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**Mitigating distress in New Zealand police officers exposed to
children's accounts of traumatic experiences: Emotion-
solving versus problem-solving**

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Abstract

Working with children who have been abused can be deleterious. This study examined the impact on state affect after exposure to a child's statement of abuse, assessed which type of solving approach led to less recall of distressing information, and examined which risk factors impacted on state affect and short-term memory tasks. Forty North Island police officers, including a specialised group of forensic interviewers who are trained to interview children who have been abused, participated in this study. Participants showed a decrease in positive affect (PA) and negative affect (NA), measured by the Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988), after exposure to one scenario of child abuse. No significant differences on PA and NA were found in relation to whether the scenario of abuse was physical or sexual. Furthermore, no significant differences on the amount of distressing information recalled from the child's statement of abuse were found in those participants who used an emotion-solving approach versus a problem-solving approach. The uniqueness of police work is highlighted, particularly in relation to how they may process distressing information by considering the quality of evidence required to prosecute offenders and recalling details of abuse using criminal offence categories. Limitations of this study are described as well as suggestions for future research directions. Implications for police and forensic interviewing practice are discussed.

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Dedicated with love to my husband, Waki
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CHAPTER 1: INTRODUCTION

“Therapists who work with traumatised people require an ongoing support system to deal with these intense reactions. Just as no survivor can recover alone, no therapist can work with trauma alone”

(Herman 1992, as cited in Berger, 2001, p. 208).

Working with abused children can be rewarding, however the impact on professionals who are exposed to their client’s traumatic events may be deleterious. My interest in this area arose while employed as a forensic interviewer with Child, Youth, and Family (CYF) for over five years. This role involved interviewing children who had been sexually and physically abused. Personal accounts from colleagues suggested that while some were able to detach themselves from the emotional impact of the children’s accounts, others would find themselves thinking about the information long after it had been collected. It also seemed that there were individual differences in coping styles and in the way information was gathered and reported that influenced the degree of emotional distress that the forensic interview process was likely to engender. In order to examine the interactions of task requirements (what detail was required in reports, for example), coping style, and emotional involvement and subsequent distress, it seemed useful to construct an experimental analogy of the interview process in order to control for the many influences possible. Forensic interviewers would serve as participants, but they would be assessed in a contrived situation that might provide some insights into how the forensic information was being processed. This research was therefore designed to provide some preliminary information in relation to the impact on affect (emotion) and memory (cognitive processing) amongst forensic interviewers and police officers, in a uniquely New Zealand setting. Insights from the research might then allow modification of the way in which they currently manage the impact of their work.

The following section provides a critical review of the literature relevant to this study. This includes an overview of research relevant to forensic interviewing and police work, an analysis of the impact of this work on clinicians with particular consideration to factors which may increase clinicians' risk of developing traumatic effects, and a summary of strategies which may mitigate against the effects of trauma. As this research has New Zealand police officers as its participants, where possible New Zealand and relevant research related to the impact of trauma on police personnel is reported.

In 1989, after an increase in the number of child complainants of sexual abuse and concerns raised in relation to stress encountered by child victims while giving evidence in court, significant changes to legislation relating to how children's evidence is collected were made (Geddis, 1993). The Evidence Amendment Act 1989 allowed children under the age of 17 years to give their evidence-in-chief, or main evidence, by way of a videotaped evidential interview, known today as a **forensic interview**¹ (Wilson, 2002).

Initially the legislation regarding forensic interviewing related only to children who had disclosed sexual abuse. In 1995 the Court of Appeal in **Queen v Moke/Lawrence** (CA 398/95 and CA 399/95) ruled that forensic interviews of children who had disclosed physical abuse could also be admitted in court as evidence (Wilson, 1999). Basher's (2003) recent New Zealand statistics note that at least 75% of forensic interviews are for sexual abuse cases. Over the years, law precedents have provided a broader interpretation about what type of cases can be recorded as forensic interviews. Today forensic interviews of children are conducted not only for physical and sexual complainants but also for children who have witnessed serious sexual or physical abuse, witnessed domestic violence and homicide, or are recent

¹ The term forensic interview, also known as an **evidential interview**, is used to describe a videotaped interview of a child who has made a verbal statement alleging abuse. These terms are often used interchangeably.

complaint witnesses (that is; the first person who is told about a child's alleged abuse).

In New Zealand, child abuse complaints are investigated jointly between CYF and the police (refer to Appendix A for a flowchart and explanation of the process). Forensic interviews are conducted by police officers and social workers employed by CYF who have attended the Evidential Interviewing Training Course, jointly coordinated and funded by both agencies (CYF & New Zealand Police, 1996). Since 2002, notifications of alleged child abuse and neglect to CYF have almost doubled (CYF, n.d.; N. Stevens, personal communication, August 2, 2005). In the year ended 30 June 2005, CYF received a total of 53, 097 notifications of alleged abuse or neglect with almost 82% requiring further action to be taken by CYF (N. Stevens, personal communication, August 2, 2005). Of those notifications investigated by CYF, approximately 8% involved a forensic interview being conducted (Basher, 2004). The referral criteria for forensic interviews include; statements from children alleging abuse, medical evidence, abuse witnessed by others, contact with alleged offenders, conflicting stories from the child and alleged offender, and an adult has admitted abusing a child (Basher, 2003; CYF & New Zealand Police, 1996).

Police officers and forensic interviewers who work with children who have been sexually or physically abused are exposed to graphic details about abusive adult's intentional cruelty to children. Dealing with the pain of abused children, violence against children, and dealing with the grief of families whose children have been abused is distressing (Figley, 1995; Regehr, Goldberg, & Hughes, 2002). As a result, police officers and forensic interviewers during the course of their work may experience secondary traumatic stress. Rather than being the primary person who experienced the trauma as in Post Traumatic Stress Disorder (PTSD), clinicians may experience secondary traumatic stress from knowing about the trauma from the person who primarily experienced it (American Psychiatric Association [APA], 1994; Figley & Kleber, 1995; Jones, 2001). Secondary traumatic stress is a rapid onset of PTSD-like symptoms (Figley, 1995; Jenkins & Baird, 2002;

Salston & Figley, 2003) which are usually less severe (Motta, Chirichella, Maus, & Lombardo, 2004; Motta, Kefer, Hertz, & Hafeez, 1999). Secondary traumatic stress symptoms include re-experiencing the traumatic event through intrusive and distressing imagery or thoughts (Sexton, 1999), restricted range of affect (APA, 1994; Sabin-Farrell & Turpin, 2003), inability to remember salient details of the trauma (APA, 1994; Berger, 2001), detachment or withdrawal from others (Motta et al., 2004), concentration difficulties (Motta et al., 2004), and staying attuned to a child's affect after an interview (Berger, 2001).

The term vicarious trauma is also used to describe the effects on clinicians as a result of being exposed to clients' traumatic accounts. Vicarious trauma was first defined by McCann and Pearlman in 1990 (as cited in Collins & Long, 2003, p. 417) as "the transformation in the inner experience of the therapist that comes about as a result of empathetic engagement with clients' traumatic material". The cumulative nature of vicarious trauma and its focus on changes in cognitive schemata differentiate it from secondary traumatic stress. Not only do major disasters result in posttraumatic symptoms, but also exposure to many smaller and less sensational events (Regehr et al., 2002).

Constructivist Self Development Theory (CSDT) is one theoretical explanation of how individuals adapt to the cumulative effects of trauma. CDST suggests that adapting to trauma is a normal reaction and results from an interaction between life experiences (such as personal history), individual personality style (such as coping mechanisms), and cognitive schemata (Nelson-Gardell & Harris, 2003; Pearlman & MacIlan, 1995; Trippany, White Kress, & Wilcoxon, 2004). Exposure to trauma may disrupt the cognitive schemata (Pearlman & MacIlan, 1995; Schauben & Frazier, 1995; Steed & Downing, 1998). Horowitz's (1986, as cited in Creamer, Burgess, & Pattison, 1992) cognitive processing model posits that cognitive schemata help people make sense of their world. As we experience new events, information is filtered through the cognitive schemata, which can then be assimilated into already existing schemata, or existing schemata modify to accommodate the new information (Creamer et al., 1992; Sabin-Farrell & Turpin, 2003). Until

information is assimilated, it stays in active memory resulting in intrusive and distressing thoughts.

The impact of being exposed to traumatic information according to CDST affects five main cognitive schemata (Nelson-Gardell & Harris, 2003; Sabin-Farrell & Turpin, 2003; Trippany et al., 2004).

1. Safety. Clinicians with repeated exposure to trauma may feel like there is no safe place from real or imagined threats. As a result, clinicians may be overly cautious about self and family and take practical measures to ensure safety, such as installing home alarms or attending self-defence courses.
2. Trust. Clinicians may experience a reduction in one's level of trust in self and others
3. Esteem. Clinicians may feel inadequate and doubt their abilities, or become disillusioned with people's cruelty to others. Alternatively, clinicians may feel privileged to be working with survivors of traumatic events.
4. Intimacy. Clinicians may feel empty and avoid being left alone, or withdraw from others, or become dependent on significant others.
5. Control. Clinicians may feel helpless or experience intrusive thoughts and use avoidance, numbing, or denial as coping mechanisms.

There is less consistent and conclusive empirical evidence for changes in cognitive schemata (Sabin-Farrell & Turpin, 2003) with some research finding no disruptions in clinician beliefs after being exposed to trauma (Brady, Guy, Poelstra, & Brokaw, 1999; Jenkins & Baird, 2002). Limited evidence related to changes in cognitive schemata and vicarious trauma could be due to its complexity and lack of information about its construct validity and operational definition (Adams, Matto, & Harrington, 2001; Pearlman & MacIan, 1995).

Countertransference refers to reactions by clinicians within the therapy session to statements from both traumatised and non-traumatised clients (Sabin-Farrell & Turpin, 2003; Trippany et al., 2004). There are two types of countertransference (Jones, 2001; Sexton, 1999). First, *avoidance reactions* where the clinician may deny, minimise, or distort information regarding the levels of trauma suffered. In this case, clinicians may take an analytic

approach to avoid what the client is experiencing or dissociate by having difficulty remembering details about the interview (Berger, 2001; Salston & Figley, 2003).

Second, clinicians may *over-identify* with clients and experience physiological reactions either before or during the session. Inexperienced clinicians who over-identify with clients increase their vulnerability to vicarious trauma (Adams et al., 2001; Anderson, 2000; McLean, Wade, & Encel, 2003; Pearlman & MacIain, 1995; Wasco & Campbell, 2002). Enmeshment and excessive client advocacy may also occur especially when working with vulnerable and traumatised children (Berger, 2001). Clinicians may blur boundaries by retaining clients' information or become involved with cases that are not part of one's role (Berger, 2001; Salston & Figley, 2003).

Stephens (1996) found that in a sample of New Zealand police officers, those who were more likely to have higher PTSD symptoms were those who experienced more events that are traumatic and had no educational qualifications. Higher levels of PTSD have also been found in those who work with victims of rape, abuse, or murder (Regehr et al., 2002; Steed & Downing, 1998). Trauma symptoms amongst law enforcement personnel were more likely to be influenced by personal stress, personal trauma history, negative coping mechanisms, and negative responses to investigating child abuse cases (Brady et al., 1999; Follette, Polusny, & Milbeck, 1994). More evidence of secondary traumatic stress and vicarious trauma has been found amongst workers, including the police, who work with sexual abuse victims than other client groups (Brady et al., 1999; Cunningham, 2003; Johnson & Hunter, 1997; Wasco & Campbell, 2002). Furthermore, working with abused children may increase levels of dissociation or intrusive thoughts, may have greater ability to recall specific details about the victim, or may invoke feelings of helplessness and anger (Motta et al., 2004; Regehr et al., 2002). While Schauben and Frazier's (1995) study found that working with sexual violence clients was related to clinicians reporting greater levels of PTSD symptoms, working with sexual violence clients in this study was not related to burnout or negative affect.

Secondary traumatic effects have also been noted amongst clinicians who viewed case records suggesting that traumatic effects can be experienced even when reading traumatic information (Alexander, de Chesnay, Marshall, Campbell, Johnson, & Wright, 1989, as cited in Wasco & Campbell, 2002).

Stephens' and Miller's New Zealand study in 1998 (as cited in Stephens, Long, & Flett, 1999) found that PTSD symptoms amongst police officers were greater amongst those who had experienced a greater number of traumatic events, providing evidence of the cumulative effects of trauma. Cumulative effects of trauma exposure can still be experienced even after leaving the police force, which coupled with loss of usual supports and ability to share experiences with colleagues may exacerbate problems (Paton & Violanti, 1997).

Higher levels of distressing symptoms are related to a greater percentage of trauma clients (Schauben & Frazier, 1995), a greater number of hours with clients (Meyers & Cornille, 2002), and greater exposure to graphic details (Brady et al., 1999). Trippany et al. (2004) recommend limiting the number of trauma clients per week and diversifying caseloads to reduce vicarious trauma. Berger (2001) estimates that one trauma client is the equivalent of two general clients and suggests that the amount of trauma work should be balanced by taking on other non-trauma work, such as community education, projects, or policy work.

The most vulnerable to secondary traumatic stress reactions are young and inexperienced clinicians who have poorly developed coping strategies (Bell, Kulkarni, & Dalton, 2003; Miller, 2000; Sexton, 1999). However, even experienced clinicians, who may have lower levels of distress, can still experience vicarious trauma. Benatar (2001, as cited in Sabin-Farrell & Turpin, 2003) found that experienced trauma therapists had a negative and cynical view of the world, concerns about their safety, negative views about oneself, and isolated oneself from others. Nelson-Gardell and Harris (2003) found that neither years of experience nor age was significantly correlated with risk of secondary traumatic stress. However, while more experienced

clinicians may have lower levels of distress this could be due to inexperienced clinicians who were unable to cope resigning or more experienced clinicians being promoted to supervisor positions where there is less front-line work (Nelson-Gardell & Harris, 2003).

There are aspects of forensic interviewing that increase the probability of developing secondary traumatic stress reactions. First, forensic interviewing is crisis work. Requests for unplanned and urgent interviews require forensic interviewers to work quickly and efficiently in highly emotional situations, often with inadequate client information (Miller, 2000; Wilson, 2002). Second, as usually only one interview is conducted, pressure may be put on forensic interviewers not to make mistakes, and for them to be attentive throughout the entire interview (Wilson, 2002). Third, forensic interviews are always observed. The videotapes are open to scrutiny from lawyers coupled with the threat of media attention and litigation (Eichelbaum, 2001; Wilson, 2002). Fourth, forensic interviewers may work in isolation which may increase vulnerability to vicarious trauma (Jones, 2001; Paton & Violanti, 1997) or face conflictual situations between client and the organisational goals (Berger, 2001).

Having regular, supportive supervision which not only addresses client issues, but has a portion of each session dedicated to working through distressing issues is a necessary requirement for anyone working with trauma clients (Brady et al., 1999; Brough, 2004; Cunningham, 2003; Figley, 1995; Greller, Parsons, & Mitchell, 1992; McLean et al., 2003). Bell et al. (2003) found lower levels of secondary traumatic stress amongst clinicians who received more hours of non-evaluative supervision on a regular basis. While most studies suggest that supervision decreases the risk of developing traumatic reactions, Kassam-Adams (1995, as cited in Sabin-Farrell & Turpin, 2003) found that supervision and support was not related to lower PTSD symptoms in clinicians.

Peer supervision can complement individual supervision. Peer supervision can normalise experiences and provide opportunities for debriefing as well as

sharing coping mechanisms, reaffirming confidence and validation in own work, decreasing feelings of isolation, and increasing levels of objectivity and empathy (Robinson, Clements, & Land, 2003; Trippany et al., 2004). Greller et al. (1992) and Stephens (1996) found that talking with colleagues about their experiences of traumatic incidents, as well as social support and a supportive home environment resulted in fewer traumatic PTSD symptoms amongst police officers. Furthermore, working as part of a team is recommended to reduce the effects of vicarious trauma (Figley, 1995; Pack, 2004; Sexton, 1999). Working in teams allows discussions about inconsistencies between theory, practice, personal beliefs, and agency philosophies (Pack, 2004), as well as opportunities for venting and gallows humour (Berger, 2001; Moran, 2002).

Employers, regardless of whether being exposed to traumatic events is part of core business, have an obligation to mitigate against the negative effects of stress on their employees. In New Zealand, the Health and Safety in Employment Act 1992 is designed to provide for safe workplaces (Department of Labour & Occupational Safety and Health Service [OSH], 1998). This Act is enforced by OSH and places obligations on employers and employees to ensure that workplaces are safe (Department of Labour & OSH, 2003). Stress and fatigue are noted as particular potential problems in workplaces. Furthermore, particular attention is given to workers whose work is “emotionally repugnant or draining (e.g. social work in a clinic for sexually abused children, working in some branches of medicine, police work)” (Department of Labour & OSH, 2003).

The New Zealand Police have clear policies and procedures to managing the impact of trauma on staff (Black, 2001). The New Zealand Police Trauma Policy “provides members of police, both sworn and non-sworn, appropriate psychological support as required by the sometimes traumatic and disturbing nature of police work” (Black, 2001, p. 3). This policy recognises that everyone has different reactions to traumatic events and that staff can be affected cumulatively and after a single traumatic incident. Critical Incident Stress Debriefing (CISD) may be useful for specific, one-off traumatic

incidents but may not address cumulative effects (Ortlepp & Friedman, 2002, as cited in Sabin-Farrell & Turpin, 2003). CISD may be given automatic support by management for events that are viewed as being the most stressful; however, it may not be these events that have the greatest impact on clinicians (Regehr et al., 2002). Although the police in New Zealand have mandatory debriefing available, inconsistent evidence has been found regarding the efficacy of debriefing especially when randomised control trials are used (Sabin-Farrell & Turpin, 2003). Some research has found that debriefing had no effect on reducing levels of distress with some even making clinicians worse (Stephens, 1996). Debriefing has however been found to be more effective when combined with individual sessions (Figley & Kleber, 1995).

Levels of secondary stress amongst forensic interviewers may be reduced as forensic interviewers have the luxury of not having to retain distressing information given that interviews are always videotaped (Wilson, 2002). Additionally, as usually only one interview is conducted, forensic interviewers unlike therapists do not have ongoing contact with children and their families (Cunningham, 2003). Furthermore, there are a number of supports available for New Zealand forensic interviewers. Supervision, whether it be clinical, peer or cultural, is encouraged. Additionally, attendance at an annual national peer tape review to improve and standardise practice, is recommended (CYF & New Zealand Police, 1996). At national peer tape review, all forensic interviewers throughout New Zealand meet and are updated on recent court judgements and experiences in court, updated on relevant research, as well as critiquing each other's videotapes (Wilson, 2003).

While some clinicians will experience adverse effects, most experience only mild symptoms and continue to function well (Pearlman & MacIan, 1995; Ortlepp & Friedman, 2002, as cited in Sabin-Farrell & Turpin, 2003; Schauben & Frazier, 1995). Anderson (2000) found that although clinicians reported concerns about their work environment, the majority expressed a desire to remain in the same job. Clinicians also report that while they continued to have responses to the nature of their work they would continue to work with that client group (Wasco & Campbell, 2002). Brough (2004)

compared New Zealand police, fire, and ambulance officers' reactions to trauma and found that while police officers reported greater levels of stressors, they did not experience more negative health or social problems than fire and ambulance officers. It is possible that the police were desensitised from repeated exposure or were already using effective coping strategies (Steed & Downing, 1998). Additionally, increased feelings of suspicion and distrust could be an appropriate and positive response to type of work (Steed & Downing, 1998). Individual personality characteristics and coping measures may mediate the effects of stress (Greller et al., 1992). For some, stress may produce an optimal level of arousal that allows them to still function effectively (Greller et al., 1992).

Clinicians can employ a number of coping strategies to manage the impact of their work. Coping can involve cognitive processes such as denial as a protective strategy and as a result have blurred recollection about cases (Miller, 2000). Alternatively, clinicians could become detached and distanced from clients in order to deal with distressing feelings (Collins & Long, 2003). Strategies of avoiding and blocking out distressing information may reduce immediate distress but can become maladaptive if relied upon (Creamer et al., 1992; Kopel & Friedman, 1999). Folkman and Lazarus (1988) discussed two types of coping mechanisms. First, problem focussed coping that involved making changes to the stressful event. Second, emotion focussed coping which involved regulating distress caused by the traumatic event. Forsythe and Compas (1987, as cited in Vitaliano, DeWolfe, Maiuro, Russo, & Katon, 1990) noted that distressing symptoms decreased when a problem-solving approach was used for incidents that were perceived as changeable and when an emotion-solving approach was used for events that were perceived as unchangeable. Patterson (1999) found that police officers, overall, tended to use problem-solving strategies to manage traumatic events. Those who used emotion-solving strategies were usually more experienced and had higher levels of distress than those who used problem-solving approaches.

In Schauben and Frazier's (1995) study, using active coping mechanisms and planning was associated with lower levels of distress. Having control over

situations was also positive (Mitchell-Gibbs & Joseph, 1996). Contrary to Schauben and Frazier's (1995) findings, Stevens and Higgins (2002) found that clinicians who used positive problem-solving coping strategies and social supports, did not have lower levels of trauma symptoms and burnout. Likewise, Anderson (2000) found that while most participants used active solving coping strategies, neither this strategy nor using avoidant coping mechanisms lessened the effects of emotional exhaustion. Those who used active solving strategies were less likely to depersonalise clients and more likely to feel a sense of personal achievement.

Current Study and Hypotheses

This thesis focused on issues that I became aware of when working for CYF as a forensic interviewer for over five years. I found that exposure to cases of abuse affected me, with physical abuse cases being more distressing than sexual abuse cases. In addition, I found that the sooner the child's report was completed (as likened to the problem-solving approach) the less recall I had of significant details. Whereas, when I ruminated (as likened to the emotion-solving approach) I often retained a larger amount of distressing information relating to the child's abuse. Prior research has focused on therapists and emergency personnel (such as police and disaster workers) and has tended to use self-report trauma-specific measures to investigate the impact of traumatic information on clinicians. This research aimed to assess forensic interviewers' memory for events using a performance task, rather than a self-report measure. In addition, using a specialised group of clinicians, namely forensic interviewers, who have not been studied in depth before as well police officers hoped to provide some interesting information. As there is little empirical research that has investigated the impact on memory and affect for forensic interviewers as a result of their exposure to children's traumatic disclosures in either New Zealand or overseas, this research aimed to provide some preliminary results.

This study had two main hypotheses. First, it investigated whether there are any differences in affect as a result of being exposed to a child's disclosure of

physical abuse and sexual abuse. It was hypothesised that after exposure to the child's disclosure of abuse, participants will have increased levels of negative affect and decreased levels of positive affect. Furthermore, it was hypothesised that those exposed to the physical abuse disclosure would have a greater increase in levels of negative affect and a greater decrease in levels of positive affect than those exposed to sexual abuse disclosures. Second, it investigated whether there are any differences on memory tasks for those participants who use an emotion-solving approach (that is, ruminating on their emotions and feelings about children being abused) versus a problem-solving approach (that is, focusing on the facts needed to write a professional report). It is hypothesised that those who use an emotion-solving approach will have greater recall of salient details related to the child's disclosure of abuse than those who use a problem-solving approach.

CHAPTER 2: METHOD

Participants

Participants initially chosen for this study were forensic interviewers employed by CYF and the New Zealand Police throughout the North Island, however only the police were able to participate. Due to limited numbers of trained police forensic interviewers and in order to increase the statistical power of this study, a comparison group of police officers who had not completed the Evidential Interviewing Training Course was chosen to participate. Non-trained police officers are experienced in taking statements from adult victims of crime but not necessarily from children. By including a comparison group of non-trained police officers, this study allowed further exploration of differences on affect and memory after being exposed to a scenario of child abuse.

A total of 40 police officers from throughout the North Island of New Zealand participated in this study. Seventy-five percent were male and 25% were female. National police demographics regarding gender vary depending on whether staff are sworn or non-sworn. For sworn personnel, 16% are female, compared with 67% of non-sworn personnel being female (New Zealand Police, 2005). In this study, most participants were sworn officers, with all forensic interviewers being female. This accounts for the higher percentage of female participants (25%) in this study. The majority of participants were of European/New Zealand Pakeha descent (88%) with the remaining participants (12%) identifying as Māori. The percentage of Māori participants is similar to national police demographics which identify 11% of police staff as Māori (New Zealand Police, 2005). The median age of the participants was between 36 to 40 years. Ages ranged from 26 to 30 year age group to 56 to 60 year age group.

Most participants were experienced police officers with only 15% having less than five years service in the police. Thirty-eight percent had between five to

ten years experience with 47% having served in the police for more than ten years. The median years of experience were between five and ten years. This is comparable with national police demographics with the average length of service being 12 years (New Zealand Police, 2005).

Most police officers were of Constable rank (48%), followed by Detective (23%) with smaller percentages of other ranks such as Detective Constable (5%), Sergeant (5%) and Detective Sergeant (7%). Twelve percent of participants identified as “other”, which was composed of non-sworn staff working as a typist or transcriber, crime analyst/watch house worker, Senior Sergeant, and licensing officer. In-depth statistical analyses related to rank have been omitted given that rank does not necessarily correlate with years of experience, a variable that has been researched previously and is of interest to this study.

Almost half (45%) of participants indicated that they never received clinical supervision. Twenty-two percent reported having clinical supervision once a year, 25% indicated having supervision once every three to six months, 5% having supervision once a month, and 3% having supervision on a fortnightly basis.

Over half of participants (55%) reported that they had completed the Evidential Interviewing Training Course at the Royal New Zealand Police College in Porirua, Wellington. Of those participants who had completed the Evidential Interviewing Training Course, 27% had been interviewing for less than a year, 37% interviewing for one to three years, 18% interviewing for three to five years, and 18% interviewing for more than five years. The median number of forensic interviews conducted by participants who had completed the training was between 51 and 100 interviews.

The majority of those who had completed the training worked as part of a team (86%) with the remainder working in isolation. Most participants worked as a forensic interviewer on a part-time basis (77%) with 23% working full-time in the role as a forensic interviewer.

Overview

This study uses a between-subjects 2x2 experimental design with two independent variables and two dependent variables (refer to Figure 1).

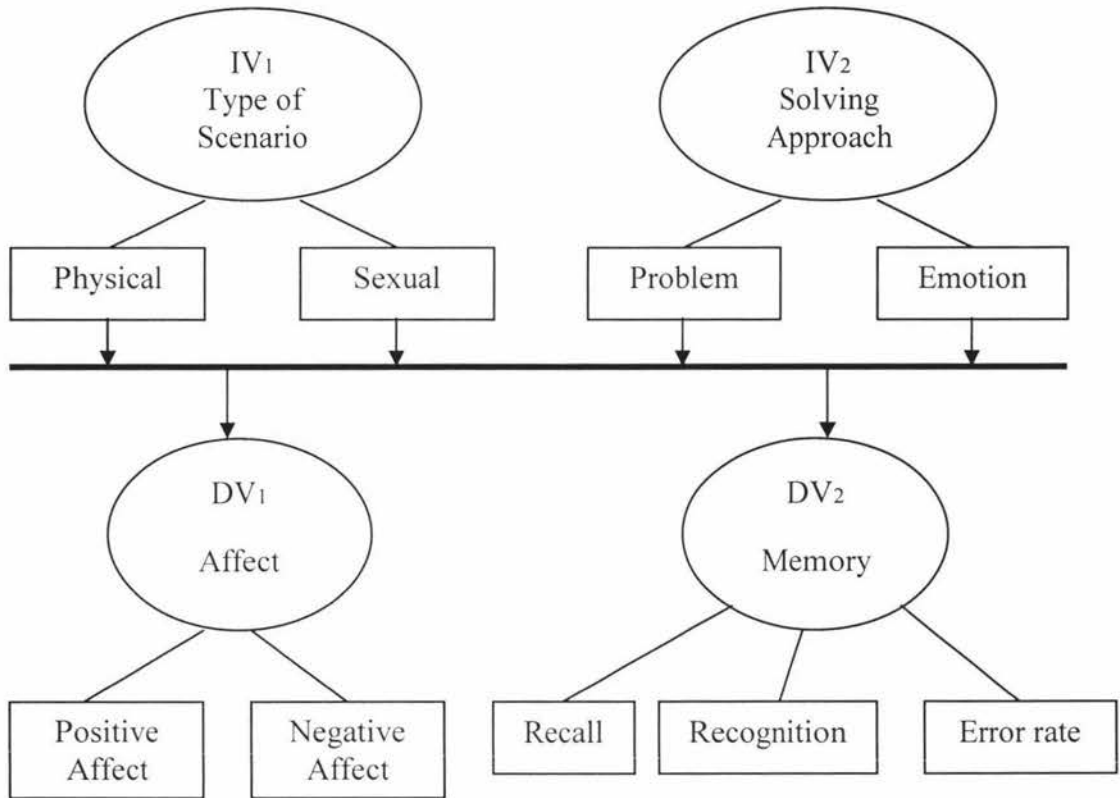


Figure 1. Diagram of research design

Independent Variables

Type of scenario

The first independent variable is type of scenario with two levels: physical abuse scenario and sexual abuse scenario. Participants were given a scenario from a child's forensic interview where the child has disclosed either **sexual or physical** abuse. The scenarios of abuse were created by the researcher based on her experience as a forensic interviewer and on research analysing what children disclose during forensic interviews in New Zealand (Basher, 2004). Details of the physical and sexual abuse scenarios were matched as closely as possible in respect of their length and content (refer to Appendix B). They

were checked for accuracy of matching by the researcher's supervisor and another forensic interviewer who was not a participant in this study.

Solving approach

The second independent variable is solving approach with the two levels: emotion-solving approach and problem-solving approach. The researcher manipulated the two types of solving approaches. Participants who were assigned to the emotion-solving approach were asked to focus on their feelings and emotions in response to the child's abuse by being asked to "write down all your emotions and feelings that you had in response to Mary's abuse". Participants in the problem-solving approach were asked to focus on the facts in relation to the child's abuse by being asked to "write down all the significant details about Mary being abused".

Dependent Variables

State affect

The first dependent variable used in this study was state affect. To measure affect, the Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988) was used. The PANAS is a 20-item self-report scale that measures two different dimensions of positive affect (PA) and negative affect (NA) across seven different timeframes (Watson et al., 1988).

The PANAS was chosen as it is a brief measure of state and trait affect with good psychometric properties. The PANAS can be administered in less than five minutes. The PANAS has good to excellent internal consistency (Watson et al., 1988). Cronbach's coefficient α (alpha) reliability for PA ranges from .89 (moment) to .88 (past few days) with the α reliability for moment and past few days for NA being .85. Test-retest reliability for PA ranges from .54 (moment) to .48 (general), and NA from .45 (moment) to .42 (general).

The PANAS has good item validity with all the items being "good markers of their corresponding factors" (Watson et al., 1988, p.1066) and excellent convergent validity with other brief measures of affect. It also provides

independent measures of PA and NA even at state levels supporting discrimination validity (Egloff, 1998; Schmukle, Egloff, & Burns, 2002; Watson et al., 1988). Even though recent research has highlighted some shared variance between NA and PA items, the variance is considered small enough to still support the notion of PA and NA being relatively independent (Crawford & Henry, 2004). In relation to external validity, the PANAS compared favourably with other measures of distress and psychopathology such as anxiety and depression. Overall, the PANAS shows promising results as a brief measure of state affect for a non-student, non-psychiatric adult sample (Watson et al., 1988).

PA is characterised by the amount in which one feels alert, active, and enthusiastic. High levels of PA correspond with high levels of energy, alertness, enthusiasm, concentration, and pleasurable engagement; whereas low levels of PA correspond with sadness and lethargy (Crawford & Henry, 2004; Watson et al., 1988). The 10 items on the PANAS that reflect PA are randomly distributed and include *attentive, interested, alert, excited, enthusiastic, inspired, proud, determined, strong, and active*.

NA reflects distress and includes negative mood states such as anger, guilt, fear, and nervousness. Low NA corresponds with a state of calmness and serenity (Crawford & Henry, 2004; Watson et al., 1988). The 10 items on the PANAS that reflect NA are randomly distributed and include *distressed, upset, hostile, irritable, scared, afraid, ashamed, guilty, nervous, and jittery*.

Short-term memory tasks

The second dependent variable was a short-term memory task. There were two parts to the short-term memory task. First, a free recall memory task where participants were asked to recall all the facts about the scenario of abuse. Second, a recognition memory task where participants were asked to select the statement which best represented what was contained in the scenario of abuse from a choice of five different statements (refer to Appendix C). The fifth response choice to each question was labelled “No information provided/None of the above”. Participants were also asked to rate their confidence in selecting

their answer for each recognition test item. The items in the recognition memory task were matched as closely as possible between the two types of abuse scenarios. The correct answers for the recognition memory task are highlighted in the questionnaires in Appendix C.

Procedure

This study was conducted with approval from the Massey University Ethics Committee and in accordance with the ethical guidelines of the New Zealand Psychological Society (2002). Approval from the Police Research and Evaluation Steering Committee as well as completion of a police security check and deed of confidentiality was completed prior to accessing police participants. Once approved, a letter outlining my research and requesting access to police staff was sent via Superintendent David Trappitt (National Manager, Planning, Policy, and Evaluation) to the District Commanders from the North Island (See Appendix D). Due to time restraints, districts were chosen if they employed trained forensic interviewers and were within travelling distance for the researcher who is based in Rotorua. Due to the small number of trained forensic interviewers employed by the police, the districts approached have not been named as participants could be identified. All District Commanders that were approached agreed for the research to proceed. Appointments with participants were scheduled through a named liaison person from each of the areas.

On meeting with potential participants, they were invited to read the Information Sheet (refer to Appendix E) and then sign the consent form (refer to Appendix F) agreeing to participate. No one declined to participate. As participants could complete the questionnaire in small groups as well as individually, a semi-random assignment procedure was used to ensure equal numbers of subjects in each of the four conditions. The four conditions corresponded to four different questionnaires (refer to Appendix C), which are:
Questionnaire 1: physical abuse scenario and emotion-solving approach
Questionnaire 2: physical abuse scenario and problem-solving approach
Questionnaire 3: sexual abuse scenario and emotion-solving approach

Questionnaire 4: sexual abuse scenario and problem-solving approach.

Demographic information was gathered in respect of gender, age, ethnicity, length of service with police, rank, and amount of clinical supervision. Ethnicity was chosen given the cultural context for New Zealand and to investigate possible differences in responses made. The other demographic variables were chosen as they had been highlighted earlier as risk factors for developing negative reactions to traumatic information. A set of questions relating to those participants who had completed the Evidential Interviewing Training Course or regularly monitor interviews were asked. These included questions relating to experience (number of years conducting interviews and number of children interviewed), working environment, and role.

In this study, the PANAS was administered on three occasions during the questionnaire; (1) prior to reading the scenario of abuse, (2) immediately after reading the scenario, and (3) at the conclusion of the questionnaire. Subjects then rated on a 5-point scale the extent in which specific mood states have been experienced. The five point scale includes 1 = *very slightly or not at all*, 2 = *a little*, 3 = *moderately*, 4 = *quite a bit*, and 5 = *extremely*.

For this study, prior to reading the scenario of abuse participants were asked to rate how they “have felt this way during the past few days” and for the other two times that the PANAS was administered participants were asked to rate how they felt “right now, that is, at the present moment”. Raw PA and NA scores were collated for each of the occasions it was administered in the questionnaire. As I was specifically interested in the change in PA and NA scores after reading the scenario of abuse, this was calculated by subtracting the PA and NA scores after reading the scenario of abuse from the PA and NA scores before reading the scenario. This variable is called the delta PA (δ PA) and delta NA (δ NA).

In order to test short-term memory a distracter task was introduced after reading the scenario of abuse. Ideally there would have been at least one to two days between reading the scenario and the short-term memory tasks,

however due to time restraints, for both the researcher and participants, a distracter task was used so that participants did not need to be approached for a second time. The distracter task in this study asked participants to read a short excerpt about a child's school and then write a brief summary about the school information. It is recommended that for a distracter task to be effective it should take between three to five minutes to complete, should involve more than reading (for example: writing notes), and should be used immediately after the to-be-remembered material (S. Hill, personal communication, February 14, 2005).

Two marking schedules were developed for the free recall memory task (refer to Appendix G). These marking schedules awarded two marks for each key fact recalled correctly and one mark for any other relevant information with a total score being out of 56. A percentage score was then calculated for percentage of correct answers on the recall task. In addition, raw scores of the number of errors made and omissions of key facts were calculated.

In relation to the recognition task, an overall percentage score of correct answers to the multiple choice items was calculated.

CHAPTER 3: RESULTS

The results from the questionnaire were analysed using the SPSS Graduate Pack version 12.0. Results related to state affect will be discussed first and then the short-term memory tasks. Findings of interest related to demographic data are incorporated.

State Affect

PANAS mean scores across the three points of testing in the questionnaire for all participants are displayed in Figure 2. As can be seen from Figure 2 there was a decrease in PA and NA scores from the beginning to the end of the questionnaire.

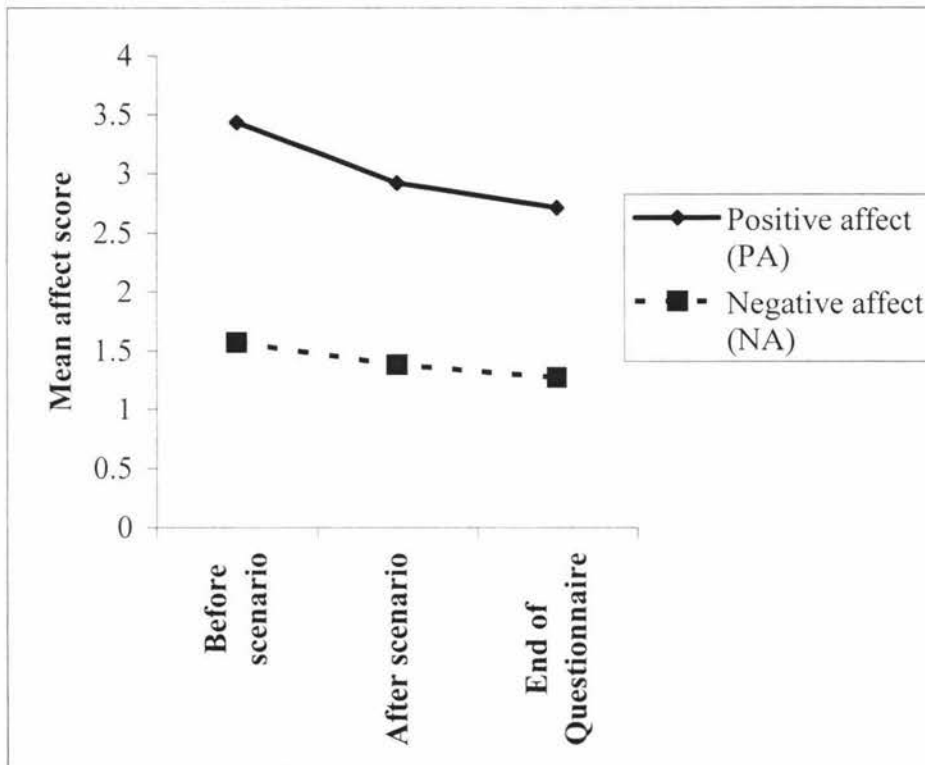


Figure 2. Mean PA and NA scores at three occasions administered in the questionnaire.

Individual changes scores for PA and NA are highlighted in Figure 3 and Figure 4. As illustrated, almost all participants showed decreases in PA and NA from before reading the scenario and after reading the scenario, with changes in NA being smaller than changes in PA. Further analyses were

conducted to investigate these changes in PA and NA pre and post-reading of the scenario.

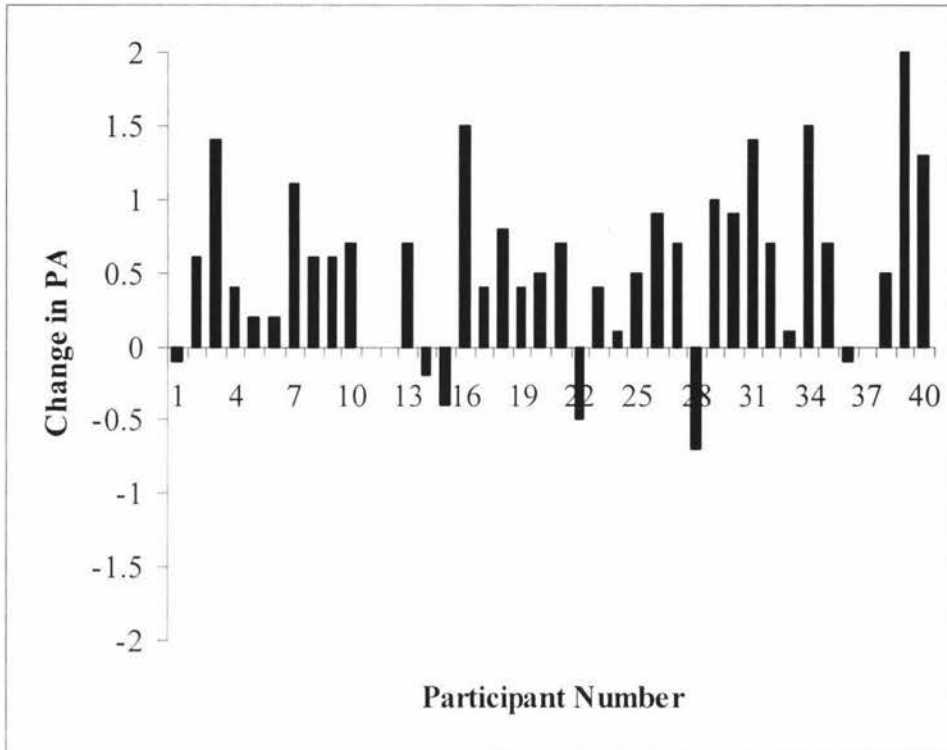


Figure 3. Change in PA scores from before reading the scenario to after reading the scenario of abuse for each participant.

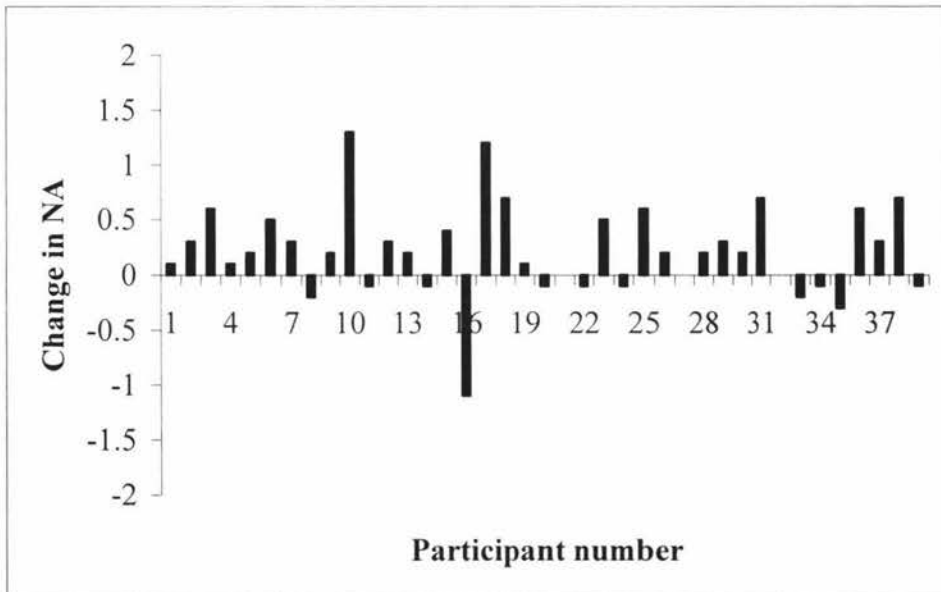


Figure 4. Change in NA scores from before reading the scenario to after reading the scenario of abuse for each participant.

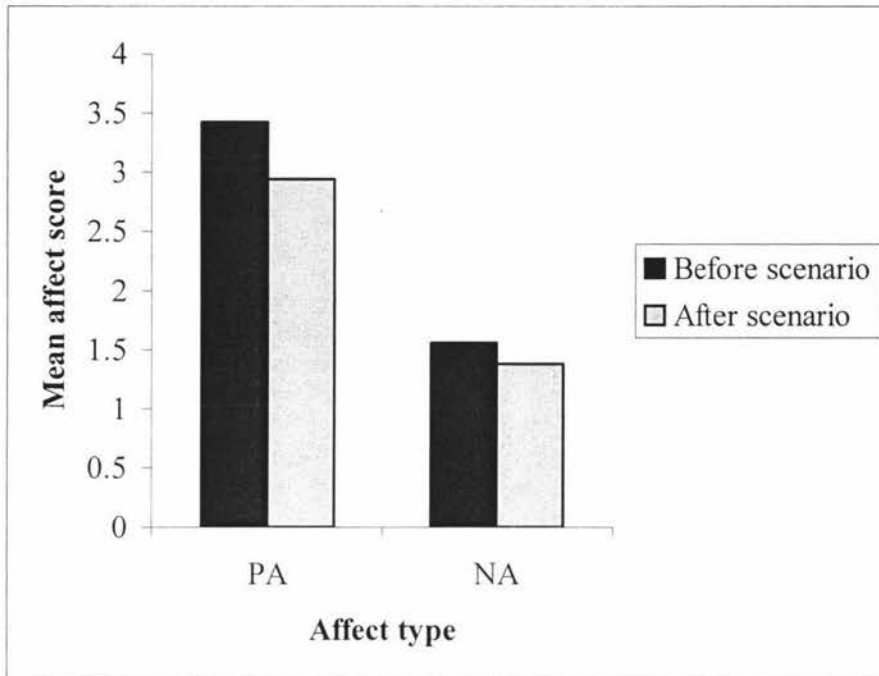


Figure 5. Mean PA and NA scores before and after reading the scenario of abuse.

A paired-samples t-test was conducted to evaluate the impact of the reading the scenario on participants' scores on the PANAS. There was a statistically significant decrease in positive affect from before reading the scenario ($M = 3.42$, $SD = 0.61$) to immediately after reading the scenario ($M = 2.94$, $SD = 0.67$; $t(39) = 5.14$, $p < .05$). The effect size using the eta squared statistic was .40. There was also a significant decrease in negative affect from before reading the scenario ($M = 1.56$, $SD = 0.61$) to immediately after reading the scenario ($M = 1.38$, $SD = 0.44$; $t(39) = 2.72$, $p < 0.05$). The effect size using the eta squared statistic was .16. These results indicate that there was a significant decrease in both positive and negative affect after being exposed to a scenario of child abuse.

In order to assess whether there were any differences in the change in PA and NA scores from before reading the scenario of abuse to after reading the scenario for scenario type (physical or sexual) a one-way between-groups analysis of covariance (ANCOVA) was conducted. In this study, the

independent variable was type of scenario (physical or sexual). The dependent variables were PA and NA scores on the PANAS after reading the scenario of abuse. Participants' PA and NA scores on the PANAS prior to reading the scenario were used as the covariates in this analysis.

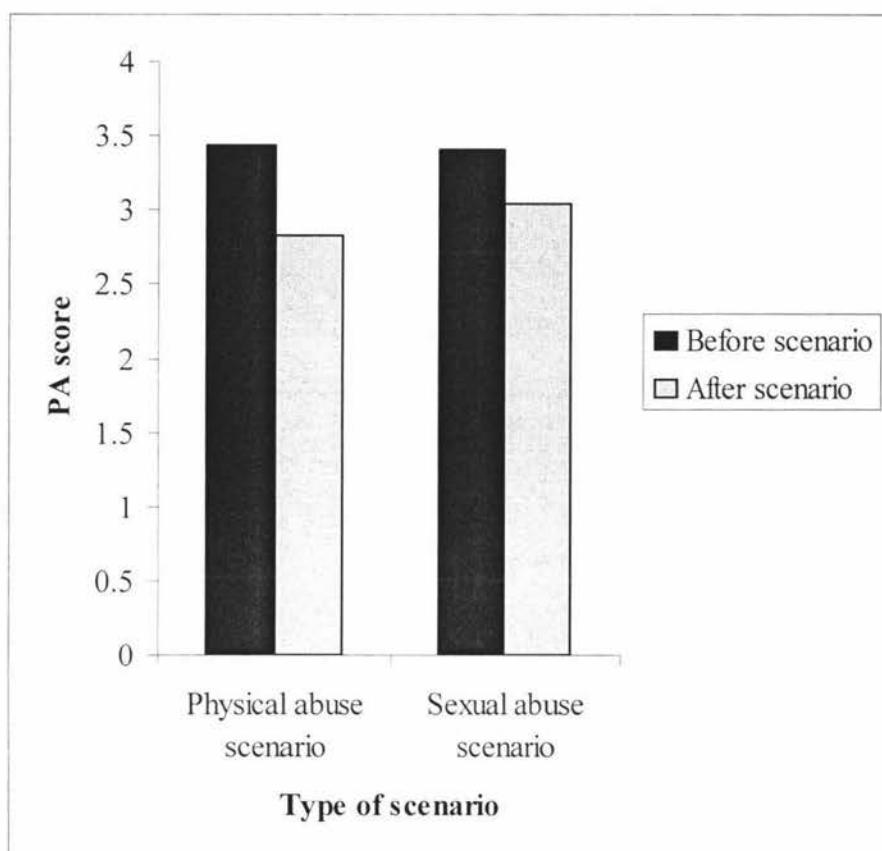


Figure 6. Mean PA scores before and after reading the scenario of physical or sexual abuse.

After adjusting for PA scores prior to reading the scenario, there was no significant difference between the type of scenario read on PA scores on the PANAS [$F(1,37) = 1.98, p = .17, \text{partial eta squared} = .05$].

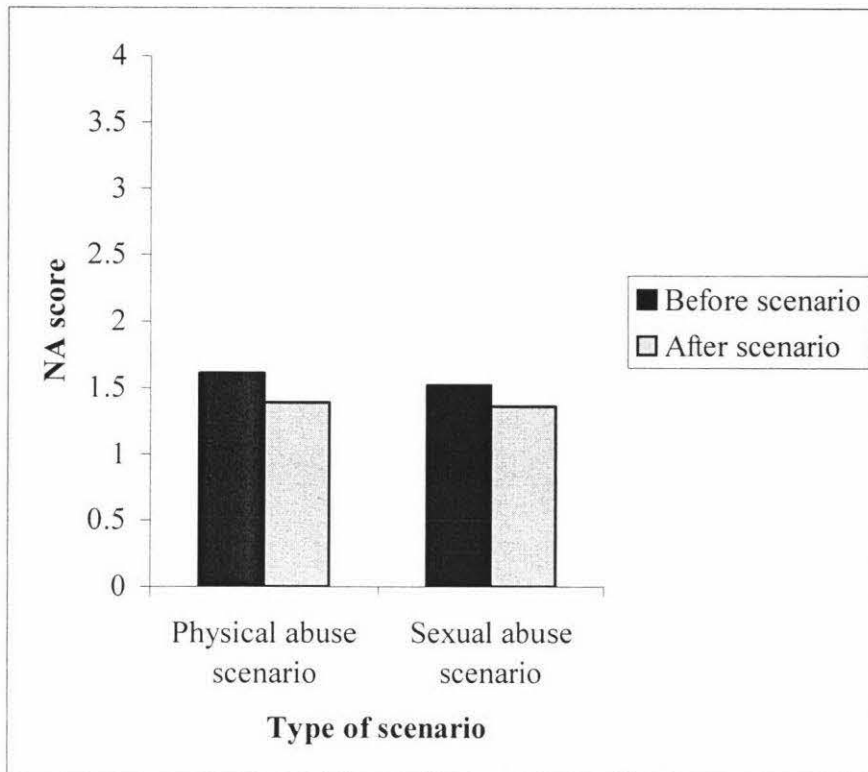


Figure 7. Mean NA scores before and after reading the scenario of physical or sexual abuse.

After adjusting for NA scores prior to reading the scenario, there was no significant difference between the type of scenario read on NA scores on the PANAS [$F(1,37) = .03, p = .87, \text{partial eta squared} = .01$].

Qualitative data showed that overall, participants assigned to the problem-solving approach were able to write down the key facts from the scenario of abuse. Participants' responses on the emotion-solving approach varied with positive, negative, and neutral comments made. Positive responses included comments such as "very enthusiastic about charging Steven and putting him in jail", "proud she was able to disclose", "I'm going to lock up the offender and it will feel good", "determined to do my best to help her and her situation", and "fingers in boiling water surprised/shocked/interested me as I haven't heard that before". Negative responses included comments such as "disgusted", "poor child", "angry at offender for hurting someone much smaller than him", "sadness at level of abuse and disclosure of specifics", "fear – can she [Mary] be protected", and "anger – can't identify with who –

just situation”. Some participants reported having no response to the scenario of abuse with comments including “not really too emotional about it”, “felt nothing”, “nil strong feelings – just read as a piece of work”, and “same old story therefore evoked no real feelings/emotions”.

Statistical analyses in relation to demographic information and changes in PA and NA ratings were conducted to establish if there were any interesting findings. Participants’ level of experience revealed some interesting differences which are outlined below.

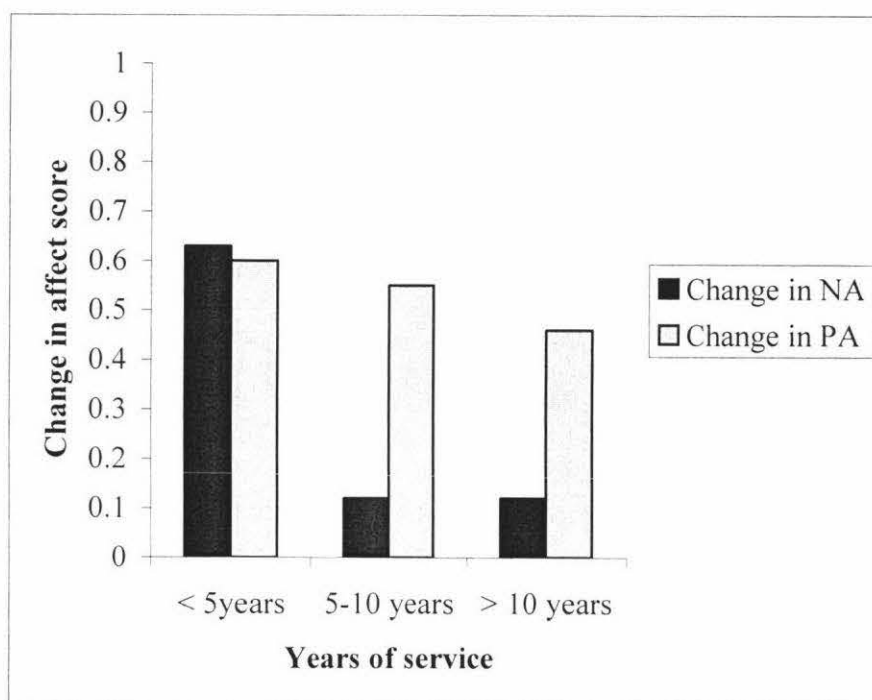


Figure 8. Change in PA and NA scores before and after reading the scenario of abuse for participants with less than five years service, those with five to ten years service, and those with more than ten years service with the police.

A one-way between groups analysis of variance was conducted to explore the impact of years of service on change in PA and NA, as measured by the PANAS. There were no significant differences for change in PA for those participants who had been employed by the police for less than five years ($M = .60, SD = .47$), those employed between five and ten years ($M = .55, SD = .44$), and those employed for over ten years ($M = .46, SD = .69$). There was a statistically significant difference between NA scores across the three groups

[$F(2, 37) = 4.385, p < .05$]. Post-hoc comparisons using the Tukey HSD indicated that the mean score for those employed by the police for less than five years ($M = .63, SD = .33$) was significantly different from the mean score for those employed between five and ten years ($M = .12, SD = .22$) and for those employed over ten years ($M = .12, SD = .50$). The effect size, calculated using eta squared, was .19. Participants who were more inexperienced (defined as having less than five years service with the police) had a greater reduction in NA after reading the scenario of abuse than those participants who had worked for the police for more than five years.

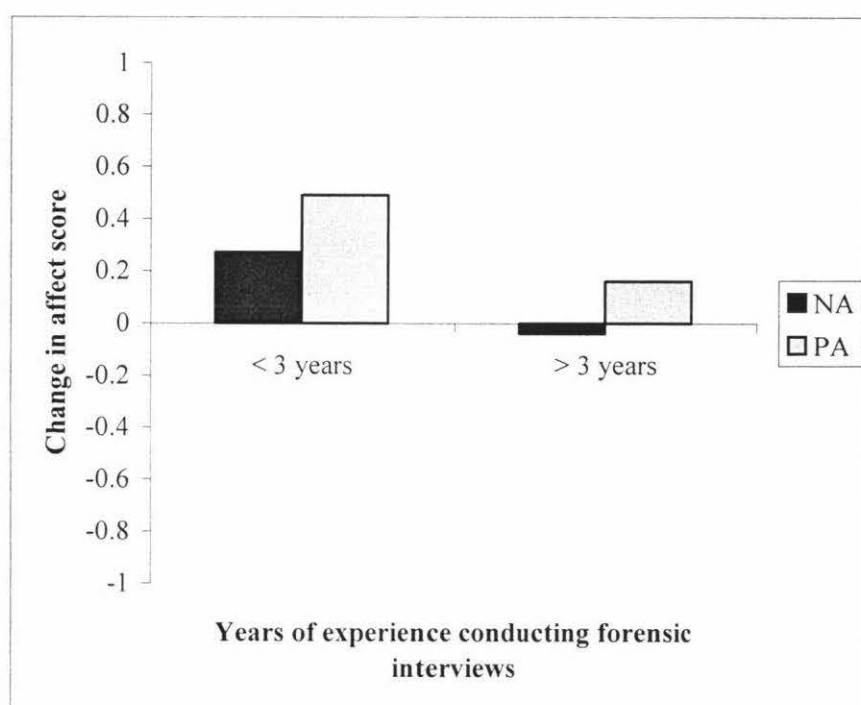


Figure 9. Change in PA and NA scores before and after reading the scenario of abuse for participants with less than three years experience interviewing and participants with more than three years experience interviewing.

In order to analyse the level of experience for trained forensic interviewers and affect, the number of years conducting interviews was collapsed to two groups – less than three years and more than three, as initial analyses revealed no significant differences. An independent-samples t-test was conducted to compare the change in NA and PA scores for those trained police officers who had been conducting forensic interviews for less than three years and those

who had been interviewing for more than three years. There were no statistically significant differences on change in PA for those who had been conducting interviews for less than three years ($M = .49, SD = .52$) and those who had been conducting interviews for more than three years ($M = .16, SD = .68$). Significant differences were found on NA scores for participants who had been conducting forensic interviews for less than three years ($M = .27; SD = .52$) and participants who had been interviewing for more than three years ($M = -.04, SD = .20$). The effect size calculated using eta squared was .32. This suggests that those trained forensic interviewers who were less experienced (defined as having been conducting interviews for less than three years) had an increase in negative affect after reading the scenarios of abuse, while those who were more experienced (defined as having been conducting interviews for more than three years) had a decrease in negative affect after reading the scenarios.

Short-Term Memory Tasks

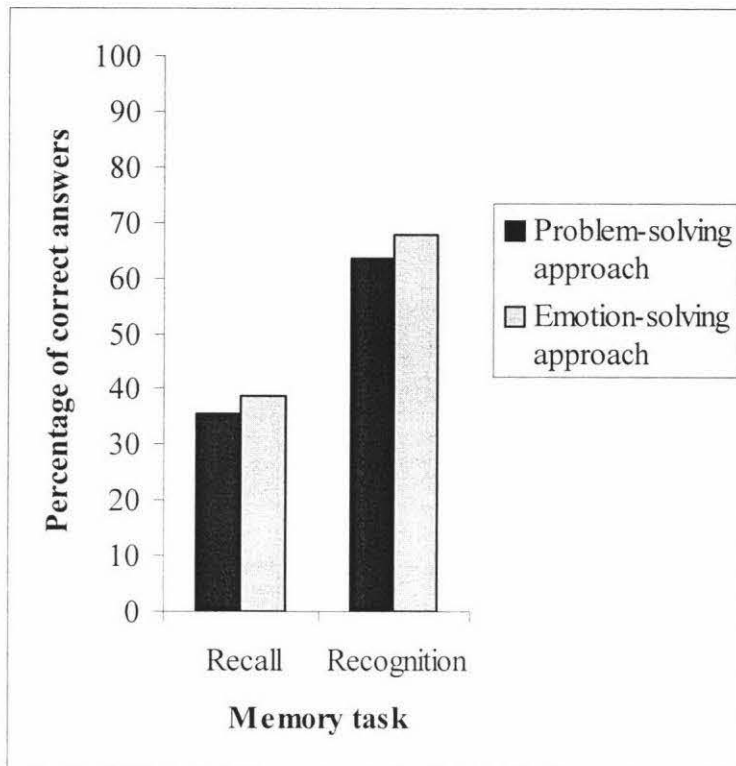


Figure 10. Percentage of correct answers on recall and recognition tasks for problem-solving approach versus emotion-solving approach.

An independent-samples t-test was conducted to compare the percentage of correct answers on recall and recognition tasks for those participants who used a problem-solving approach versus those who used an emotion-solving approach. For the recall task, there was no significant differences in scores for those who used a problem-solving approach ($M = 35.54$, $SD = 16.05$) and those who used an emotion-solving approach [$M = 38.84$, $SD = 17.04$; $t(38) = -.63$, $p = .53$]. For the recognition task, again there was no significant differences in scores for those who used the problem-solving approach ($M = 63.33$, $SD = 11.20$) and those who used the emotion-solving approach [$M = 67.71$, $SD = 9.06$; $t(38) = -1.36$, $p = .35$].

Of interest qualitatively is that while many participants wrote detailed responses on the free recall memory task, others collapsed the information from the forensic interview into simple categories based on criminal offences. Responses that highlighted participants' use of categories include, "extreme

physical abuse that is escalating”, “verbal threats”, “physical violence [is] significant”, “sexual violation”, “indecent assault”, and “inducing an indecent act”.

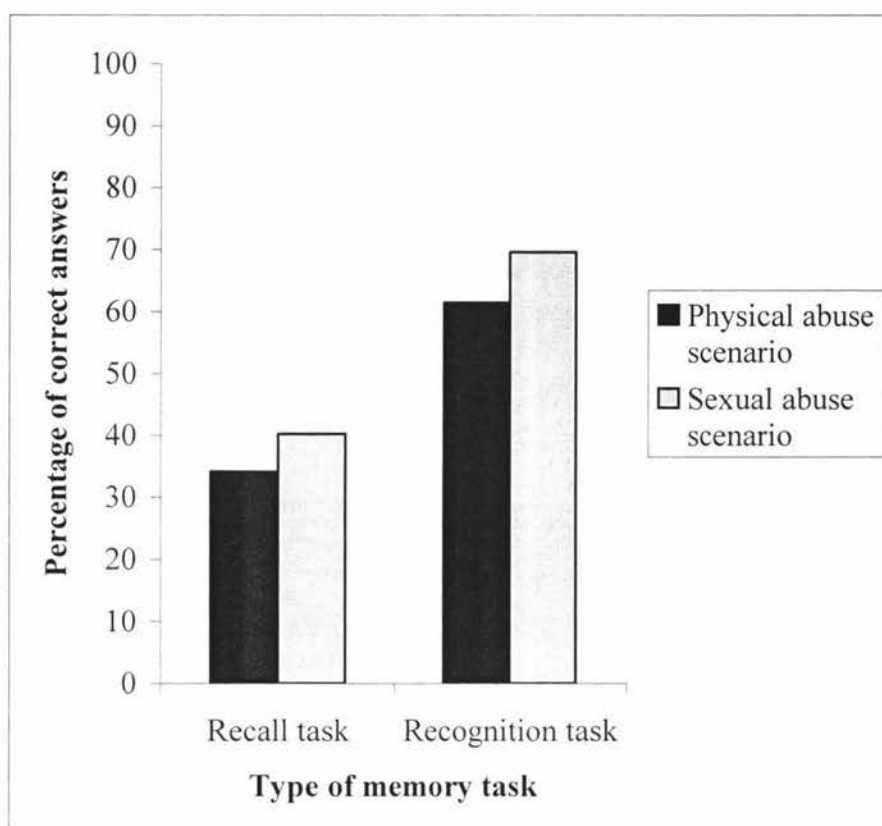


Figure 11. Percentage of correct answers identified on memory tasks for those exposed to sexual abuse and physical abuse scenarios.

An independent-samples t-test was conducted to compare the percentage of correct answers on the memory tasks for those who read a physical abuse scenario and those who read a sexual abuse scenario. There were no significant differences in the scores on the recall task for those who read the physical abuse scenario ($M = 34.11$, $SD = 13.07$) and those who read the sexual abuse scenario ($M = 40.27$, $SD = 19.05$). There were also no significant differences for errors and omissions made for those who read the physical abuse scenario ($M = 7.50$, $SD = 2.90$) and those who read the sexual abuse scenario ($M = 7.10$, $SD = 3.32$). Significant differences were found in scores on the recognition task for those who read the physical abuse scenario ($M = 61.46$, $SD = 10.10$) and those who read the sexual abuse scenario ($M = 69.58$, $SD = 8.98$; $t = -2.69(38)$, $p < .05$). The effect size calculated using eta squared

was .16. Therefore, participants were able to correctly answer more questions in the recognition task for the sexual abuse scenario than the physical abuse scenario.

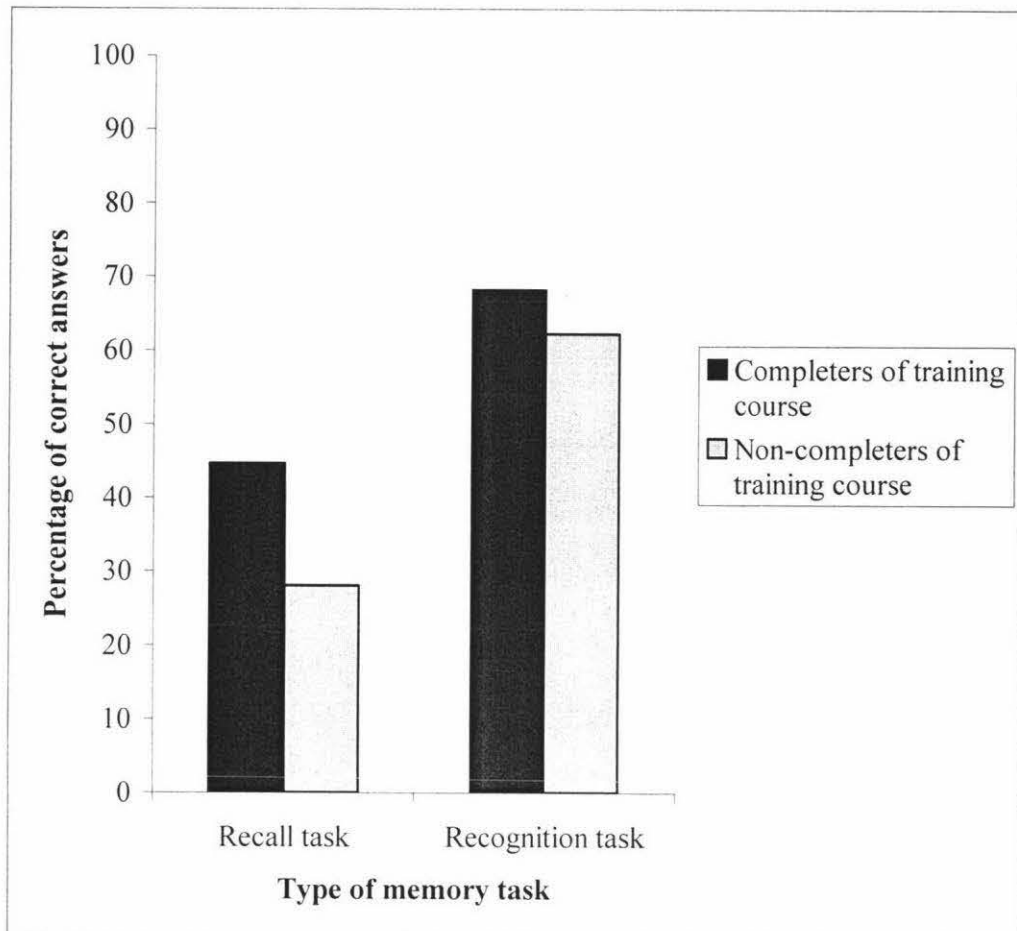


Figure 12. Percentage of correct answers identified on memory tasks for completers and non-completers of the Evidential Interviewing Training Course.

An independent-samples t-test was conducted to compare recall and recognition scores for those who had completed the Evidential Interviewing Training Course and those who had not. While there were no statistically significant differences between those who had completed the training course and those who had not on percentage of correct information correct on recognition task, there was a significant difference on percentage of recall of information on free recall task. Those who had completed the training course recalled more information ($M = 44.64$; $SD = 13.98$) than those who had not

completed the training course ($M = 28.07, SD = 14.75; t(38) = 3.64, p < .05$). The effect size calculated using eta squared was .26.

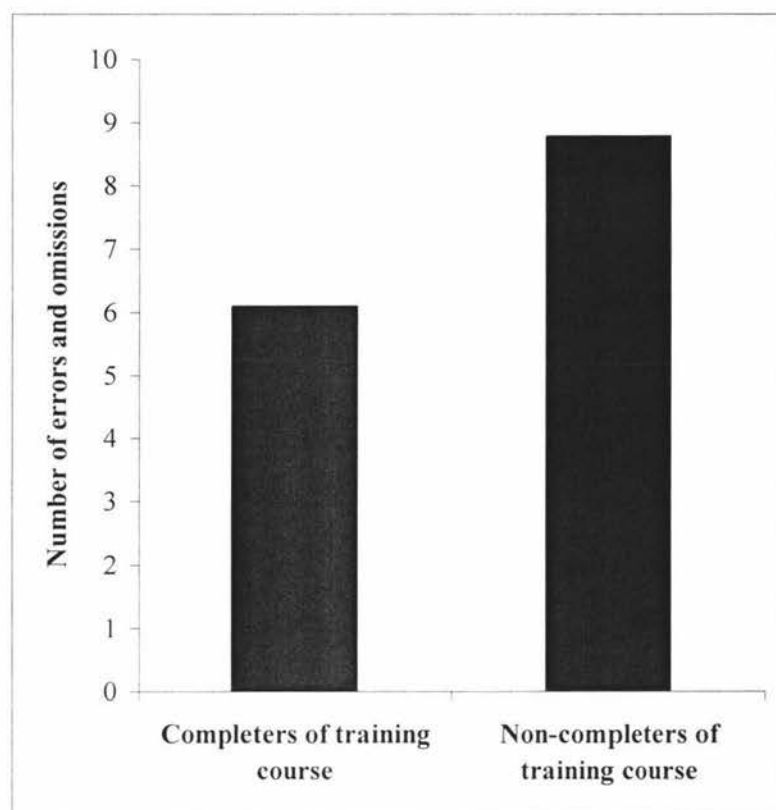


Figure 13. Number of errors and omissions made by completers and non-completers of the Evidential Interviewing Training Course.

Furthermore there were significant differences in errors and omissions made in free recall for those who had completed the training ($M = 6.09, SD = 2.62$) and those who had not ($M = 8.78, SD = 2.02; t(38) = -3.01, p < .05$). The effect size calculated using eta squared was .19. These results suggest that those police officers that have been trained to conduct forensic interviews were able to recall more information and made fewer errors and omissions in the information they recalled than those police officers who had not completed the training.

CHAPTER 4: DISCUSSION

Summary of the Findings

The primary goals of this study were to investigate the impact on state affect after being exposed to a child's statement of abuse, to assess which type of solving approach led to less recall of distressing information, and to examine which risk factors may impact on state affect and short-term memory tasks. Each of these hypotheses is explored further.

State affect

Participants in this study showed a decrease in both positive affect (PA) and negative affect (NA) after exposure to a scenario of child abuse. There were no significant differences in PA and NA based on whether participants were exposed to a scenario of sexual abuse versus a scenario of physical abuse. These findings partially support the hypotheses. The hypothesis that PA would decrease after exposure to a scenario of abuse was supported, however NA also decreased, which was contrary to the initial hypothesis that NA would increase after exposure to a scenario of abuse. Also, the hypothesis that participants would have greater increases in levels of NA and greater decreases in levels of PA if exposed to a scenario of physical abuse was not supported.

Almost half of participants reported that they received clinical supervision; however, lack of supervision in this study was not a significant finding in this study. No support was found for the hypotheses that those working as a part of a team or on a part-time basis would have lower increases in NA and lower decreases in PA after exposure to the scenario of abuse. In this research, those with less experience (having less than five years experience with the police) had a significant reduction in levels of NA after being exposed to the scenario of abuse when compared with more experienced participants. However, for trained forensic interviewers who were more

inexperienced, had a greater increase in NA after exposure to the scenario of abuse, supporting one of the initial hypotheses.

Short-term memory tasks

This research did not support the primary hypothesis that participants who used an emotion-solving approach would have greater recall of salient details relating to a child's statement of abuse than participants who used a problem-solving approach. Participants who were exposed to the scenario of sexual abuse were able to correctly answer more questions in the recognition task than those exposed to the scenario of physical abuse.

Of interest is that police officers who were trained forensic interviewers recalled more information, made fewer errors, and omitted less information in the short-term memory tasks.

Interpretation and Implications for Theory, Research and Practice

The findings of the current analogue study provide interesting results illustrating that despite some clinicians experiencing adverse effects from working with traumatised clients, most experience only mild symptoms and continue to function well (Pearlman & Maclan, 1995; Ortlepp & Friedman, 2002, as cited in Sabin-Farrell & Turpin, 2003; Schauben & Frazier, 1995). This analogue study provides contrary information to a large body of literature related to traumatic effects of working with traumatised clients, particularly children who have been abused. Furthermore, this study provides unique information related to the impact on a specialised group of professionals, that being forensic interviewers in New Zealand. This section discusses in detail the findings of this research and examines the implications that these findings may have for theory, research, and practice.

One of the primary hypotheses of this study was that NA would increase and PA would decrease after exposure to a child's statement of abuse. As hypothesised, PA levels did decrease after exposure to the scenario of abuse,

supporting prior research (Follette et al., 1994). However, levels of NA also decreased after exposure to the scenario of abuse consistent with Schauben and Frazier's study (1995). One explanation for the decrease in NA is that participants made positive comments about being "enthusiastic" and "determined" to arrest the alleged offender and "interested" in what the child had disclosed. These initial results provide continued support that the police officer's experience of trauma is unique (Brough, 2004; Regehr et al., 2002), and that despite being exposed to traumatic accounts of child abuse, most clinicians continue to function well (Pearlman & MacJan, 1995; Ortlepp & Friedman, 2002, as cited in Sabin-Farrell & Turpin, 2003; Schauben & Frazier, 1995).

No significant differences in changes in levels of NA and PA were found for exposure to scenarios of physical abuse versus sexual abuse. Most research has focused on the impact on workers with sexual abuse clients (Brady et al., 1999; Cunningham, 2003; Johnson & Hunter, 1997; Wasco & Campbell, 2002). This research supports studies by Figley (1995) and Regehr et al. (2002) that clinicians' exposure to child abuse in general is distressing, regardless of whether children have been physically or sexually abused. The impact on clinicians of exposure to specific types of child abuse is an area that could be the subject of further investigation.

The other primary hypothesis that those who used an emotion-solving approach would have greater recall of information from the scenario of child abuse than those who use a problem-solving approach was not supported. It is possible that as affect reduced (as evidenced by decreases in levels of NA and PA after exposure to the scenario of abuse) that this made it more difficult to manipulate an affect-based variable. Furthermore, participants appeared to have little difficulty completing the problem-solving approach used in this study. However, for the emotion-solving approach, while some negative emotions were recorded in response to the child's statement of abuse, many participants reported having no feelings or positive emotions. Specifically, some viewed the information from the forensic interview in a positive light, particularly in relation to the quality of evidence provided by

the child and positive feelings about the subsequent arrest of the alleged perpetrator. The police focus on evidence and prosecution was also illustrated in responses on the free recall memory task, where some responses were based on categories of criminal offences, rather than recalling all the facts. This could be a protective coping mechanism for police officers who selectively filter information into offence categories rather than having to retain distressing specific information about acts of child abuse. Alternatively, it could be possible that police officers generally use a problem-solving approach and were therefore less likely to use an emotion-solving approach, consistent with Patterson's study (1999) of police officers.

Prior research suggests that the most vulnerable to trauma are inexperienced clinicians (Adams et al., 2001; Anderson, 2000; McLean et al., 2003; Pearlman & MacIain, 1995; Wasco & Campbell, 2002), which was partially supported in this research. Overall, experienced police officers had greater increases in levels of negative affect after exposure to the scenario of abuse. This adds support to the research that even experienced clinicians can still have negative reactions to traumatic information (Anderson, 2000; Benatar, 2001, as cited in Sabin-Farrell & Turpin, 2003). However, for police officers who are trained forensic interviewers, it was those who were more inexperienced who had greater increases in NA after exposure to the scenario of abuse. It is possible that for this group, inexperienced forensic interviewers are more vulnerable to negative reactions to child abuse information because they specialise in child abuse (Brady et al., 1999; Cunningham, 2003; Johnson & Hunter, 1997; Wasco & Campbell, 2002) and are exposed to greater numbers and larger amounts of graphic details about child abuse (Brady et al., 1999; Schauben & Frazier, 1995).

Despite almost half of participants reporting that they had never received clinical supervision, this did not appear to impact negatively on state affect after exposure to the child's statement of abuse, consistent with Kassam-Adam's 1995 study (as cited in Sabin-Farrell & Turpin, 2003). Supervision is seen as a fundamental requirement for anyone working with trauma clients

(Brady et al., 1999; Brough, 2004; Cunningham, 2003; Figley, 1995; Greller et al., 1992; McLean et al., 2003) and is indeed deemed an important aspect of police work in New Zealand (Black, 2001). However, continued monitoring of compliance to The New Zealand Police Trauma Policy (Black, 2001) by management and staff and further investigation to police attitudes related to engaging in supervision may be required. Furthermore, the type of working environment (team versus isolation) did not negatively impact on state affect. It is possible that police officers were already utilising other support systems, such as peer support, to mitigate against the effects of exposure to traumatic events.

Trained forensic interviewers were able to recall more information from the scenario of abuse than untrained police officers. Police officers who are trained in conducting forensic interviews know what salient information to retain for future enquiries which could account for their greater recall of information from the scenario of child abuse. This has implications specifically for trained forensic interviewers who may retain greater amounts of distressing information, even though they have the luxury of not do so due to all interviews being videotaped (Wilson, 2002). This highlights the importance of ongoing monitoring of all forensic interviewers' reactions to traumatic material and ensuring that additional supports are specifically given to this group to manage distressing information.

Police officers who were exposed to the scenario of sexual abuse scenario were able to answer more questions correctly on the recognition task. In New Zealand, at least 75% of forensic interviews are in relation to sexual abuse complaints (Basher, 2003). It is possible that due to police officers' greater exposure to sexual abuse cases they were better able to recall information from these types of cases, as they were more familiar.

These findings continue to highlight the complexity of the impact of trauma on clinicians and the possible uniqueness of the police experience. While having an increased understanding of the potential effects of exposure to child abuse is an important factor for agencies and clinicians to consider, this

study highlighted that police officers' were able to manage their emotions after exposure to a scenario of abuse. This research is of importance not only to the police, but also to other professionals working in the area of child abuse. Even though trained forensic interviewers do not need to retain distressing information given that all interviews are videotaped (Wilson, 2002), they may still do so. This has implications on ensuring that this group of specialised professionals have additional supports to mitigate against the effects of exposure to traumatic material. Furthermore, this research has highlighted that even experienced clinicians who may appear to manage distressing material well can still have negative effects.

Limitations of the Current Study

There are limitations of the current study that should be considered when interpreting the findings found. These are discussed in detail.

Only one measure, the PANAS which has good psychometric properties in relation to state affect, was used to assess the central construct of affect. Using multiple measures (Kazdin, 1995) could have given more information about the different facets of affect or may have yielded a measure that was more sensitive to small changes in state affect. Furthermore, the use of trauma-specific measures, as recommended by Sabin-Farrell and Turpin (2003), may have provided interesting information about not only affect but other trauma-related constructs.

Ideally, the distracter task should have involved a greater length of time between reading the scenario and administration of the short-term memory tasks. This could have been achieved by reading the scenario and completing the affect ratings first, and then administering the short-term memory tasks at a later stage such as several days later. However, time restraints related to conducting this thesis meant that this was not able to be done.

A written scenario of forensic interview was used given that a videotaped forensic interview could not be used due to ethical concerns. It is possible

that participants in this study did not view the story as convincing, however in pilot studies the scenarios of abuse used had credibility and evoked strong emotive reactions.

This study chose to focus specifically on forensic interviewers, as they were a group of professionals whom little research had been conducted and due to the researcher's previous work experiences as a forensic interviewer. Given the specialised nature of this work, the number of potential participants was limited, however the participants who participated in this study were considered to be fairly representative. To add further support for the uniqueness of the police experience and provide further New Zealand research, a comparison group of other professionals who work with child abuse (such as social workers and/or forensic interviewers from CYF or Accident Compensation Corporation [ACC] counsellors) could have been used.

Support from other police officers has been noted as an important variable mitigating against the negative effects of trauma (Greller et al., 1992; Stephens, 1996). This study only included "clinical supervision" as a variable that has been shown to be important when assessing workers' vulnerability to traumatic reactions. Peer supervision can also assist workers manage traumatic reactions by sharing strategies to manage distress, as well as normalising experiences (Robinson et al., 2003; Trippany et al., 2004). The inclusion of colleagues' support and peer supervision as variables, especially given the cohesive nature of the police, may have revealed some interesting information.

Future Research Directions

The present study aimed to provide some preliminary information regarding the impact on state affect and short-term memory for New Zealand police officers exposed to a scenario of abuse. The recommendations for future research are aimed at overcoming the limitations of the present study as well as extending this area of research.

The first recommendation to extend the current research is to use larger sample sizes and incorporate a non-traumatised control group. While the numbers of forensic interviewers are limited given the specialised nature of their work, it would be interesting to compare the effects of exposure to trauma on other non-police groups who work on a daily basis with child abuse. Possible subject groups already mentioned include social workers and/or forensic interviewers from CYF or ACC counsellors.

Kazdin (1995) recommends using multiple measures to assess central constructs of interest. Given that there was only one measure of affect and that negative affect did not increase after exposure to the scenario of abuse as hypothesised, further measures of affect could be used. Specifically using subscales from the Brief Symptom Inventory ([BSI], Derogatis, 1977, as cited in Schauben & Frazier, 1995) to measure negative affect may yield further useful information about this construct.

As outlined earlier, difficulty was experienced in manipulating problem-solving and emotion-solving approaches in this study. It is recommended that future studies administer a coping measure, such as the Ways of Coping-Revised (Folkman & Lazarus, 1985, as cited in Clark, Bormann, Cropanzano, & James, 1995) instead of manipulating the solving approach. This would then give an indication of what type of solving approaches people use and how this impacts on short-term memory tasks.

This study investigated the impact on affect after exposure to one scenario of child abuse. In order to assess the cumulative effects of trauma and disruptions of cognitive schemata (such as safety, trust, esteem, intimacy and control) based on Constructivist Self Development Theory (CDST), longitudinal designs may need to be used (Sabin-Farrell & Turpin, 2003), which due to time restraints were beyond the scope of this thesis. Identifying and assessing the impact of multiple traumatic events overtime would also be required for this type of research design to proceed.

From an occupational health viewpoint, future research could evaluate the impact of training in problem and emotion-solving strategies in managing the impact of traumatic incidents. Furthermore, Anderson's (2000) suggestion of using an experimental design with a group of workers who are taught coping strategies compared with a control group that is not could be adapted for new and experienced staff. Levels of negative affect could be measured pre-test, post-test as well as a follow-up at six months to one year later to assess the effectiveness of utilising such strategies.

Conclusion

Working with traumatised clients, particularly with children who have been abused, can have detrimental effects on those who are trying to help them. This research provides preliminary information about the impact of exposure of child abuse on New Zealand police officers and forensic interviewers on affect and short-term memory. The main finding from this research suggests that police officers in this study did not have increases in negative affect after exposure to a single scenario of abuse. Lower levels of negative affect after exposure to a scenario of abuse were found for both inexperienced and experienced workers, highlighting the importance of providing supports for all workers. Although differences regarding solving approaches and short-term memory tasks were not found, this research did highlight the manner in which police officers may process information by viewing statements of abuse in terms of quality of evidence in order to be able to prosecute offenders as well as recalling details of abuse using categories of criminal offences. This research also found that forensic interviewers retained more distressing information than police officers in general. Further research in this area, particularly in relation to forensic interviewers, is recommended to assess other aspects of traumatic reactions to their work as well as strategies to manage these reactions.

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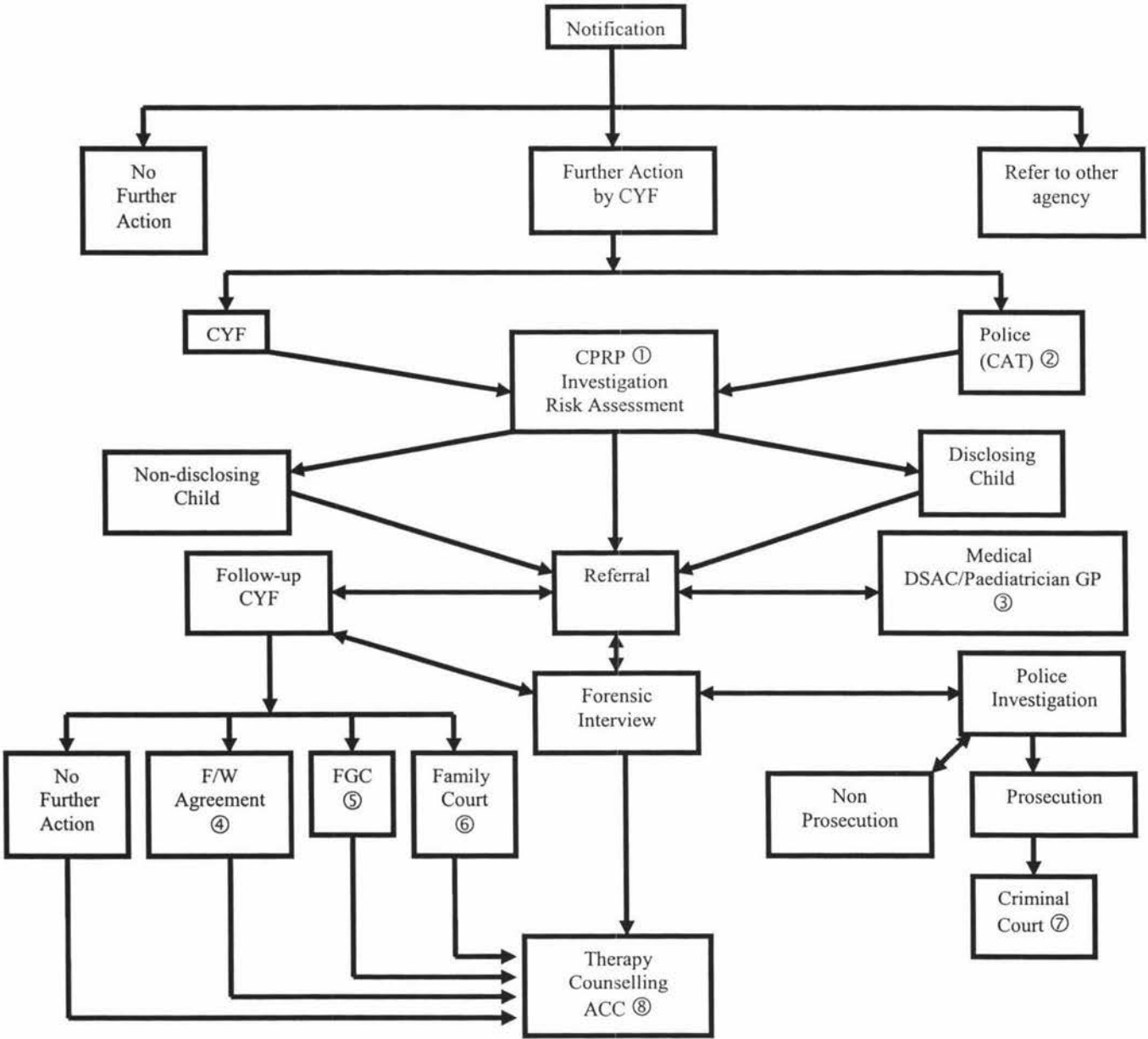
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APPENDICES

Appendix A: Flow chart of CYF and Police joint investigation
 Process
 (adapted from CYF, 2001; Davies, 1999)



Explanation of points in flowchart

- ① All new notifications received by CYF are referred to the Care and Protection Resource Panel (CPRP), who are a group of professionals who provide advice to social workers about the investigation.
- ② The Child Abuse Team (CAT) is a team of police officers, including forensic interviewers, who specialise investigating complaints of child abuse.
- ③ Should a child require a medical examination, Doctors for Sexual Abuse Care (DSAC) trained doctors are the preferred doctors to conduct medical examinations for children who have disclosed sexual abuse. Children who have disclosed physical abuse are either referred to their local doctor of paediatrician, depending on the seriousness and nature of their injuries.
- ④ Family/Whanau Agreements (F/W Agreement) are short-term interventions lasting up to six months, to try and resolve difficulties with families.
- ⑤ In cases that are more serious and when care and protection issues have been identified, a Family Group Conference (FGC) can be convened. The FGC is a legal process, involving members of a child's family, to try and reach agreement about how to keep the child safe and protected.
- ⑥ Cases may be referred to Family Court to make decisions relating to children's care and protection, as well as guardianship, custody, and access issues.
- ⑦ Depending on the outcome of the police investigation, the offender may be prosecuted in court. Davies (1999) found that, in New Zealand, it may take between six months and two years for cases to be heard in court from after the forensic interview is conducted, with 87% of cases that went to trial taking over a year.
- ⑧ Children who have disclosed abuse are entitled to Accident Compensation Corporation (ACC) funded counselling.

Appendix B: Physical and sexual abuse scenarios

Physical abuse scenario

Background information

Mary, who is 9-years-old, reported that her step-father, Steve, had physically abused her on more than one occasion over the last 6 months.

Steve has been in a relationship with Mary's mother, Wendy, off and on for the last 5 years.

Approximately 6 months ago, Wendy got a job so Steve has been caring for Mary after school until Wendy returns home from work. The physical abuse usually happened when Wendy was at work.

Mary initially told her maternal aunt Sarah about Steve hitting her. Sarah told Wendy and together they went to the Police and reported the incidents. Although Wendy reported the alleged abuse to the Police, she is ambivalent about the accuracy because Steve is a "great Dad", and she never had seen Steve "do anything like that" to Mary.

Wendy confronted Steve about Mary's allegations but he denied any involvement. Steve has left the home and gone to stay with his brother.

Summary of Mary's forensic interview

In Mary's own words the following is a summary of what she said during the forensic/evidential interview.

"I never liked Steve from when I first met him. Mum always said that I had to call him Dad and he always seemed bossy. He'd always yell and swear at me, which I didn't like, and make me do all jobs which if I didn't do them fast enough he'd call me a fucken ugly bitch. It wasn't just like jobs Mum would do, he'd say I'd have to clean the floors with my toothbrush, and I hated that so I'd hold my fists really tight when he made me do that.

Other things that he did that made me feel sad was, when I'm doing the dishes, and he like, you know, always come up to me when Mum's not there and kick me up the bum with his steel-caps for no reason. And I really hated that, 'cos my bum would always feel really sore.

I never told Mum about that 'cos she really liked Steve and well she probably wouldn't believe me anyway.

The first time Steve started hitting me was not long after Mum started work. He came in while I was watching TV and started yelling at me for not tidying up my stuff. Then he got the jug cord, held my hand and started like hitting it. I cried and I tried really hard to stop by biting my lip. My hands were red after this time and my lip bled 'cos I had bit on it too hard. He told

me not to say anything and that he'd give me another hiding if I told Mum. He's done that heaps of times.

Steve also banged my head a few times and said that I'm not allowed to tell anyone. He'd start by swearing and telling me he'd make me a cripple before I turned 10. Then he'd grab my head and pull me along the corridor by my hair. This really hurts 'cos my head feels lumpy and my hair falls out and I'm crying and telling him to stop. Then he gets my head and bangs it against the wall some more. One time I woke up a little bit later after he did this.

The worst thing that happened was when Steve had said that I hadn't made his coffee the right way. He's done this once. He twisted my arm up my back and dragged me to the kitchen and said that he'd show me how to make a proper fucken cuppa. Then he boiled the jug, put the water in the cup and held my fingers in the really hot water. This hurt heaps, my fingers were all red, and some of the skin came off. I screamed and he slapped my face and told me to shut up. Then he pulled my fingers out of the cup and told me to go to my room. I went and put my hands in the cold water in the bathroom. Mum saw my fingers, but Steve lied and said I had spilt water on them by accident.

I told my Aunty Sarah about this 'cos I really like her. Aunty Sarah had said that she didn't like Steve and I said me too and she asked why and I said nothing. Then she asked me again and I said 'cos he hits me.'

Sexual abuse scenario

Background information

Mary, who is a 9-year-old girl, reported that her step-father, Steve, had sexually abused her on more than one occasion over the last 6 months.

Steve has been in a relationship with Mary's mother, Wendy, off and on for the last 5 years.

Approximately 6 months ago, Wendy got a job so Steve has been caring for Mary after school until Wendy returns home from work. The sexual abuse usually happened when Wendy was at work.

Mary initially told her maternal aunt Sarah about Steve touching her. Sarah told Wendy and together they went to the Police and reported the incidents. Although Wendy reported the alleged abuse to the Police, she is ambivalent about the accuracy because Steve is a "great Dad", and she never had seen him "do anything like that" to Mary.

Wendy confronted Steve about Mary's allegations, but he denied any involvement. Steve has left the home and gone to stay with his brother.

Summary of Mary's forensic interview

In Mary's own words the following is a summary of what she said during the forensic/evidential interview.

"I never liked Steve from when I first met him. Mum always said that I had to call him Dad and he always seemed creepy. He'd always give me cuddles which I didn't like and make me go over to him and give him a kiss. But it wasn't just like a kiss I give Mum, he say I'd have to kiss him on the lips and I hated that so I hold my lips really tight together when he made me do that.

Other things that he did that made me feel yucky was, he like, you know, would always come in when Mum's not there while I was having a bath and wash me. And I really hated that, 'cos I would always feel like he was watching me.

I never told Mum about that 'cos she really liked Steve and well she probably wouldn't believe me anyway.

The first time Steve started touching me was not long after Mum started work. He came in while I was watching TV and sat down beside me and started rubbing his hands on my stomach. Then he put them under my t-shirt and started like squeezing my tits. I cried and tried really hard to stop by biting my lip. My tits were sore after this time and my lip bled because I had bit on it too hard. He told me not to say anything and that he'd give me a hiding if I told Mum. He's done that heaps of times.

Steve also touched my fanny a few times and said that I'm not allowed to tell anyone. He'd start by moving his hand around on top of my pants and then he'd pull my pants and knickers down. Then he'd lick his finger and poke my fanny. This really hurts 'cos I could feel his fingernails scratching inside me and I'm crying and telling him to stop. Then he gets his finger and pokes me some more. One time I had blood on my knickers after he did this.

The worst thing that happened was when Steve would make me touch his thing, his dick. He made me do this once. He'd pull his pants down and make me move my hand up and down on his dick. And then he'd push my head so that I had to suck his dick and I felt like I couldn't breathe when he did that. Then he said that I was no good, and so he played with his dick really fast and when this white stuff started coming out he pushed my head on his dick again and the white stuff went in my mouth and on my face and it tasted yuck. Mum wondered why I didn't like being left with Steve, and Steve had told her that I was being selfish.

I told my Aunty Sarah about this 'cos I really like her. Aunty Sarah had said that she didn't like Steve and I said me too and she asked why and I said nothing. Then she asked me again and I said 'cos he touches me down there."

Appendix C: Questionnaires

Questionnaire 1: Physical abuse scenario and emotion-solving approach

PARTICIPANT #: _____

Answer Booklet

Please answer the following questions about yourself and your professional background.

Please **TICK** one response for each question or statement below unless instructed to do otherwise.

1. What is your gender?

- Female Male

2. How old are you?

- 20 – 25 years 26 – 30 years 31 – 35 years 36 – 40 years
 41 – 45 years 46 – 50 years 51 – 55 years 55 – 60 years
 Greater than 60 years

3. What ethnic or cultural group do you identify with? (If your answer includes more than one ethnic group, please indicate which one you consider to be your primary ethnicity).

- European/NZ Pakeha Māori Pacific Nations Asian
 Other; please specify: _____

4. How many years have you been employed for by the Police?

- Less than 1 year 1 – 3 years 3 – 5 years 5 – 10 years
 More than 10 years

5. What is your rank?

- Constable Detective Constable Detective
 Sergeant Detective Sergeant
 Other; please specify: _____

6. How often do you receive clinical supervision? (Please mark your best estimate if not sure)

- Once a week Once a fortnight Once a month
 Once every 3 to 6 months Once a year Never

7. Have you completed the Child Abuse Evidential Interviewing Course?

- Yes; please specify what year: _____ No (Please skip to page 4)

If you have completed the Child Abuse Evidential Interviewing Course or regularly monitor evidential/diagnostic interviews please answer the questions below.

8. How many years have you been conducting forensic interviews and/or monitoring? (Please write your best estimate if not sure).

- Less than 1 year 1 – 3 years 3 – 5 years More than 5 years

9. About how many children have you interviewed and/or monitored (please mark your best estimate if not sure)

- Less than 20 Between 21 to 50 Between 51 and 100
 Between 101 and 250 Between 251 and 500 More than 500

10. What best describes your working environment?

- Working with a team of Forensic Interviewers/monitors
 Working in isolation (that is, the sole or primary Forensic Interviewer/monitor for your area)
 Other; please specify: _____

11. What best describes your role?

- Full-time work as a Forensic Interviewer and/or monitor
 Part-time work as a Forensic Interviewer and/or monitor
 Part-time or Full time work as a monitor only
 Other; please specify: _____

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent **you have felt this way during the past few days**. Use the following scale to record your answers.

1
very slightly
or not at all

2
a little

3
moderately

4
quite a bit

5
extremely

_____ interested

_____ distressed

_____ excited

_____ upset

_____ strong

_____ guilty

_____ scared

_____ hostile

_____ enthusiastic

_____ proud

_____ irritable

_____ alert

_____ ashamed

_____ inspired

_____ nervous

_____ determined

_____ attentive

_____ jittery

_____ active

_____ afraid

INSTRUCTIONS: You are about to read a scenario from a forensic interview where a child has reported either sexual or physical abuse. As you read the scenario, imagine that you are the Forensic Interviewer who has interviewed this child.

Please do not take notes during your reading of the scenario. ***Please do not turn over the page until you have finished reading the scenario.***

After reading the scenario you will be asked some questions about this interview.

Please ask the researcher (Dianne Neilson) to give you a copy of the scenario.

Once you have finished reading the scenario, please return it to Dianne.

INSTRUCTIONS: Now that you have read the scenario, please answer the following questions.

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent **you feel this way right now, that is, at the present moment**. Use the following scale to record your answers.

1	2	3	4	5
very slightly or not at all	a little	moderately	quite a bit	extremely

- _____ interested
- _____ distressed
- _____ excited
- _____ upset
- _____ strong
- _____ guilty
- _____ scared
- _____ hostile
- _____ enthusiastic
- _____ proud
- _____ irritable
- _____ alert
- _____ ashamed
- _____ inspired
- _____ nervous
- _____ determined
- _____ attentive
- _____ jittery
- _____ active
- _____ afraid

INSTRUCTIONS: Imagine that you now have to write a report. Before you start the report I would like you to write down all your emotions and feelings that you had in response to Mary's abuse.

Please write all your emotions and feelings you had here.

INSTRUCTIONS: The following information was obtained about Mary's school. Please read this excerpt. Once you have finished reading please write a summary of the school information in the space below.

There are a total of approximately 120 students who come from all over the local area to attend Mary's school. This makes for a great mix of children who come from a variety of backgrounds and cultures. The school grounds are expansive with separate areas for Junior and Senior schools. There is a school hall, which was built last year, a number of playgrounds, and a rugby field. We have an extensive library with a great selection of new books. Children are allowed to take books home on a regular basis and at least once a week; children have time in the library. We like to make parents feel welcome and indeed we rely on the generosity of so many parents who give up their own time and money to assist with such activities as road patrol, lunches, library, and school fair and so on. With the generosity of parents, we were able to purchase new computers, which now mean that each classroom has a computer as well as several available for use in the Library.

School outings are organised on a regular basis. In the past these have included trips to the museum, parks, and other schools. Sporting events include swimming at the local town pool and cross-country. Within school time, there are classroom based exercise classes, which are aimed at building children's confidence and participating with others. We encourage children to also participate in extra-curricular activities and can offer a wide variety of options to cater for all children.

Mary is in Room 8 that is taught by Mrs Jones. Mrs Jones is a very experienced teacher who has taught primary-aged children for over 10 years, both here and in England. All the children enjoy Mrs Jones as a teacher due to her gentle and warm manner. In addition, Mrs Jones enjoys participating with the children, particularly in outdoor sports activities and musical events.

INSTRUCTIONS: Please write your summary here.

INSTRUCTIONS: As a first step please write down ALL of the key facts that you can remember from Mary's forensic interview.

Please do not turn back to previous pages when completing this section.

Please write your response here.

INSTRUCTIONS: For each question below, select the one statement that best represents what information was provided in the interview with the child. Please **circle** one response for each question below.

Please do not turn back to previous pages when completing this section.

After each multiple-choice question, please indicate the level of confidence you have in your answer.

1. What was the alleged offender's name?

- a.) Stuart
- b.) Steve**
- c.) Shaun
- d.) Shane
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

2. What best describes the alleged offender's relationship to Mary?

- a.) Father
- b.) Uncle
- c.) Family friend
- d.) Step-father**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

3. When did the alleged abuse usually happen?

- a.) During the weekend
- b.) Before school
- c.) At bedtime
- d.) After school**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

4. Who is the recent complainant (i.e. the first person Mary told)?

- a.) Her mother
- b.) The Police
- c.) Her school teacher
- d.) Her aunt**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

5. What was Mary's initial impression of the alleged offender?

- a.) that he was creepy
- b.) that he was bossy**
- c.) that he was grumpy
- d.) that he was scary
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

6. What made Mary feel "sad"?

- a.) the alleged offender yelling at her
- b.) the alleged offender making her do jobs
- c.) the alleged offender kicking her up the bum**
- d.) the alleged offender slapping her face
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

7. What did the alleged offender do while Mary was watching TV?

- a.) **hit her hands with the jug cord**
- b.) kicked her bum
- c.) grabbed her hair and pulled her along the ground
- d.) banged her head against the wall
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

8. What did Mary do when the alleged offender hit her with a jug cord?

- a.) tried to get away
- b.) stayed still
- c.) held her fists really tight
- d.) **cried and bit her lip**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

9. What did the alleged offender do to Mary's "bum"?

- a.) whack it with a broomstick
- b.) kick it with a piece of wood
- c.) hit it with a jug cord
- d.) **kick it with his steel-caps**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

10. What did the alleged offender say to Mary if she told her mother about the physical abuse?

- a.) **that he would give her another hiding**
- b.) that he would give her mother a hiding
- c.) that he'd say that she was lying
- d.) that even if she told, no one would believe her
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

11. What did the alleged offender hit with the jug cord?

- a.) **Mary's hand**
- b.) Mary's bum
- c.) Mary's head
- d.) Mary's arm
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

12. What room was Mary in when she was hit with the jug cord?

- a.) the lounge
- b.) Mary's bedroom
- c.) the hallway
- d.) the kitchen
- e.) **No information was provided/None of the above**

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

13. How many times did the alleged offender bang Mary's head?

- a.) heaps
- b.) a few**
- c.) twice
- d.) once
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

14. What did the alleged offender tell Mary when he banged her head?

- a.) that she was "useless"
- b.) that he'd make her a "cripple"**
- c.) that she was a "fucken ugly bitch"
- d.) that she was "lazy"
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

15. What did Mary say "really hurt"?

- a.) being hit with the jug cord
- b.) being sworn at
- c.) being pulled by her hair**
- d.) having her fingers put in boiling water
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

16. What did Mary say had happened on one occasion when the alleged offender had banged her head?

- a.) that her mother had seen what had happened
- b.) that she had woken up after her head had been banged**
- c.) that there was blood on her head
- d.) that a hole had been made in the wall
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

17. What did the alleged offender say to Mary when he put her fingers in boiling water?

- a.) "you should fucken listen"
- b.) "shut up"
- c.) "you're a fucken ugly bitch"
- d.) "are you sorry yet"
- e.) No information was provided/None of the above**

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

18. What did the alleged offender do before he put Mary's fingers in boiling water?

- a.) slapped her face
- b.) twisted her arm**
- c.) kicked her bum
- d.) banged her head
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

19. How many of Mary's fingers did the alleged offender put in the boiling water?

- a.) a few fingers
- b.) one hand
- c.) both hands
- d.) two fingers
- e.) **No information was provided/None of the above**

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

20. What did Mary do after her fingers were put in boiling water?

- a.) nothing
- b.) **put them under cold water**
- c.) put a plaster on them
- d.) put some cream on them
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

21. How many times did the alleged offender put Mary's fingers in boiling water?

- a.) heaps
- b.) a few
- c.) five
- d.) **once**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

22. What was the explanation given by the alleged offender to Mary's mother as to how Mary's fingers had got burnt?

- a.) **that she had spilt boiling water on them**
- b.) that she had burnt them accidentally at school
- c.) that she had been playing with a cigarette lighter
- d.) that a friend had spilt boiling water on them
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

23. Who reported Mary's disclosure to the Police?

- a.) School Principal
- b.) Mary's mother
- c.) Mary's aunt
- d.) **Mary's mother and aunt**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

24. What was the worst thing that Mary said had happened?

- a.) when he kicked her bum
- b.) when he said she would be a cripple
- c.) when he banged her head
- d.) **when he put her fingers in boiling water**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent **you feel this way right now, that is, at the present moment**. Use the following scale to record your answers.

1	2	3	4	5
very slightly or not at all	a little	moderately	quite a bit	extremely

- _____ interested
- _____ distressed
- _____ excited
- _____ upset
- _____ strong
- _____ guilty
- _____ scared
- _____ hostile
- _____ enthusiastic
- _____ proud
- _____ irritable
- _____ alert
- _____ ashamed
- _____ inspired
- _____ nervous
- _____ determined
- _____ attentive
- _____ jittery
- _____ active
- _____ afraid

That is the end of the questionnaire. Thank you for your participation.

Questionnaire 2: Physical abuse scenario and problem-solving approach

PARTICIPANT #: _____

Answer Booklet

Please answer the following questions about yourself and your professional background.

Please **TICK** one response for each question or statement below unless instructed to do otherwise.

1. What is your gender?

- Female Male

2. How old are you?

- 20 – 25 years 26 – 30 years 31 – 35 years 36 – 40 years
 41 – 45 years 46 – 50 years 51 – 55 years 55 – 60 years
 Greater than 60 years

3. What ethnic or cultural group do you identify with? (If your answer includes more than one ethnic group, please indicate which one you consider to be your primary ethnicity).

- European/NZ Pakeha Māori Pacific Nations Asian
 Other; please specify: _____

4. How many years have you been employed for by the Police?

- Less than 1 year 1 – 3 years 3 – 5 years 5 – 10 years
 More than 10 years

5. What is your rank?

- Constable Detective Constable Detective
 Sergeant Detective Sergeant
 Other; please specify: _____

6. How often do you receive clinical supervision? (Please mark your best estimate if not sure)

- Once a week Once a fortnight Once a month
 Once every 3 to 6 months Once a year Never

7. Have you completed the Child Abuse Evidential Interviewing Course?
- Yes; please specify what year: _____ No (Please skip to page 4)

If you have completed the Child Abuse Evidential Interviewing Course or regularly monitor evidential/diagnostic interviews please answer the questions below.

8. How many years have you been conducting forensic interviews and/or monitoring? (Please write your best estimate if not sure).

Less than 1 year 1 – 3 years 3 – 5 years More than 5 years

9. About how many children have you interviewed and/or monitored (please mark your best estimate if not sure)

Less than 20 Between 21 to 50 Between 51 and 100

Between 101 and 250 Between 251 and 500 More than 500

10. What best describes your working environment?

Working with a team of Forensic Interviewers/monitors

Working in isolation (that is, the sole or primary Forensic Interviewer/monitor for your area)

Other; please specify: _____

11. What best describes your role?

Full-time work as a Forensic Interviewer and/or monitor

Part-time work as a Forensic Interviewer and/or monitor

Part-time or Full time work as a monitor only

Other; please specify: _____

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent **you have felt this way during the past few days**. Use the following scale to record your answers.

1	2	3	4	5
very slightly or not at all	a little	moderately	quite a bit	extremely

- _____ interested
- _____ distressed
- _____ excited
- _____ upset
- _____ strong
- _____ guilty
- _____ scared
- _____ hostile
- _____ enthusiastic
- _____ proud
- _____ irritable
- _____ alert
- _____ ashamed
- _____ inspired
- _____ nervous
- _____ determined
- _____ attentive
- _____ jittery
- _____ active
- _____ afraid

INSTRUCTIONS: You are about to read a scenario from a forensic interview where a child has reported either sexual or physical abuse. As you read the scenario, imagine that you are the Forensic Interviewer who has interviewed this child.

Please do not take notes during your reading of the scenario. ***Please do not turn over the page until you have finished reading the scenario.***

After reading the scenario you will be asked some questions about this forensic interview.

Please ask the researcher (Dianne Neilson) to provide you with a copy of the scenario.

Once you have finished reading the scenario, please return it to Dianne.

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent **you feel this way right now, that is, at the present moment**. Use the following scale to record your answers.

1	2	3	4	5
very slightly or not at all	a little	moderately	quite a bit	extremely

- _____ interested
- _____ distressed
- _____ excited
- _____ upset
- _____ strong
- _____ guilty
- _____ scared
- _____ hostile
- _____ enthusiastic
- _____ proud
- _____ irritable
- _____ alert
- _____ ashamed
- _____ inspired
- _____ nervous
- _____ determined
- _____ attentive
- _____ jittery
- _____ active
- _____ afraid

INSTRUCTIONS: Imagine that you now have to write the report. Before you start the report I would like you to write down all the significant details about Mary being abused.

Please write all the significant details here.

INSTRUCTIONS: The following information was obtained about Mary's school. Please read this excerpt. Once you have finished reading please write a summary of the school information in the space below.

There are a total of approximately 120 students who come from all over the local area to attend Mary's school. This makes for a great mix of children who come from a variety of backgrounds and cultures. The school grounds are expansive with separate areas for Junior and Senior schools. There is a school hall, which was built last year, a number of playgrounds, and a rugby field. We have an extensive library with a great selection of new books. Children are allowed to take books home on a regular basis and at least once a week; children have time in the library. We like to make parents feel welcome and indeed we rely on the generosity of so many parents who give up their own time and money to assist with such activities as road patrol, lunches, library, and school fair and so on. With the generosity of parents, we were able to purchase new computers, which now mean that each classroom has a computer as well as several available for use in the Library.

School outings are organised on a regular basis. In the past these have included trips to the museum, parks, and other schools. Sporting events include swimming at the local town pool and cross-country. Within school time, there are classroom based exercise classes, which are aimed at building children's confidence and participating with others. We encourage children to also participate in extra-curricular activities and can offer a wide variety of options to cater for all children.

Mary is in Room 8 that is taught by Mrs Jones. Mrs Jones is a very experienced teacher who has taught primary-aged children for over 10 years, both here and in England. All the children enjoy Mrs Jones as a teacher due to her gentle and warm manner. In addition, Mrs Jones enjoys participating with the children, particularly in outdoor sports activities and musical events.

INSTRUCTIONS: Please write your summary here.

INSTRUCTIONS: As a first step please write down ALL of the key facts that you can remember from Mary's forensic interview.

Please do not turn back to previous pages when completing this section.

Please write your response here.

INSTRUCTIONS: For each question below, select the one statement that best represents what occurred in the interview with the child. Please **circle** one response for each question.

Please do not turn back to previous pages when completing this section.

After each multiple-choice question, please indicate the level of confidence you have in your answer.

1. What was the alleged offender's name?

- a.) Stuart
- b.) Steve**
- c.) Shaun
- d.) Shane
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

2. What best describes the alleged offender's relationship to Mary?

- a.) Father
- b.) Uncle
- c.) Family friend
- d.) Step-father**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

3. When did the alleged abuse usually happen?

- a.) During the weekend
- b.) Before school
- c.) At bedtime
- d.) After school**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

4. Who is the recent complainant (i.e. the first person Mary told)?

- a.) Her mother
- b.) The Police
- c.) Her school teacher
- d.) Her aunt**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

5. What was Mary's initial impression of the alleged offender?

- a.) that he was creepy
- b.) that he was bossy**
- c.) that he was grumpy
- d.) that he was scary
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

6. What made Mary feel "sad"?

- a.) the alleged offender yelling at her
- b.) the alleged offender making her do jobs
- c.) the alleged offender kicking her up the bum**
- d.) the alleged offender slapping her face
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

7. What did the alleged offender do while Mary was watching TV?

- a.) **hit her hands with the jug cord**
- b.) kicked her bum
- c.) grabbed her hair and pulled her along the ground
- d.) banged her head against the wall
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

8. What did Mary do when the alleged offender hit her with a jug cord?

- a.) tried to get away
- b.) stayed still
- c.) held her fists really tight
- d.) **cried and bit her lip**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

9. What did the alleged offender do to Mary's "bum"?

- a.) whack it with a broomstick
- b.) kick it with a piece of wood
- c.) hit it with a jug cord
- d.) **kick it with his steel-caps**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

10. What did the alleged offender say to Mary if she told her mother about the physical abuse?

- a.) **that he would give her another hiding**
- b.) that he would give her mother a hiding
- c.) that he'd say that she was lying
- d.) that even if she told, no one would believe her
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

11. What did the alleged offender hit with the jug cord?

- a.) **Mary's hand**
- b.) Mary's bum
- c.) Mary's head
- d.) Mary's arm
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

12. What room was Mary in when she was hit with the jug cord?

- a.) the lounge
- b.) Mary's bedroom
- c.) the hallway
- d.) the kitchen
- e.) **No information was provided/None of the above**

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

13. How many times did the alleged offender bang Mary's head?

- a.) heaps
- b.) a few**
- c.) twice
- d.) once
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

14. What did the alleged offender tell Mary when he banged her head?

- a.) that she was "useless"
- b.) that he'd make her a "cripple"**
- c.) that she was a "fucken ugly bitch"
- d.) that she was "lazy"
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

15. What did Mary say "really hurt"?

- a.) being hit with the jug cord
- b.) being sworn at
- c.) being pulled by her hair**
- d.) having her fingers put in boiling water
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

16. What did Mary say had happened on one occasion when the alleged offender had banged her head?
- a.) that her mother had seen what had happened
 - b.) that she had woken up after her head had been banged**
 - c.) that there was blood on her head
 - d.) that a hole had been made in the wall
 - e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

17. What did the alleged offender say to Mary when he put her fingers in boiling water?
- a.) "you should fucken listen"
 - b.) "shut up"
 - c.) "you're a fucken ugly bitch"
 - d.) "are you sorry yet"
 - e.) No information was provided/None of the above**

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

18. What did the alleged offender do before he put Mary's fingers in boiling water?
- a.) slapped her face
 - b.) twisted her arm**
 - c.) kicked her bum
 - d.) banged her head
 - e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

19. How many of Mary's fingers did the alleged offender put in the boiling water?

- a.) a few fingers
- b.) one hand
- c.) both hands
- d.) two fingers
- e.) **No information was provided/None of the above**

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

20. What did Mary do after her fingers were put in boiling water?

- a.) nothing
- b.) **put them under cold water**
- c.) put a plaster on them
- d.) put some cream on them
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

21. How many times did the alleged offender put Mary's fingers in boiling water?

- a.) heaps
- b.) a few
- c.) five
- d.) **once**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

22. What was the explanation given by the alleged offender to Mary's mother as to how Mary's fingers had got burnt?

- a.) **that she had spilt boiling water on them**
- b.) that she had burnt them accidentally at school
- c.) that she had been playing with a cigarette lighter
- d.) that a friend had spilt boiling water on them
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

23. Who reported Mary's disclosure to the Police?

- a.) School Principal
- b.) Mary's mother
- c.) Mary's aunt
- d.) **Mary's mother and aunt**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

24. What was the worst thing that Mary said had happened?

- a.) when he kicked her bum
- b.) when he said she would be a cripple
- c.) when he banged her head
- d.) **when he put her fingers in boiling water**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent **you feel this way right now, that is, at the present moment**. Use the following scale to record your answers.

1	2	3	4	5
very slightly or not at all	a little	moderately	quite a bit	extremely

- _____ interested
- _____ distressed
- _____ excited
- _____ upset
- _____ strong
- _____ guilty
- _____ scared
- _____ hostile
- _____ enthusiastic
- _____ proud
- _____ irritable
- _____ alert
- _____ ashamed
- _____ inspired
- _____ nervous
- _____ determined
- _____ attentive
- _____ jittery
- _____ active
- _____ afraid

That is the end of the questionnaire. Thank you for your participation.

Questionnaire: Sexual abuse scenario and emotion-solving approach

PARTICIPANT #: _____

Answer Booklet

Please answer the following questions about yourself and your professional background.

Please **TICK** one response for each question or statement below unless instructed to do otherwise.

1. What is your gender?

- Female Male

2. How old are you?

- 20 – 25 years 26 – 30 years 31 – 35 years 36 – 40 years
 41 – 45 years 46 – 50 years 51 – 55 years 55 – 60 years
 Older than 60 years

3. What ethnic or cultural group do you identify with? (If your answer includes more than one ethnic group, please indicate which one you consider to be your primary ethnicity).

- European/NZ Pakeha Māori Pacific Nations Asian
 Other; please specify: _____

4. How many years have you been employed for by the Police?

- Less than 1 year 1 – 3 years 3 – 5 years 5 – 10 years
 More than 10 years

5. What is your rank?

- Constable Detective Constable Detective
 Sergeant Detective Sergeant
 Other; please specify: _____

6. How often do you receive clinical supervision? (Please mark your best estimate if not sure)

- Once a week Once a fortnight Once a month
 Once every 3 to 6 months Once a year Never

7. Have you completed the Child Abuse Evidential Interviewing Course?

- Yes; please specify what year: _____ No (Please skip to page 4)

If you have completed the Child Abuse Evidential Interviewing Course or regularly monitor evidential/diagnostic interviews please answer the questions below.

8. How many years have you been conducting forensic interviews and/or monitoring? (Please write your best estimate if not sure).

- Less than 1 year 1 – 3 years 3 – 5 years More than 5 years

9. About how many children have you interviewed and/or monitored (please mark your best estimate if not sure)

- Less than 20 Between 21 to 50 Between 51 and 100
 Between 101 and 250 Between 251 and 500 More than 500

10. What best describes your working environment?

- Working with a team of Forensic Interviewers/monitors
 Working in isolation (that is, the sole or primary Forensic Interviewer/monitor for your area)
 Other; please specify: _____

11. What best describes your role?

- Full-time work as a Forensic Interviewer and/or monitor
 Part-time work as a Forensic Interviewer and/or monitor
 Part-time or Full time work as a monitor only
 Other; please specify: _____

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent **you have felt this way during the past few days**. Use the following scale to record your answers.

1	2	3	4	5
very slightly or not at all	a little	moderately	quite a bit	extremely

- _____ interested
- _____ distressed
- _____ excited
- _____ upset
- _____ strong
- _____ guilty
- _____ scared
- _____ hostile
- _____ enthusiastic
- _____ proud
- _____ irritable
- _____ alert
- _____ ashamed
- _____ inspired
- _____ nervous
- _____ determined
- _____ attentive
- _____ jittery
- _____ active
- _____ afraid

INSTRUCTIONS: You are about to read a scenario from a forensic interview where a child has reported either sexual or physical abuse. As you read the scenario, imagine that you are the Forensic Interviewer who has interviewed this child.

Please do not take notes during your reading of the scenario. ***Please do not turn over the page until you have finished reading the scenario.***

After reading the scenario you will be asked some questions about this interview.

Please ask the researcher (Dianne Neilson) to give you a copy of the scenario.

Once you have finished reading the scenario, please return it to Dianne.

INSTRUCTIONS: Now that you have read the scenario, please answer the following questions.

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent **you feel this way right now, that is, at the present moment**. Use the following scale to record your answers.

1	2	3	4	5
very slightly or not at all	a little	moderately	quite a bit	extremely

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- _____ enthusiastic
- _____ proud
- _____ irritable
- _____ alert
- _____ ashamed
- _____ inspired
- _____ nervous
- _____ determined
- _____ attentive
- _____ jittery
- _____ active
- _____ afraid

INSTRUCTIONS: Imagine that you now have to write the report. Before you start the report I would like you to write down all your emotions and feelings that you had in response to Mary's abuse.

Please write all your emotions and feelings here.

INSTRUCTIONS: The following information was obtained about Mary's school. Please read this excerpt. Once you have finished reading please write a summary of the school information in the space below.

There are a total of approximately 120 students who come from all over the local area to attend Mary's school. This makes for a great mix of children who come from a variety of backgrounds and cultures. The school grounds are expansive with separate areas for Junior and Senior schools. There is a school hall, which was built last year, a number of playgrounds, and a rugby field. We have an extensive library with a great selection of new books. Children are allowed to take books home on a regular basis and at least once a week; children have time in the library. We like to make parents feel welcome and indeed we rely on the generosity of so many parents who give up their own time and money to assist with such activities as road patrol, lunches, library, and school fair and so on. With the generosity of parents, we were able to purchase new computers, which now mean that each classroom has a computer as well as several available for use in the Library.

School outings are organised on a regular basis. In the past these have included trips to the museum, parks, and other schools. Sporting events include swimming at the local town pool and cross-country. Within school time, there are classroom based exercise classes, which are aimed at building children's confidence and participating with others. We encourage children to also participate in extra-curricular activities and can offer a wide variety of options to cater for all children.

Mary is in Room 8 that is taught by Mrs Jones. Mrs Jones is a very experienced teacher who has taught primary-aged children for over 10 years, both here and in England. All the children enjoy Mrs Jones as a teacher due to her gentle and warm manner. In addition, Mrs Jones enjoys participating with the children, particularly in outdoor sports activities and musical events.

INSTRUCTIONS: Please write your summary here.

INSTRUCTIONS: As a first step, please write down ALL of the key facts that you can remember from Mary's forensic interview.

Please do not turn back to previous pages when completing this section.

Please write your response here.

INSTRUCTIONS: For each question below, select the one statement that best represents what occurred in the interview with the child. Please circle one response for each question below.

Please do not turn back to previous pages when completing this section.

After each multiple-choice question, please indicate the level of confidence you have in your answer.

1. What was the alleged offender's name?

- a.) Stuart
- b.) Steve**
- c.) Shaun
- d.) Shane
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

2. What best describes the alleged offender's relationship to Mary?

- a.) Father
- b.) Uncle
- c.) Family friend
- d.) Step-father**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

3. When did the alleged abuse usually happen?

- a.) During the weekend
- b.) Before school
- c.) At bedtime
- d.) After school**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

4. Who is the recent complainant (i.e. the first person Mary told)?

- a.) Her mother
- b.) The Police
- c.) Her school teacher
- d.) Her aunt**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

5. What was Mary's initial impression of the alleged offender?

- a.) that he was creepy**
- b.) that he was bossy
- c.) that he was grumpy
- d.) that he was scary
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

6. What made Mary feel "yucky"?

- a.) the alleged offender kissing her
- b.) the alleged offender cuddling her
- c.) the alleged offender washing her**
- d.) the alleged offender rubbing her stomach
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

7. What did the alleged offender do while Mary was watching TV?

- a.) removed her shirt
- b.) kissed her on the mouth
- c.) touched her bum
- d.) touched her stomach**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

8. What did Mary do when the alleged offender touched her breasts?

- a.) tried to get away
- b.) stayed still
- c.) yelled and pushed him away
- d.) cried and bit her lip**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

9. What did the alleged offender squeeze?

- a.) her bum
- b.) her arm
- c.) her leg
- d.) her tits**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

10. What did the alleged offender say to Mary if she told her mother about the alleged sexual abuse?

- a.) **that he would give her a hiding**
- b.) that he would give her mother a hiding
- c.) that he'd say that she was lying
- d.) that even if she told, no one would believe her
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

11. What did the alleged offender touch Mary's "fanny" with?

- a.) **his finger**
- b.) his "dick"
- c.) his mouth
- d.) a vibrator
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

12. What colour were Mary's knickers?

- a.) pink
- b.) yellow
- c.) blue
- d.) green
- e.) **No information was provided/None of the above**

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

13. How many times did the alleged offender touch Mary's fanny?

- a.) heaps
- b.) a few**
- c.) twice
- d.) once
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

14. Where were Mary and the alleged offender when he touched her "fanny"?

- a.) in the lounge
- b.) in the garage
- c.) in the bedroom
- d.) in the bathroom
- e.) No information was provided/None of the above**

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

15. What did Mary say "really hurt"?

- a.) having her tits touched
- b.) having her fanny touched**
- c.) having her bum touched
- d.) having her stomach touched
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

16. How did Mary describe the alleged offender's penis?

- a.) hairy
- b.) big
- c.) fat
- d.) long
- e.) **No information was provided/None of the above**

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

17. What did the alleged offender say to Mary when she had to suck his penis?

- a.) "oh yeah"
- b.) **"you're no good"**
- c.) "go faster"
- d.) "go slower"
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

18. Where did the "white stuff" go?

- a.) on Mary's bed
- b.) on Mary's stomach
- c.) **on Mary's face**
- d.) on Mary's hand
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

19. What type of pants was the alleged offender wearing when he made Mary touch his penis?

- a.) jeans
- b.) tracksuit pants
- c.) work pants
- d.) shorts
- e.) **No information was provided/None of the above**

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

20. How did Mary describe the "white stuff"?

- a.) gross
- b.) slimy
- c.) disgusting
- d.) **yuck**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

21. How many times did the alleged offender make Mary touch his penis?

- a.) heaps
- b.) a few
- c.) five
- d.) **once**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

22. What was the explanation given by the alleged offender to Mary's mother as to why Mary did not like being left with him?

- a.) that she wanted to play with her friends
- b.) that she was being silly
- c.) that she was being selfish**
- d.) that she was having trouble getting used to her Mum working
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

23. Who reported Mary's disclosure to the Police?

- a.) School Principal
- b.) Mary's mother
- c.) Mary's aunt
- d.) Mary's mother and aunt**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

24. What was the worst thing that Mary said had happened?

- a.) when she had to touch his penis**
- b.) when he touched her vagina
- c.) when he kissed her
- d.) when he watched her
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
very slightly or not at all	a little	moderately	quite a bit	extremely

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent **you feel this way right now, that is, at the present moment**. Use the following scale to record your answers.

1	2	3	4	5
very slightly or not at all	a little	moderately	quite a bit	extremely

- _____ interested
- _____ distressed
- _____ excited
- _____ upset
- _____ strong
- _____ guilty
- _____ scared
- _____ hostile
- _____ enthusiastic
- _____ proud
- _____ irritable
- _____ alert
- _____ ashamed
- _____ inspired
- _____ nervous
- _____ determined
- _____ attentive
- _____ jittery
- _____ active
- _____ afraid

That is the end of the questionnaire. Thank you for your participation.

Questionnaire 4: Sexual abuse scenario and problem-solving approach

PARTICIPANT #: _____

Answer Booklet

Please answer the following questions about yourself and your professional background.

Please **TICK** one response for each question or statement below unless instructed to do otherwise.

1. What is your gender?

- Female Male

2. How old are you?

- 20 – 25 years 26 – 30 years 31 – 35 years 36 – 40 years
 41 – 45 years 46 – 50 years 51 – 55 years 55 – 60 years
 Greater than 60 years

3. What ethnic or cultural group do you identify with? (If your answer includes more than one ethnic group, please indicate which one you consider to be your primary ethnicity).

- European/NZ Pakeha Māori Pacific Nations Asian
 Other; please specify: _____

4. How many years have you been employed for by the Police?

- Less than 1 year 1 – 3 years 3 – 5 years 5 – 10 years
 More than 10 years

5. What is your rank?

- Constable Detective Constable Detective
 Sergeant Detective Sergeant
 Other; please specify: _____

6. How often do you receive clinical supervision? (Please mark your best estimate if not sure)

- Once a week Once a fortnight Once a month
 Once every 3 to 6 months Once a year Never

7. Have you completed the Child Abuse Evidential Interviewing Course?
- Yes; please specify what year: _____ No (Please skip to page 4)

If you have completed the Child Abuse Evidential Interviewing Course or regularly monitor evidential/diagnostic interviews please answer the questions below.

8. How many years have you been conducting forensic interviews and/or monitoring? (Please write your best estimate if not sure).
- Less than 1 year 1 – 3 years 3 – 5 years More than 5 years

9. About how many children have you interviewed and/or monitored (please mark your best estimate if not sure)
- Less than 20 Between 21 to 50 Between 51 and 100
- Between 101 and 250 Between 251 and 500 More than 500

10. What best describes your working environment?
- Working with a team of Forensic Interviewers/monitors
- Working in isolation (that is, the sole or primary Forensic Interviewer/monitor for your area)
- Other; please specify: _____

11. What best describes your role?
- Full-time work as a Forensic Interviewer and/or monitor
- Part-time work as a Forensic Interviewer and/or monitor
- Part-time or Full time work as a monitor only
- Other; please specify: _____

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent **you have felt this way during the past few days**. Use the following scale to record your answers.

1	2	3	4	5
very slightly or not at all	a little	moderately	quite a bit	extremely

- _____ interested
- _____ distressed
- _____ excited
- _____ upset
- _____ strong
- _____ guilty
- _____ scared
- _____ hostile
- _____ enthusiastic
- _____ proud
- _____ irritable
- _____ alert
- _____ ashamed
- _____ inspired
- _____ nervous
- _____ determined
- _____ attentive
- _____ jittery
- _____ active
- _____ afraid

INSTRUCTIONS: You are about to read a scenario from a forensic interview where a child has reported either sexual or physical abuse. As you read the scenario, imagine that you are the Forensic Interviewer who has interviewed this child.

Please do not take notes during your reading of the scenario. ***Please do not turn over the page until you have finished reading the scenario.***

After reading the scenario you will be asked some questions about this forensic interview.

Please ask the researcher (Dianne Neilson) to provide you with a copy of the scenario.

Once you have finished reading the scenario, please return it to Dianne.

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent **you feel this way right now, that is, at the present moment**. Use the following scale to record your answers.

1	2	3	4	5
very slightly or not at all	a little	moderately	quite a bit	extremely

_____ interested

_____ distressed

_____ excited

_____ upset

_____ strong

_____ guilty

_____ scared

_____ hostile

_____ enthusiastic

_____ proud

_____ irritable

_____ alert

_____ ashamed

_____ inspired

_____ nervous

_____ determined

_____ attentive

_____ jittery

_____ active

_____ afraid

INSTRUCTIONS: Imagine that you now have to write a report. Before you start the report I would like you to write down all the significant details about Mary being abused.

Please write the facts here.

INSTRUCTIONS: The following information was obtained about Mary's school. Please read this excerpt. Once you have finished reading please write a summary of the school information in the space below.

There are a total of approximately 120 students who come from all over the local area to attend Mary's school. This makes for a great mix of children who come from a variety of backgrounds and cultures. The school grounds are expansive with separate areas for Junior and Senior schools. There is a school hall, which was built last year, a number of playgrounds, and a rugby field. We have an extensive library with a great selection of new books. Children are allowed to take books home on a regular basis and at least once a week; children have time in the library. We like to make parents feel welcome and indeed we rely on the generosity of so many parents who give up their own time and money to assist with such activities as road patrol, lunches, library, and school fair and so on. With the generosity of parents, we were able to purchase new computers, which now mean that each classroom has a computer as well as several available for use in the Library.

School outings are organised on a regular basis. In the past these have included trips to the museum, parks, and other schools. Sporting events include swimming at the local town pool and cross-country. Within school time, there are classroom based exercise classes, which are aimed at building children's confidence and participating with others. We encourage children to also participate in extra-curricular activities and can offer a wide variety of options to cater for all children.

Mary is in Room 8 that is taught by Mrs Jones. Mrs Jones is a very experienced teacher who has taught primary-aged children for over 10 years, both here and in England. All the children enjoy Mrs Jones as a teacher due to her gentle and warm manner. In addition, Mrs Jones enjoys participating with the children, particularly in outdoor sports activities and musical events.

INSTRUCTIONS: Please write your summary here.

INSTRUCTIONS: As a first step please write down ALL of the key facts that you can remember from Mary's forensic interview.

Please do not turn back to previous pages when completing this section.

Please write your response here.

INSTRUCTIONS: For each question below, select the one statement that best represents what occurred in the interview with the child. Please circle one response for each question below.

Please do not turn back to previous pages when completing this section.

After each multiple-choice question, please indicate the level of confidence you have in your answer.

1. What was the alleged offender's name?

- a.) Stuart
- b.) Steve**
- c.) Shaun
- d.) Shane
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

2. What best describes the alleged offender's relationship to Mary?

- a.) Father
- b.) Uncle
- c.) Family friend
- d.) Step-father**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

3. When did the alleged abuse usually happen?

- a.) During the weekend
- b.) Before school
- c.) At bedtime
- d.) After school**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

4. Who is the recent complainant (i.e. the first person Mary told)?

- a.) Her mother
- b.) The Police
- c.) Her school teacher
- d.) Her aunt**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

5. What was Mary's initial impression of the alleged offender?

- a.) that he was creepy**
- b.) that he was bossy
- c.) that he was grumpy
- d.) that he was scary
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

6. What made Mary feel "yucky"?

- a.) the alleged offender kissing her
- b.) the alleged offender cuddling her
- c.) the alleged offender washing her**
- d.) the alleged offender rubbing her stomach
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

7. What did the alleged offender do while Mary was watching TV?

- a.) removed her shirt
- b.) kissed her on the mouth
- c.) touched her bum
- d.) touched her stomach**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

8. What did Mary do when the alleged offender touched her breasts?

- a.) tried to get away
- b.) stayed still
- c.) yelled and pushed him away
- d.) cried and bit her lip**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

9. What did the alleged offender squeeze?

- a.) her bum
- b.) her arm
- c.) her leg
- d.) her tits**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

10. What did the alleged offender say to Mary if she told her mother about the alleged sexual abuse?

- a.) **that he would give her a hiding**
- b.) that he would give her mother a hiding
- c.) that he'd say that she was lying
- d.) that even if she told, no one would believe her
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

11. What did the alleged offender touch Mary's "fanny" with?

- a.) **his finger**
- b.) his "dick"
- c.) his mouth
- d.) a vibrator
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

12. What colour were Mary's knickers?

- a.) pink
- b.) yellow
- c.) blue
- d.) green
- e.) **No information was provided/None of the above**

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

13. How many times did the alleged offender touch Mary's fanny?

- a.) heaps
- b.) a few**
- c.) twice
- d.) once
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

14. Where were Mary and the alleged offender when he touched her "fanny"?

- a.) in the lounge
- b.) in the garage
- c.) in the bedroom
- d.) in the bathroom
- e.) No information was provided/None of the above**

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

15. What did Mary say "really hurt"?

- a.) having her tits touched
- b.) having her fanny touched**
- c.) having her bum touched
- d.) having her stomach touched
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

16. How did Mary describe the alleged offender's penis?

- a.) hairy
- b.) big
- c.) fat
- d.) long
- e.) **No information was provided/None of the above**

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

17. What did the alleged offender say to Mary when she had to suck his penis?

- a.) "oh yeah"
- b.) **"you're no good"**
- c.) "go faster"
- d.) "go slower"
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

18. Where did the "white stuff" go?

- a.) on Mary's bed
- b.) on Mary's stomach
- c.) **on Mary's face**
- d.) on Mary's hand
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

19. What type of pants was the alleged offender wearing when he made Mary touch his penis?

- a.) jeans
- b.) tracksuit pants
- c.) work pants
- d.) shorts
- e.) **No information was provided/None of the above**

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

20. How did Mary describe the "white stuff"?

- a.) gross
- b.) slimy
- c.) disgusting
- d.) **yuck**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

21. How many times did the alleged offender make Mary touch his penis?

- a.) heaps
- b.) a few
- c.) five
- d.) **once**
- e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

22. What was the explanation given by the alleged offender to Mary's mother as to why Mary did not like being left with him?
- a.) that she wanted to play with her friends
 - b.) that she was being silly
 - c.) that she was being selfish**
 - d.) that she was having trouble getting used to her Mum working
 - e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

23. Who reported Mary's disclosure to the Police?
- a.) School Principal
 - b.) Mary's mother
 - c.) Mary's aunt
 - d.) Mary's mother and aunt**
 - e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

24. What was the worst thing that Mary said had happened?
- a.) when she had to touch his penis**
 - b.) when he touched her vagina
 - c.) when he kissed her
 - d.) when he watched her
 - e.) No information was provided/None of the above

How confident are you that the answer you selected is correct? (Circle One)

1	2	3	4	5
Not at all confident		Somewhat confident		Highly confident

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent **you feel this way right now, that is, at the present moment**. Use the following scale to record your answers.

1	2	3	4	5
very slightly or not at all	a little	moderately	quite a bit	extremely

- _____ interested
- _____ distressed
- _____ excited
- _____ upset
- _____ strong
- _____ guilty
- _____ scared
- _____ hostile
- _____ enthusiastic
- _____ proud
- _____ irritable
- _____ alert
- _____ ashamed
- _____ inspired
- _____ nervous
- _____ determined
- _____ attentive
- _____ jittery
- _____ active
- _____ afraid

That is the end of the questionnaire. Thank you for your participation.

Appendix D: Letter to District Commanders

3 October 2005

Attention: The District Commander
New Zealand Police

Mitigating distress in New Zealand police officers exposed to children's accounts of traumatic experiences: Emotion-solving versus problem-solving.

My name is Dianne Neilson and I am a student in the Clinical Psychology Programme at Massey University. I am conducting a thesis project in partial fulfilment of a Masters' degree in Psychology at Massey University under the supervision of Professor Ian Evans. This thesis project focuses on issues that I became aware of when working for Department of Child Youth & Family as a forensic/evidential interviewer for over five years. This project has been reviewed and approved by the Massey University Human Ethics Committee, Palmerston North.

Selection criteria for this project include police officers from the North Island who have completed the Child Abuse Evidential Interviewing Course at the Royal New Zealand Police College as well as a similar number of police officers who have not completed the training.

Participants who agree to participate will be required to answer a number of questions about a child's statement of being physically or sexually abused. To minimise impact of staffing time, the most efficient way to complete the questionnaires would be to arrange a meeting time (approximately one hour) with myself and all potential participants and administer the questionnaires on a group basis. Responses made on different judgement tasks will then be of interest to the research project.

Participation in this project is voluntary and participants have the right to:

- decline to answer any particular question;
- withdraw from the study at any time;
- ask any questions about the study at any time during participation.

The highest standards regarding confidentiality of records will be maintained. Individual participant responses to this research will not be shared with their colleagues, supervisor, or employer.

Therefore, in order to gather the data for this project I would like to request permission to approach your staff via the Detective Sergeant of the Child Abuse Team (CAT) in each district. For those smaller districts where there is not a formal CAT structure, I would make contact with staff that have completed the Child Abuse Evidential Interviewing Course on an individual basis via e-mail. I have a schedule of names of staff in your area that have completed the Child Abuse Evidential Interviewing Course. I would require

access to these officers as well as a similar number of other officers from your area that have not completed the training. These could be any members of CAT, CIB or other non-CIB members who are interested in participating. I anticipate collecting data between 17th and 28th October 2005.

If you have any questions about this thesis project, the researcher and her supervisor will be contactable throughout the course of the study.

Researcher: Dianne Neilson, Assistant Psychologist, Psychological Services, PO Box 829, ROTORUA
E-mail: dianne.neilson@corrections.govt.nz
Telephone: 07 350 2703

Supervisor: Professor Ian Evans, Head of School, School of Psychology, Massey University, Private Bag 11 222, PALMERSTON NORTH
E-mail: i.m.evans@massey.ac.nz
Telephone: 06 350 5799 ext 2070

Dianne Neilson
Researcher

Appendix E: Information sheet

Mitigating distress in New Zealand police officers exposed to children's accounts of traumatic experiences: Emotion-solving versus problem-solving.

INFORMATION SHEET

My name is Dianne Neilson and I am a student in the Clinical Psychology Programme at Massey University. I am conducting a thesis project in partial fulfilment of a Masters' degree in Psychology at Massey University under the supervision of Professor Ian Evans. This thesis project focuses on issues that I became aware of when working for Department of Child Youth & Family as a forensic/evidential interviewer for over five years.

Selection criteria for this project include police officers from the North Island who have completed the Child Abuse Evidential Interviewing Course at the Royal New Zealand Police College as well as a similar number of police officers who have not completed the training. Approval has been granted from your employer for this project to proceed.

Participants who agree to participate will be required to answer a number of questions about a child's account of being physically or sexually abused. It is likely that it will take you approximately 45 minutes to complete the questionnaire; however you as an individual may require more or less than the estimated task completion time. Assignment to groups will be random. Your responses on different judgement tasks will then be of interest to the research project.

Should you choose to participate in this research; efforts will be made to maintain the highest standards regarding confidentiality of records. Although the researcher may know some of the participants, your individual responses to all written documents related to this project (excluding the consent form) will be identifiable only by a participant number which will be arbitrary assigned to you. Your responses to this research will not be shared with your colleagues, supervisor or employer. Your decision to participate or not participate will not have any influence on your employment based performance plans. While this study is being conducted, it is important that you agree not to share your experience of participation with other police officers.

Your completed questionnaires and consent forms will be placed in secure storage for a five-year period at the School of Psychology, Massey University. At the end of five years, my supervisor will be responsible for ensuring their destruction.

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study at any time;
- ask any questions about the study at any time during participation.

The scenarios used in this project are essentially similar to what a forensic interviewer may experience. It is unlikely that there will be any adverse physical or psychological risks as a result of participating in this research. However, if you experience any distress during the research project, I will be available for immediate de-briefing. If required, I will be able to recommend further support options.

Approval from Ethics Committee:

This project has been reviewed and approved by the Massey University Human Ethics Committee, Palmerston North Application 05/78. If you have any concerns about the ethics of this research, please contact Dr John G O'Neill, Chair, Massey University Campus Human Ethics Committee: PN telephone 06 350 5799 x 8635, email humanethicspn@massey.ac.nz.

If you have any questions about this thesis project, the researcher and her supervisor will be contactable throughout the course of the study.

Researcher: Dianne Neilson, Assistant Psychologist, Psychological Services, PO Box 829, ROTORUA
E-mail: dianne.neilson@corrections.govt.nz
Telephone: 07 350 2703

Supervisor: Professor Ian Evans, Head of School, School of Psychology, Massey University, Private Bag 11 222, PALMERSTON NORTH
E-mail: i.m.evans@massey.ac.nz
Telephone: 06 350 5799 ext 2070

If you would like a summary of the project findings, please ensure that you write your contact address on the consent form.

Dianne Neilson
Researcher

Appendix F: Consent form

*Mitigating distress in New Zealand police officers
exposed to children's accounts of traumatic
experiences: Emotion Solving versus Problem
Solving.*

PARTICIPANT CONSENT FORM

This consent form will be held for a period of five (5) years

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: **Date:**

Full Name – printed:

If you would like a summary of the findings when the project is concluded, please give your contact details here.

Name:
.....

Address:
.....
.....

Appendix G: Marking schedules for free recall of physical abuse and sexual abuse scenarios

Sexual Abuse Recall Marking Schedule²

- **Age of Mary (9 years)**
- **Name of alleged offender (Steve)**
- **Relationship of Steve to Mary (step-father)**
- Steve denies alleged offending
- Steve left home/Steve staying at brother's home
- Name of mother (Wendy)
- Length of relationship between Wendy and Steve (5 years)
- Wendy ambivalent about veracity of Mary's disclosure/Wendy doesn't believe Mary's allegations
- **Recent complainant (maternal aunt, Sarah)**
- Who reported to Police (Sarah and Wendy)
- **Abuse usually happens after school/Wendy at work**
- **Abuse happened over last 6 months**

Abuse type 1

- Steve initially seemed creepy/never liked him
- **Have to give Steve cuddles/indecent assault/inappropriate sexual behaviour**
- **Have to kiss Steve on lips/indecent assault/inappropriate sexual behaviour**
- Didn't like it so would hold lips tight together

Abuse type 2

- **Watch and wash Mary while bathing/voyeurism**
- Make feel yucky/Hated it

Abuse type 3

- Done heaps of times
- **Rub hands on Mary's stomach/indecent assault**
- **Squeeze Mary's tits under her shirt/indecent assault**
- Mary cried and bit lip causing it to bleed
- Tits were sore/hurt
- Threatened to give another hiding if told Mum

Abuse type 4

- Touched fanny a few times
- Told Mary not to tell

² Key facts are written in bold font with other relevant information written in normal font. Key facts are worth 2 marks, other relevant information worth 1 mark. There are a total of 15 key facts worth 2 marks each and a total of 26 other relevant facts worth 1 mark each, making the total possible score out of 56.

Error rate is a combination of incorrect information recorded and omission of key facts.

- Pull lower clothing down/removing pants/touched underneath
- Lick finger
- **Poke finger in her fanny/sexual violation/digital penetration of vagina/unlawful sexual connection/put finger up her**
- Really hurts/feel fingernails scratching her/painful
- Mary cries and asks him to stop, but continues
- One time Mary had blood on her underwear

Abuse type 5

- Worst incident
- Happened once
- **Made to masturbate Steve's dick/induce an indecent act**
- **Push head and make Mary suck Steve's dick/induce an indecent act/sexual violation by oral/oral sex/oral fellatio**
- Mary felt like she couldn't breathe
- Said she was no good/wasn't doing it right/not doing it properly
- **Steve masturbated himself/indecent act/Steve finished off**
- Steve ejaculated on Mary's mouth and face/white stuff
- Mary said semen tasted yuck/bad/Mary didn't like taste
- Steve said she was being selfish

Physical Abuse Recall Marking Schedule³

- **Age of Mary (9 years)**
- **Name of alleged offender (Steve)**
- **Relationship of Steve to Mary (step-father/defacto partner)**
- Steve denies alleged offending
- Steve left home
- Name of mother (Wendy)
- Length of relationship between Wendy and Steve (5 years)
- Wendy ambivalent about veracity of Mary's disclosure/Wendy does not believe Mary
- **Recent complainant (maternal aunt, Sarah)**
- Who reported to Police (Sarah and Wendy)
- **Abuse usually happens after school/Wendy at work**
- **Abuse happened over last 6 months**

Abuse type 1

- Steve initially seemed bossy/Mary never liked Steve
- **Swear/call fucken ugly bitch/name call/verbally abused/degraded/said hurtful things/belittled Mary verbally**
- **Clean floors with toothbrush/unreasonable chores/menial jobs**
- Hold fists really tight/clench fists

Abuse type 2

- **Kick up bum with steel-caps**
- Make feel sad
- Bum really sore/hurt

Abuse type 3

- Done heaps of times
- **Hit hand with jug cord**
- Hands red
- Mary cried and bit lip causing it to bleed
- Threatened to give another hiding if told Mum

Abuse type 4

- Banged head a few times
- Told not to tell
- Told would make her a cripple before 10
- **Grab head and pull along by hair**
- Head is lumpy and hurts with hair missing

³ Key facts are written in bold font with other relevant information written in normal font. Key facts are worth 2 marks, other relevant information worth 1 mark. There are a total of 15 key facts worth 2 marks each and a total of 26 other relevant facts worth 1 mark each, making the total possible score out of 56.

Error rate is a combination of incorrect information recorded and omission of key facts.

- Mary cries and asks him to stop
- **Bangs head against wall**
- One time Mary was unconscious (woke up)

Abuse type 5

- Worst incident
- Happened once
- **Twisted arm up back**
- Dragged to kitchen
- **Put fingers in boiling water**
- Fingers red with skin falling off/burns
- Hurt heaps
- Mary went and put fingers in cold water after incident/Mary treated burns self
- **Mary screamed and Steve slapped her face and told to shut up**
- Steve lied and said that she had spilt boiling water on them accidentally/Steve made excuses.