied descriptions that elucidate how children view and remember their experiences from a subjective perspective.

Clinical implications

In society, there seems to be a general agreement that children's voices should be listened to. However, even within institutional settings where children's voices are valued, the narrative capacities of younger children appear to often be questioned. There seems to be some wariness with regard to the challenges in interviewing children, including the ethical dilemmas. These challenges and dilemmas seem too often to be solved by not including young children at all, which results in a great knowledge gap about their experiences, thoughts, relations, and opinions. Exclusion of children also results in the UNCRC, and more specifically the articles concerning children's right to be heard and to express themselves, not being implemented.

What do we as researchers and clinicians need to consider when interviewing young children? There are several factors to take into account, and one of them is to choose an appropriate interview method. When selecting a method, it is important to consider the purpose of the interview, the desired output, and the individual characteristics of the child. There are of course other aspects to account for, which have not been examined in this thesis, such as the interviewer's preferences, the child's previous experiences and relations, and whether different methods might have different emotional and psychological impact on the child. Another important question is what would be the choice of method from the child's perspective.

The studies constituting this thesis contributed with important information on both interview methods evaluated. In the Standard verbal interviews, children provided highly accurate and fairly complete information, and the results indicated that this method suited non-shy children better than shy children, at least in the rapport phase. However, in relation to evaluative information, there is a need for protocol development. Since the foremost aim in investigative interviews is to elicit reliable accounts, this must also apply to evaluative content. Furthermore, if the method is going to travel across institutional settings, then new evaluations are required in order to find that it is evidence-based in the new context as well.

The IMS interviews resulted in equally high accuracy (overall) and slightly more complete information than the Standard verbal interviews. IMS was especially useful in the rapport phase for situationally shy children. Furthermore, it aided children in talking about their subjective experiences of the CHC visit with both detail and depth. This suggests that IMS can be used as a valid and alternative tool to the widely used and recognised Standard verbal interview

protocol in child interviews. Our study is the first to validate the IMS interview, although it has been used previously in a number of different contexts. Although the presented results are promising, more studies are needed to verify, dismiss, or nuance our results.

Given the availability of several valid methods, I think it is time that we start, with great respect and sensitivity, to include young children and listen to their voices in *all* matters concerning them.

Future research

The evaluation and validation of methods is an ongoing process, and further studies are almost always needed. I would consider that research is warranted with children from low SES backgrounds and with diverse ethnicities. Furthermore, whether the interview methods are equally useful for children with more severe negative experiences, such as traumatised children or children with mental health problems, is also an important topic to examine.

The least scientifically explored interview method is the IMS interview. Therefore, as mentioned before, more quantitative studies are needed to further investigate both the reliability and content of children's accounts. Preferably, these studies should not just be carried out with different populations, but also in various settings, for example, psychotherapy, forensic investigations, school, etc. Another important question is what components of IMS are central, i.e. what are the "core" components? In practice, there is always lack of time, and the IMS interviews took more time in general. Thus, examining which components are essential, in relation to specific purposes, would be an important step. Furthermore, the IMS modules that were not included in our studies will also have to be examined in future studies.

The Standard verbal interview protocol needs development in relation to evaluative content and as regards guidelines on when and how to ask about these issues.

Research is also required to capture children's experiences and perceptions of the interview – independent of interview method. The focus in my studies has been on the optimal method from the perspective of children as sources of information. If we also aim to give children rights, we need to include them in the process of evaluating the methods we intend to use with them. Previous research has demonstrated that examining how children experience the interview situation can give important information (Landström & Granhag, 2010).

There is some research on interviewer behaviour and how the interviewer through her or his behaviour can be supportive to the child. However, there is a need to better understand how factors related to individual characteristics of the interviewer and relational patterns can affect the interview. Such research could provide us with important information on how to better train interviewers and understand the breakdowns and successes in interviews. Overall, there is an increasing need to consider the interview situation as a relational process where both the interviewer and interviewee participate and affect the situation.

Thus, more studies are warranted on the complex bidirectional process of interviews in order to truly optimise the choice of method in child interviews.

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