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A Forensic Interview Protocol for Adult Sexual Assault: Content Validity and Consumer Acceptability

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ABSTRACT

This study examined the content validity and consumer satisfaction of a newly developed forensic interviewing protocol and accompanying barriers screen. Results suggest content experts rated the protocol as acceptable and that subjects rated the protocol slightly more favorably than the Forensic Experiential Trauma Interview. Further, although only a minority of subjects did not like the alternative hypotheses component, this component did not significantly decrease subjects' favorable attitudes towards the protocol, suggesting that incorporating this element may not be as controversial as previously assumed. Last, providing resources to the victim via the barriers screen was rated favorably by participants, suggesting that this might be a useful tool to improve victim's sense of support, overall satisfaction and possible willingness to pursue prosecution post-assault.

Key words: sexual assault, forensic interview, delayed reporting, FETI interview, consumer acceptability.

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Novelty and Significance

What is already known about the topic?

- Many adult sexual assault victims delay or do not report their sexual assault.
- Many adult victims report that there are a wide variety of barriers to their reporting or continuing with the investigation/prosecution.
- There are no established adult forensic interview protocols with known psychometric properties, particularly social validity.

What this paper adds?

- Provides some preliminary social validity data regarding an adult forensic interview protocol.
- Provides information about a method to assess common barriers to reporting sexual assault.

Sexual assault is a significant social problem, with an estimated 1 in 4 women and 1 in 9 men reporting being victims of contact sexual violence, which includes rape, or other acts of unwanted sexual contact (Smith *et alia*, 2017). However, only an estimated 15.8 to 35 percent of sexual assaults are reported to police (Planty, Langton, Krebs, Berzofsky, & Smiley-McDonald, 2013; Wolitzky-Taylor *et alia*, 2011). Moreover, research has suggested that less than half of victims disclose the assault during the first 3 days post-assault, and approximately 33% wait over a year to do so (Ahrens, Stansell, & Jennings, 2010). Various explanations have been advanced to account for these findings, including a lack of awareness of what sexual assault is (e.g., Littleton, Rhatigan, & Axsom, 2007) and fear of being blamed or disbelieved (e.g., Tjaden & Thoennes, 2000). Delays can make successfully prosecuting sexual assault more difficult as statute of limitations come into play as well as increased problems with memory and other evidence gathering.

Thus, following the reporting of sexual assault, a number of victims are reluctant to proceed with prosecution for a multitude of reasons identified by researchers, including

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what has been sometimes called “a second trauma” by police during problematic forensic interviews, psychological distress as a result of the trauma, and not being provided with sufficient information about the prosecutorial process among other reasons (e.g. Brown, Hamilton, & O’Neill, 2007). Given this attrition rate, partially resulting from perceptions of a problematic prosecutorial process including the forensic interview, it is important to both ensure the initial forensic interview process for adult victims of sexual assault is appropriately victim-centered, as well as to identify and proactively address barriers to prosecuting actual cases.

We propose that key psychometric properties to assess include content validity, inter-rater reliability (i.e., diverse interviewers will gather the same information and come to the same conclusion), sensitivity (i.e., the ability to detect true allegations) and specificity (i.e., the ability to detect true versus false allegations). Additionally, a protocol should include methods for assessing and counteracting barriers to continuing the prosecution process (including a formal assessment tool and resources specifically tailored to address each barrier). Further, there should be high consumer satisfaction as well as to acceptability to members of diverse cultures.

In examining forensic interview protocols that are commonly utilized for adult reporters, there appears to be no extant forensic interview that meets these conditions. Rather, there appears to be a wide amount of heterogeneity in the forensic interviewing process for adults who claim to be sexually assaulted. No current protocol seems to exist that is “best practice” but rather there seems to be little standardization in forensic interviewing with adults in contrast to what is found with children (O’Donohue & Fanetti, 2016). Current forensic interviews with adults who may have been sexually assaulted have a multitude of problems including, a lack of information on consumer acceptability, a lack of key psychometric information (particularly inter-rater reliability, sensitivity and specificity), non-comprehensiveness (e.g., missing questions about key details of the incident), and lack of a formal process of identifying and addressing potential barriers to continuing with the prosecutorial process. For example, the “You Have Options” program (<https://www.reportingoptions.org/>) offers victims three different options for reporting: information only report, a partial investigation, and a complete investigation. This protocol provides a 20-element guideline (see <https://www.reportingoptions.org/20-elements>) for all participating agencies to follow. However, the “You Have Options” program has not yet been studied with regard to any psychometric properties or for consumer satisfaction.

The Forensic Experiential Trauma Interview (FETI) protocol was developed by Strand (2017) and follows an allegedly but inchoate cognitive/neuroscience approach, asserting that police are currently trained in protocols that are only applicable to victims with “higher-level thinking,” in that victims would only be able to thoroughly understand the questions ask and accurately respond if they are able during the interview to demonstrate abstract and logical thinking (Strand, 2017). The developers assert that the utilization of a protocol that requires such “higher-level thinking” is problematic, as the brain is said to “shut off” its “advanced parts” following a trauma (Marx, Forsyth, Gallup, & Fuse, 2017). The training attempts to combat this by providing ways that will be purportedly more effective for interviewees utilizing the more “primitive” parts of the brain (Strand, 2017). The training describes 7 interviewing techniques: 1) acknowledge the victim’s trauma and/or pain; 2) ask the victim/witness what they are able to remember about their experience; 3) ask the victim/witness about their thought process at particular points during their experience; 4) ask about sensory memories

such as sounds, sights, smells, and feelings before, during, and after the incident; 5) ask the interviewee how this experience affected them physically and emotionally; 6) ask the victim/witness what the most difficult part of the experience was for them and; 7) the interviewer should inquire what, if anything, the interviewee cannot forget about their experience. The FETI approach appears to be widely used, with frequent formal trainings held around the country (Strand, 2017). However, there are no published studies that assess any psychometric properties of this protocol. Additionally, neither victim satisfaction has been reported to have been assessed and it is unclear whether it yields more victims proceeding through the legal process.

One additional forensic interviewing process victims may encounter is within the Title IX office at universities. One recent change in the interviewing process for possible Title IX complaints is the mandate for officers to explicitly state in the interview that they believe the alleged victim, which is problematic for multiple reasons. First, this assumes all accusations of rape are true, despite evidence suggesting at least a minimal percentage of allegations are false (Lisak, Gardinier, Nicksa, & Cote, 2010). Additionally, this statement of belief may ultimately harm the individual, because if he or she is initially told that he or she is believed but the process does not result in a finding of guilt then, this may cause a feeling of betrayal. The Title IX interviewing and investigation process for sexual harassment has been widely criticized, as it has yielded a only a small number of expulsions compared to the number of complaints filed and victims often report negative experiences (e.g., being victim-blamed and not being informed of the status of the investigation; Sleath & Bull, 2012). Lastly, again, no standardized protocol was developed for these interviews and thus no assessment of its psychometric properties or consumer satisfaction has been conducted. Given these issues, a more victim-centered protocol is warranted.

Thus there appears to be a need for protocol development research which attempts to do the following: 1) develop a semi-structured standardized interview protocol which is at least theoretically seen as both victim-centered and forensically sound; 2) have experts in key domains rate its content validity; and 3) conduct consumer acceptability studies. Only after these steps are accomplished can further psychometric studies be conducted. Therefore, we developed a victim-centered sexual assault interview protocol manual that included the following 7 steps: 1) preparation for the interview, including instructions for interviewer matching and language interpretation, and assessing the interviewee's level of trauma, current intoxication and cognitive abilities; 2) specific interview steps, including doing introductions, building rapport and orienting to specific guidelines for the interview; 3) free narrative, in which the interviewee will tell their experience with only open ended prompts (e.g., "can you remember anything else?"); 4) follow up with specific questions, which is intended to fill gaps in the free narrative, acquire all elements of the crime, and understand the victim's experience in the aftermath; 5) explore plausible alternative hypotheses such as to help assess the credibility of the report (e.g., the reporter is lying, has mental health concerns, or has a false memory); 6) identifying barriers to continuation with prosecution, which entails providing a barriers screening tool for victims to identify any barriers (e.g., negative psychological responses to the trauma, fear of further victimization by the accuser) they may encounter and provide them with resources to address these; and, 7) closing, which includes summarizing the interview and providing information about next steps.

Additionally, a barriers to further participation screening tool was developed by compiling data regarding commonly reported barriers that sexual assault victims noted

in various studies (e.g., Miller, Canales, Amacker, Backstrom, & Gidycz, 2011; Sable, Danis, Mauzy, & Gallagher, 2006; Zinzow & Thompson, 2011). Seventeen barriers (e.g., that were found in 2 or more studies) were included in the final list of barriers for the screening tool. Specifically, each barrier was listed as a statement and a “yes” or “no” response scale was provided for victims to respond to each item, indicating which barriers they are experiencing, or anticipate they may experience in the future. The intent was to have the barriers screening tool be provided to victims post-interview, as a mean of identifying appropriate resources to be provided to individuals, based upon their self-reported concerns with assisting with the prosecution of the case.

A critical question is how to fairly explore alternative hypothesis (e.g., alleging individual is lying or the allegation is due to a mental disorder such as paranoia) without offending the individual. It can be argued that if a forensic interview fails to explore these that it is biased in the sense that it oriented to ignoring potentially exculpatory information. Such confirmation biases are common in humans and would appear to interfere with the protocol’s specificity -its ability to discern when sexual assault has not occurred. Thus, the protocol in this study is one of the first to attempt to address this problem and include a section which explored alternative hypotheses to the view that assault occurred but to do so in a way that was not offensive.

The purpose of this current study was to assess whether the newly developed forensic interviewing protocol manual demonstrates content validity, as well as to assess consumer satisfaction and whether the barriers screen encompasses possible barriers a victim may identify. We hypothesized that there would be a difference found in satisfaction ratings of the new protocol with “no” answers to the alternative hypotheses questions and the FETI protocol. Specifically, we hypothesized that the experimental protocol would be rated higher on consumer satisfaction than the FETI protocol. Second, we hypothesized that there would be a difference found in satisfaction ratings of the new protocol with “yes” answers to the alternative hypotheses questions and the FETI protocol, in that the new protocol with “yes” answers would have higher satisfaction ratings. We also hypothesized that there would be no significant differences found in satisfaction ratings of the new protocol conditions, despite differences in answers to the alternative hypotheses component. Last, we hypothesized that each barrier on the barriers screening tool would be rated as potential barriers participants perceived they would likely encounter if they were victimized and wanted to assist with the prosecution of a sexual assault case.

METHOD

Participants

Content Validity. To assess the efficacy and applicability of this protocol, the first task of the research program was to identify experts in the field, including a defense attorney, forensic interviewing expert, prosecutor, and victim advocate to provide feedback regarding the content of all materials.

Pilot Study. Subsequently, 112 undergraduate students over 18 years of age and enrolled at a Western university were recruited via flyers posted on the main campus, undergraduate courses, and an online participant recruitment pool. The only exclusion criterion was being under the age of 18 years old. We decided to include males in the sample, as a percentage of males report being victims of sexual assault. Additionally, as a large percentage of males comprise the population of sexual assault perpetrators, the

males could also attest through their satisfaction ratings whether protocol was biased towards the alleged perpetrator. The sample consisted of 62 (55.4%) Caucasians, 26 (23.2%) Hispanic/Latinos, 12 (11%) Asian/Pacific Islanders, 7 (6.3%) Black/African Americans, 3 (2.7%) Middle Easterners, and 2 (1.8%) American Indian/Alaskan native individuals. The mean age was 21.35 years of age ($SD= 4.3$) and there were 69 (61.6%) females. There was a considerable rate of victimization status reported in the sample, with 8 (7.1%) of individuals reporting being a victim of adult and/or child sexual assault alone, 25 (22.3%) reporting being a victim of emotional abuse alone, 4 (3.6%) reporting being a victim of physical violence alone, and 16 (14.3%) reporting being a victim of a combination of at least 2 different types of violence. Of those who reported being a victim of adult and/or child sexual assault, 19 (86.4%) reported that it was perpetrated by an acquaintance (family member or friend) and 3 (13.6%) reported that the perpetrator was a stranger. Interestingly, only 1 person endorsed that they reported the sexual abuse to the police or law enforcement.

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included in the study.

Measures

Demographics. Demographic information was gathered, including participants' age, race/ethnicity, gender, sexual orientation, previous victimization status, and whether they have ever reported a sexual assault to police or law enforcement.

Satisfaction Questionnaire. After watching each taped mock interview, participants completed a 21-item questionnaire, which assessed various domains of satisfaction, including whether it unnecessarily harmed the victim and/or perpetrator, was fair to the victim and/or perpetrator, was too long or complex, could cause trauma to the victim, utilized victim blaming tactics, and/or had an anti-male bias. Additionally, participants were asked whether the interviewer was supportive and empathic and gathered enough information to make a sound case for further decision making and possible prosecution. Participants were also asked whether they believed the victim, believed the case would be prosecuted and whether they would continue cooperating with prosecution if they were the victim. Items were assessed using a 6-point Likert-type scale (1= strongly disagree, 6= strongly agree). Positively worded items were reverse coded and an overall composite score was computed, with lower scores indicating higher satisfaction. The range of composite scores was 19 (rated most favorably) to 114 (rated least favorably). Last, participants were asked to provide open-ended feedback regarding how the interview could have been better and three features they liked and disliked about the interview.

Barriers Screening Tool. A list of 19 commonly reported barriers was generated. Following this, a barriers screening tool was developed (see Appendix). To assess how well the barriers screen tool captured possible barriers, participants were asked if they would identify any of items on the screening tool as actual barriers they believe they would encounter during a forensic interview and/or the prosecution process. Responses were coded as "yes" or "no."

Procedure

Content Validity. The Institutional Review Board (IRB) granted approval for this study. In order to assess the efficacy and applicability of this protocol, a defense attorney, forensic interviewing expert, prosecutor and victim advocate provided feedback regarding the content of all materials. Specifically, experts were asked to provide open-ended

feedback about the interview manual and barriers screening tool. Revisions were made to address these comments. For example, the prosecuting attorney suggested to assess levels of impairment before the interview process and allowing referral to medical professionals prior to the interview if immediate care is warranted. One identical recommendation was given from two experts (prosecutor and victim advocate), which was to not include the alternative hypothesis questions, as they may be perceived as victim blaming and cause iatrogenic effects. However, this section was left in the protocol, given the aims of the current study as we wanted this to be an empirical question assessed by participants' satisfaction ratings. All other experts did not express any suggestions or concerns with the draft of the tool. This entire step was used to assess the content validity of the interviewing tools prior to their administration to study participants.

Pilot Study. To assess how victim-centered the tools (i.e., protocol and barriers screen) were, a questionnaire was used that measured participants' (both men and women) satisfaction with the interviewing protocol. Mock videotaped demonstrations of this new interviewing protocol (intervention conditions) and the FETI interview protocol (control condition) being conducted were taped with the same female interviewer (the first author) and a female "victim" (an undergraduate). Additionally, to assess participants' satisfaction of the alternative hypotheses principle, two different videos using the newly developed protocol were taped, one with "no" answers to the mental health diagnosis and lying questions (experimental condition #1) and another with a "yes" response to the same questions (experimental condition #2). Including these two conditions would provide insight into whether participants' views of the plausible alternative hypotheses were largely influenced by the "victim's" responses (i.e., only when the victim says "yes," do participants view it as victim blaming?). The design used was a within-subjects design where all participants came into a research laboratory on campus and watched all three videos. The new interview protocol condition with "no" responses to the mental health diagnosis and lying questions lasted 13 minutes and 47 seconds, while the new interview protocol condition with "yes" responses lasted 14 minutes and 39 seconds. The FETI protocol interview lasted 10 minutes and 17 seconds. The order of videos watched was counterbalanced.

Data Analysis

Descriptive statistics were computed (see Table 1). To examine the hypotheses that 1) the new protocol with "no" answers to the alternative hypotheses questions would be better rated than the FETI protocol, 2) the new protocol with "yes" answers would be better rated than the FETI protocol, and 3) there would be no significant differences found in satisfaction ratings of the new protocol conditions, despite differences in answers to the alternative hypotheses component, three matched samples *t*-tests were run. The first *t*-test compared participants' satisfaction ratings of the new protocol with "no" answers to the alternative hypotheses (experimental condition #1) with participants' satisfaction ratings of the FETI protocol (control condition). The second *t*-test compared new protocol with "yes" answers (experimental condition #2) to the FETI protocol (control condition). The third *t*-test compared the new protocol with "no" answers to the alternative hypotheses (experimental condition #1) with the new protocol with "yes" answers (experimental condition #2). Last, descriptive statistics of the barriers screening tool items were run to examine the fourth hypothesis that each barrier on the barriers screening tool would be rated as potential barriers participants perceived they would

likely encounter if they were victimized and wanted to assist with the prosecution of a sexual assault case. Specifically, a count of “yes” and “no” responses for each item was conducted.

To assess qualitative data, each line of the open-ended feedback was reviewed and a list of words, phrases, and sentences, was created. Afterward, an assessment of similarity and differences in the list was conducted (Gibson & Brown, 2009) and similar items demonstrating commonality were collapsed into categories (Saldana, 2013) and a count was taken of responses in each category.

Table 1. Descriptive Statistics.

Demographic Variables		Number of participants (%)
Age	18-21	74 (66.7%)
	22-29	26 (23.4%)
	30-38	11 (9.9%)
Gender	Male	43 (38.4%)
	Female	69 (61.6%)
Race/ethnicity	African American	7 (6.3%)
	Hispanic/Latino	26 (23.2%)
	White/Caucasian	62 (55.4%)
	Middle Eastern	3 (2.7%)
	Asian or Pacific Islander	12 (11%)
	American Indian or Alaskan Native	2 (1.8%)
Sexual Orientation	Straight	98 (88.3%)
	Gay/Lesbian	2 (1.8%)
	Bisexual	9 (8.1%)
	Other	2 (1.8%)
Previous Victimization	Sexual Assault/Abuse only	8 (7.1%)
	Emotional Abuse only	25 (22.3%)
	Physical Violence only	4 (3.6%)
Perpetrator of sexual assault	Multiple types of violence	16 (14.3%)
	Acquaintance	19 (86.4%)
	Stranger	3 (13.6%)

RESULTS

Analyses demonstrated that there were no significant group differences in participants’ satisfaction scores based on order of videos watched. Three matched samples *t*-tests were run comparing satisfaction ratings between protocols and demonstrated that there were no significant mean differences in satisfaction ratings of the new protocol with “no” answers to the alternative hypotheses ($M= 29.35$, $SD= 9.02$) and the FETI protocol ($M= 30.51$, $SD= 8.82$); $t(111)= -1.43$; $p= .15$, providing evidence contrary to hypothesis #1, as participants did not rate the new protocol condition with “no” answers higher than the FETI. The second *t*-test demonstrated that there were no significant differences found in mean satisfaction ratings of the new protocol with “yes” answers to the alternative hypotheses ($M= 30.34$, $SD= 8.89$) and the FETI protocol ($M= 30.51$, $SD= 8.82$); [$t(111)= -.21$; $p= .84$], indicating deeper exploration of alternative hypotheses did not significantly influence individuals’ satisfaction. In support of hypothesis #3, the third and last *t*-test demonstrated that there was no significant difference in mean satisfaction ratings of the new protocol with “no” answers to the alternative hypotheses ($M= 29.35$, $SD= 9.02$) and the new protocol with “yes” answers ($M= 30.34$, $SD= 8.89$); $t(111)= -1.84$, $p= .07$, indicating that, despite differences in the valence of answers to the alternative hypotheses component, the two new protocol conditions were rated similarly.

Participants' qualitative satisfaction with the protocol was collected, by asking participants how the interview could have been better and three features they liked and disliked about the interview. In regard to what participants liked about the new interview, the following themes were extracted: 1) allowing the victim to provide a free narrative ($n= 5$; 4.5%); 2) the introduction, which includes the sample free narrative and explanation of the steps ($n= 5$; 4.5%); 3) the exploration of plausible hypotheses ($n= 3$; 2.7%), and; 4) the amount of information gathered ($n= 3$; 2.7%). In regard to what participants disliked, the following themes were extracted: 1) too long of an introduction and guidelines ($n= 17$; 15.2%), and; 2) exploration of plausible hypotheses ($n= 2$; 1.8%). In regard to specific recommendations for improvement, the following themes were extracted: 1) making the interview shorter, including excluding the free narrative example ($n= 10$; 8.9%); 2) making more supporting comments ($n= 4$; 3.6%); 3) asking more questions about the perpetrator ($n= 3$; 2.7%); 4) moving the resources to the beginning ($n= 3$; 2.7%), and; 5) avoiding victim blaming ($n= 3$; 2.7%).

Participants' qualitative satisfaction with the protocol was collected, yielding various common themes. In regard to what participants liked about the interview, the following themes were extracted: 1) the introductory steps, including the expectations stated, free narrative example, and letting the victim know they could take breaks and were in charge ($n= 23$; 20.5%); 2) usage of specific, detailed questions and follow-up questions ($n= 19$; 17.0%); 3) unbiased nature of the interview for both the victim and perpetrator ($n= 13$, 11.6%); 4) allowing the victim to provide a free narrative ($n= 12$; 11.6%), and; 5) providing resources to the victim ($n= 9$; 8.0%). In regard to what participants disliked, the following themes were extracted: 1) too long of an introduction and guidelines ($n= 13$; 11.6%); 2) the inclusion of plausible alternative hypotheses ($n= 13$; 11.6%); 3) too long and detailed ($n= 11$; 9.8%); 4) inclusion of an example of a free narrative ($n= 10$; 8.9%), and; 5) rushed nature of the interview/not allowing the victim to talk ($n= 8$; 7.1%). In regard to specific recommendations for improvement, the following themes were extracted: 1) making the interview shorter, including excluding the free narrative example ($n= 17$; 15.2%); 2) asking more follow-up questions ($n= 4$; 3.6%); 3) avoiding victim blaming ($n= 4$; 3.6%), and; 4) exploring more hypotheses ($n= 3$; 2.7%).

Participants' satisfaction with the protocol was collected, yielding various common themes. In regard to what participants liked about the interview, the following themes were extracted: 1) allowing the victim to provide a free narrative with no interruptions ($n= 15$; 13.4%); 2) summarizing what the victim said ($n= 10$; 8.9%); 3) usage of open ended questions and follow-up questions ($n= 7$; 6.3%); 4) avoidance of victim blaming tactics ($n= 7$; 6.3%), and; 5) providing the victims with resources and information about next steps ($n= 6$; 5.4%). In regard to what participants disliked, the following themes were extracted: 1) too short of an interview and vague questions ($n= 17$; 15.2%); 2) too much detail asked and too long of an interview ($n= 8$; 7.1%); 3) lack of structure ($n= 6$; 5.4%), and; 4) no exploration of alternative hypotheses ($n= 3$; 2.7%). In regard to specific recommendations for improvement, the following themes were extracted: 1) asking more detailed questions ($n= 12$; 10.7%); 2) providing more explanation about details of interview and next steps ($n= 8$; 7.1%); 3) making more supporting comments ($n= 7$; 6.3%), and; 4) making the interview shorter ($n= 4$; 3.6%).

Participants were asked to imagine if they were a victim being forensically interviewed and then complete the barriers screen. Half of the barrier items on the screen were rated as "yes" by more than half of the participants indicating a majority

of the participants believed they were likely to experience each item-specific barrier if they experienced a sexual assault and were interested in prosecuting the case. The four most frequently endorsed items were “I would be scared, anxious, or depressed” ($n=92$; 82.1%), “If I used alcohol or other drugs during the assault, I would be afraid of how that would influence the outcome of the case” ($n=91$; 81.3%), “I would be scared of the actual trial process, testifying in court, or seeing the perpetrator in court” ($n=82$; 73.2%) and “I would be scared of being re-victimized by the perpetrator” ($n=75$; 68.8%). Both stigma-related items were endorsed by more than half of the participants. Specifically, 56.3% ($n=63$) and 55.4% ($n=62$) participants indicated “society’s attitudes about rape are negative and there is a negative stigma associated with sexual assault, so I would be scared of being embarrassed or judged” and “I would be scared of being blamed by others for being sexually assaulted”, respectively. See Table 2 for full results.

Table 2. Results of barriers screening tool endorsement.

Barrier screen item	No	Yes
Fear of treatment by criminal justice system	53 (47.3%)	59 (52.7%)
Private matter	44 (39.6%)	67 (60.4%)
Not enough evidence	49 (43.8%)	63 (56.3%)
Law enforcement less effective	68 (60.7%)	44 (39.3%)
Not enough information or support provided	67 (59.8%)	45 (40.2%)
Prosecutor’s office handling case inadequately	55 (49.1%)	57 (50.9%)
Encouragement by police/prosecutors to drop charges	59 (53.2%)	52 (46.8%)
Scared, anxious, depressed	20 (17.9%)	92 (82.1%)
Unfair criminal justice system/not enough victim rights	67 (59.8%)	45 (40.2%)
Fear of trial process	30 (26.8%)	82 (73.2%)
Reunited with perpetrator	78 (69.6%)	34 (30.4%)
Pressure from family	92 (82.1%)	20 (17.9%)
Fear of re-victimization by perpetrator	35 (31.3%)	77 (68.8%)
Disbelief because of minority	68 (60.7%)	44 (39.3%)
Fear of being deported	95 (84.8%)	17 (15.2%)
Societal attitudes/negative stigma	49 (43.8%)	63 (56.3%)
Victim blaming	50 (44.6%)	62 (55.4%)
Not serious enough	87 (78.4%)	24 (21.6%)
Usage of alcohol or drugs	21 (18.8%)	91 (81.3%)

DISCUSSION

Given the demonstrated impact of sexual assault on victims, it is important that the forensic interview and assistance with the prosecutorial process does not cause secondary trauma. In the current study, a newly developed forensic interviewing protocol for adults was developed and preliminarily evaluated. First, the forensic protocol was developed with the aim of being victim-centered, including incorporating methods for assessing and counteracting barriers to following through with the prosecution process, content validity, consumer satisfaction and void of iatrogenic effects or offensiveness, while also being comprehensive and gathering as much evidence possible, and providing enough structure for forensic interviewers to easily administer the protocol.

The content validity of the protocol and barriers screening tool was evaluated by requesting several key experts in the field (i.e., defense attorney, forensic interviewing expert, prosecutor and victim advocate) to provide open-ended feedback. With the exception of one recommendation from the prosecution expert and victim advocate to remove the alternative hypotheses component of the protocol, and one recommendation to refer the victim to medical professionals for immediate care, the protocol and barriers screening tool were deemed to be appropriate by each expert. Given one of the aims

of the study was to examine the influence of the alternative hypotheses component of the interview on participants' satisfaction with the protocol, as well as the importance of having a fair and comprehensive interview, this recommendation was not followed. However, there was a line added into the protocol for immediate referral to a medical professional to be stated as a possible resource for the victim at the beginning of the interview who may display medical problems, severe intoxication, or report assault that would likely result in medical problems. In addition, many comprehensive protocols suggest collecting medical evidence, so these needs could also be addressed in this part of the protocol. Given the comprehensiveness of types of experts recruited (see above), it is suggested that the tools would be well-rated by each professional involved in the legal process of sexual assault prosecution, suggesting preliminary support of the protocol's usage in forensic settings.

Given the prominence of the FETI protocol, including endorsement by the California District Attorneys Association (Preston, 2016), we compared our newly developed protocol to the FETI protocol. Outcome data of participants' satisfaction of each interview provided preliminary support for the consumer acceptability of the new interviewing protocol. First, differences in overall mean satisfaction ratings of each interview demonstrated the new protocol condition with "no" answers was rated the best ($M= 29.35$, $SD= 9.02$), followed by the new protocol with "yes" answers to the alternative hypotheses ($M= 30.34$, $SD= 8.89$), and the FETI protocol ($M= 30.51$, $SD= 8.82$), indicating a general liking for both protocols, as a score of 19 indicates strong satisfaction on all measured domains and a score of 114 indicates strong dissatisfaction on all measured domains. It was hypothesized that there would be a difference found in satisfaction ratings of the new protocol with "no" answers to the alternative hypotheses questions and the FETI protocol. Specifically, we expected the new protocol would be rated better than the FETI protocol, thus a *t*-test was run comparing the two. Though, in support of the hypothesis #1, the new protocol condition with "no" answers to the alternative hypotheses (i.e., lying and mental health diagnosis) had a lower mean satisfaction score than the FETI protocol, there were no significant differences in scores between the two conditions, indicating that participants did not have a strong preference for one protocol over another. The same was found during a *t*-test analysis comparing the new protocol condition with "yes" answers to the alternative hypotheses and the FETI protocol condition. These findings provide preliminary support for further development of the new protocol, despite the FETI protocol being a commonly used interviewing technique in the field. If the FETI protocol continues being used, the findings suggest there is room for improvement, as it was not rated as well as the new protocol.

As previously demonstrated, victims sometimes report experiencing additional traumatic experiences during the interviewing and prosecutorial process (Brown, Hamilton, & O'Neill, 2007). Given this finding, one original concern with the alternative hypotheses component of the new was that it could be viewed as "victim blaming", especially if the victim responds "yes" to any of the alternative hypothesis questions which may potentially undermine the truthfulness of a victim's allegation. However, no research has yet explored which specific questions cause victims to perceive the interviewer as blaming them, or whether particular wording of such questions can reduce the likelihood of the victim appraising the question in an offensive manner. Therefore, we examined differences in mean satisfaction scores between the two new protocol conditions, in order to test hypothesis #2 that there would not be a significant difference in ratings of the new protocol conditions, despite differences in answers to

the alternative hypotheses component. A *t*-test indicated that there was no significant difference in mean satisfaction scores between the two, indicating the component was not as aversive as professionals previously hypothesized. This finding suggests that the satisfaction of the alternative hypotheses component was not dependent upon the victim's answers to the questions, as simply answering "yes" was not perceived to undermine the victim's story or be viewed as victim blaming any more than when the "victim" stated "no." This finding may be due to the wording used in the protocol, thus following a structured interview that asserts that the assessment of alternative hypotheses is important so the victim's story is not undermined by such evidence being spontaneously presented in court, may avoid such negative effects previously assumed to occur. Therefore, the inclusion of such questions, when worded appropriately may not harm the victim and instead provide additional evidence for the case that would otherwise potentially be unexpectedly addressed in court.

Open-ended qualitative feedback was also gathered regarding what participants liked and disliked, as well as suggestions for improvement. The main themes of the feedback fall into two categories: 1) treatment towards the victim, and 2) structure of the interviews.

One theme of the open-ended qualitative feedback was focused on the treatment of the victim, specifically in terms of biases and victim blaming. First, interestingly, participants reported that there was less bias towards both the victim and perpetrator in the new protocol condition with "yes" answers to the alternative hypotheses. Researchers have found that there are inherent biases in forensic interviewing (e.g., false positives, suspicion bias, and substantiation bias), particularly with child victims (Lyon, 2007), but these same biases sometimes translate to sexual assault forensic interviews. Therefore, a structured interview, such as our newly developed protocol, may reduce the opportunity for biases. The finding of less biases in the new protocol with "yes" answers to the alternative hypotheses suggests that, when the alternative hypotheses yield additional information about the victim that may influence law enforcement's decisions of next steps, the interview is considered more fair to the alleged perpetrator. However, participants believed the FETI condition avoided victim blaming tactics, possibly because it did not include these questions. Therefore, the findings also suggest that the alternative hypotheses could be viewed as victim blaming by at least a small percentage of individuals. In fact, some participants reported that they disliked the alternative hypotheses in both new protocol conditions and recommended this section be taken out. However, only some participants (11.6%) reported this and a small minority (2.7%) even reported that they disliked the FETI condition because it did not include this component. Given the reviewed feedback, it is suggested that a victim-centered protocol could still allow for further exploration of alternative hypotheses and not necessarily cause harm to the victim, as purported. Additionally, these overall positive findings support the usage of the new protocol, as there were no large differences in the content of feedback provided for each protocol, specifically regarding treatment towards the victim.

Given the numerous barriers to reporting sexual assault and assisting with the prosecution process (see Miller, Canales, Amacker, Backstrom, & Gidycz, 2011; Sable, Danis, Mauzy, & Gallagher, 2006; Zinzow & Thompson, 2011), there is a need to intervene at the first encounter with a victim. We also hypothesized that each barrier on the barriers screening tool would be rated as a potential barrier that participants perceived they would likely encounter if they were victimized and wanted to assist with the prosecution of a sexual assault case. Therefore, the applicability of the barriers

screen was preliminarily assessed by asking participants to indicate which barriers they anticipate facing if they decided to prosecute a sexual assault case. With half of the items (see Table 2) being endorsed by at least half of the participants, there are preliminary indications that the barriers screen may be a useful tool, as it seems to capture relevant concerns. These findings provide preliminary evidence regarding specific reasons why victims may take long delays before reporting, or possibly decide to never report. This is problematic, as those who later decide to report may not have as strong evidence (e.g., medical examination, easily accessible witnesses), which may weaken the prosecution's efficacy of demonstrating the accuracy of the allegation. Additionally, if a victim does not report and the perpetrator is not arrested, the perpetrator may continue to victimize others in the future.

While 9 of the 19 items were not endorsed by more than half of the participants, all items were endorsed by at least one participant, thus omitting those items that were infrequently endorsed is not warranted. The purpose of the barriers screen is to be a comprehensive screening tool, thus providing resources to at least one victim warrants the inclusion of an item. Additionally, given that three of the most frequently endorsed items were "I would be scared, anxious, or depressed (82.1%)," "I would be scared of the actual trial process, testifying in court, or seeing the perpetrator in court (73.2%)," and "I would be scared of being re-victimized by the perpetrator (68.8%)," referrals to mental health resources or professionals and literacy regarding the prosecutorial process would be imperative to provide to victims during their first interaction with law enforcement post-sexual assault. Doing so may provide victims with increased satisfaction and willingness to prosecute, as they will not be as deterred and fearful. Two other frequently endorsed items 1) were perceptions of the situation as "private" and not wanting it to become public (60.4%), and 2) use of alcohol or drugs during the assault (81.3%). Therefore, other interventions, such as cognitive restructuring, assertiveness training, and referral to alcohol and drug counseling could prevent re-victimization due to pre-existing vulnerabilities.

Despite promising preliminary findings, there are limitations to be addressed. First, the sample consisted entirely of college students, with a mean age of 21.35 years old and range of 18 to 38 years old, thus the feedback provided may not generalize non-college students (e.g., retired individuals, elderly individuals, people with only a GED). However, college students are at high risk of sexual assault victimization (Ford & Soto Márquez, 2016), thus the study does encompass a sub-sample of at-risk individuals. Additionally, there was a large number of males in the sample, who could serve in evaluating the interview from point of view of alleged perpetrator and they still rated it highly.

The study was also underpowered with respect to examining whether there were significant differences found in ratings between actual victims of sexual assault and non-victims, and the sample consisted of few actual victims ($n=22$), thus the findings may not generalize to individuals who have just experienced a sexual assault and are being interviewed by law enforcement. However, there were minimal face-value differences in ratings between victims and non-victims. Victims rated the FETI protocol with an overall mean satisfaction of 29.68, whereas non-victims rated it slightly worse ($M=30.71$). The same was found for the new protocol with "yes" answers (victim $M=28.50$; non-victim $M=30.79$). However, the new protocol with "no" answers was rated slightly worse by victims ($M=30.41$) than non-victims ($M=29.09$) though it is unclear whether this was statistically different.

Last, no psychometric properties (e.g., interrater reliability, specificity) were assessed in the current study, or any study to our knowledge, thus future research should aim to utilize actual interviewers and victims to accurately examine such properties. Despite these limitations, this study is the first to examine the satisfaction of a forensic interviewing protocol, thus it provides the groundwork for further research.

Sexual assault is an issue that affects individuals globally (Black et alia, 2011). The first step of prosecuting a sexual assault case is to conduct a forensic interview with the alleged victim, in order to gather as many details of the incident as possible in an unbiased manner to be used as evidence, while at the same time recognizing that there may be barriers for the alleged victims' continued participation in the forensic process. However, the extant interviewing protocols used have not yet been scientifically studied and possibly because of this there is no best practice standard and many interviews seem to be conducted with no set protocol. This study examined the consumer satisfaction of a newly developed forensic interviewing protocol and accompanying barriers screen. The findings suggest that individuals liked the new protocol slightly better than a current interview protocol, FETI. Further, though a minority of individuals did not like the alternative hypotheses component and viewed it as victim blaming, it did not significantly change people's attitudes towards the protocol, suggesting that incorporating it may not be as aversive as previously assumed. Last, providing resources to the victim via the barriers screen was well-liked by participants, suggesting that it can be a useful tool to improve victim's feelings of support post-assault.

Future research should examine both the protocol and screening tool's usage with victims of sexual assault to test the current study's generalization to the population of interest. Further, research should examine the satisfaction of the protocol and barriers screen by forensic interviewers, as they will be the ones receiving training and utilizing the manualized protocol during forensic interviews. Importantly, future research should examine the psychometric properties of the protocols, in order to improve the accuracy and strength of the interviewing process, as the forensic interview is an integral part of the evidentiary data used in court. Additional research may also help improve the quality of interviews, thus increasing the number of victims willing to prosecute and increasing in the number of sexual assault perpetrators that are convicted. This, in turn, may reduce the number of serial rapes that occur. Last and most importantly, providing resources to victims during their first encounter with law enforcement may help improve victims' well-being thus reducing the long-term physical, emotional and cognitive consequences known to occur.

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APPENDIX**Barriers Screening Tool**

Please indicate if “yes” this would be a possible barrier or “no” this would not be a barrier.

- 1- I would be afraid of how I would be treated by members of the criminal justice system.
- 2- I would believe the situation is a private matter and not want it to become public.
- 3- I would not believe there is enough evidence for the case.
- 4- The police/law enforcement would be less effective during my contacts with them.
- 5- I would not be provided with enough information about the prosecution process, or not be given up to date information, or not be referred to support organizations.
- 6- The prosecutor’s office would not handle my case adequately.
- 7- I would be encouraged by police or prosecutors to drop the charges or be told by them that my case is not likely to win.
- 8- I would be scared, anxious, or depressed.
- 9- I believe that the criminal justice system is unfair; rapists have more rights than victims; or victim’s rights aren’t protected.
- 10- I would be scared of the actual trial process, testifying in court, or seeing the perpetrator in court.
- 11- I would be reunited with the perpetrator following the assault and not want to make them go to court.
- 12- I would feel pressure from my family to not continue with the prosecution.
- 13- I would be scared of being re-victimized by the perpetrator.
- 14- I would be scared that the judge, jury, prosecutors or police would not believe me because I am a minority.
- 15- I would be scared that police involvement will result in me being deported.
- 16- Society’s attitudes about rape are negative and there is a negative stigma associated with sexual assault, so I would be scared of being embarrassed or judged.
- 17- I would be scared of being blamed by others for being sexually assaulted.
- 18- I would not believe the crime was serious enough to prosecute.
- 19- If I used alcohol or other drugs during the assault, I would be afraid of how that would influence the outcome of the case.