Assessing and Treating Sexual Offenders:

The Importance of Effective Interviewing and Evaluating Truthfulness

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Overview

The effective interviewing of individuals who have committed sexual offences – and the accurate evaluation of the information received within – is of vital importance to criminal justice and mental health professionals tasked with assessing, treating and managing these individuals. Although assessments include information from a variety of sources, it is standard practice to seek an interview with the sexual offender client and to assess the truthfulness of the elicited information in order to produce valid results and recommendations. However, interviewing can be inherently challenging due to (a) the adversarial context in which most forensic interviews occur, (b) the characteristics of interviewees within this context, (c) interviewing time pressures due to too often heavy case loads, and (d) the lack and limitations of interviewing and evaluating truthfulness training available to professionals. Indeed, there exist no guidelines outlining the

principles and practices for interviewing sexual offenders. Similarly, although evaluating truthfulness is a central aspect of assessing, treating and managing sexual offenders, there exist no professional guidelines for this complex endeavor. Moreover, there are no guidelines that address both interviewing and evaluating truthfulness despite the fact that these two skill sets are inherently intertwined and dependent on each other. The present chapter is an attempt to fill these voids by delineating some professional practice guidelines for interviewing and evaluating truthfulness for professionals tasked with assessing and treating men who have committed sexual offences. Although women also commit sexual offences, these situations are relatively rare; hence, this chapter focuses on male sexual offenders.[1] In the following section, errors and biases associated with interviewing sexual offenders are discussed. Subsequently, best practice guidelines for conducting effective forensic interviews with sexual offenders are offered. Included are suggested techniques for seeking and examining sensitive information from sexual offenders with the goal of improving the quantity, quality and accuracy of the information received. The chapter concludes with a review of the practice and research of evaluating truthfulness.

Introduction: Errors and Biases

A significant impediment to effective interviewing (i.e., interviewing, reading people and evaluating truthfulness) involves the interviewer's own biases and beliefs (cf. Doren, 2002, p. 37). There are many sources of bias (Yarbrough, Hervé, & Harms, 2013). These can be broadly defined as belonging to three categories: interviewer characteristics, training issues, and contextual factors.

Interviewer Characteristics. The single biggest impediment to effective interviewing is the interviewer's ego (Yarbrough et al., 2013). When we are trying to please our ego by, for

example, showing how insightful and perceptive we are, we are by definition not being mindful of what is transpiring in the current session. As a result, we miss rich information that may be crucial to navigating the interview and/or assessing the credibility of the information obtained. Ego is a main cause of poorly timed or inappropriate interruptions on the part of the interviewer that typically displays the interviewer's personal agenda and serves to disrupt the professional relationship. Ego also affects our ability to learn, which is noteworthy as the field of interviewing and evaluating truthfulness is a young and growing one.

The interviewer's personal experiences (or the personal experiences of a loved one) can also lead to biases that render him/her an ineffective interviewer. For example, an interviewer who has been the victim of sexual assault and who has not processed the associated thoughts/feelings/behaviours could be prone to utilizing a punitive and judgmental attitude when interviewing a sexual offender. Conversely, the interviewer with a history of being sexually victimized may have normalized certain sexually inappropriate behaviours and, consequently, fail to properly interpret such when interviewing a sexual offender. Another, more subtle bias can occur when interviewers due to their upbringing/cultural background have difficulty discussing sexual topics, particularly with individuals from the opposite gender or with different sexual preferences/practices. This bias is likely to be telegraphed to the offender during an interview (e.g., via the facial expression and body language of the interviewer). If the sexual offender is sensitive to these displays by the interviewer, rapport is likely to be strained and sexual topics may be canvassed superficially and thus inadequately. If the sexual offender has traits of sadism or psychopathy (e.g., callousness), he may take this opportunity to "play" with the interviewer (e.g., "one of my victims made the same face you just made – now I am really horny; do you like it rough too?"). The interviewer's sexual history can also impact how s/he

interprets offenders' sexual history. Indeed, during risk assessment training conducted by the current authors, it is not uncommon to hear a trainee comment that that the sexually promiscuous offender is the one who has had more sexual partners than him/her.

Training Issues. Poor training can be defined as graduating professionals (or allowing professionals to practice) without sufficient experience and/or providing professionals with training that is not anchored in science and/or ethical practice. Those who are inexperienced in the assessment of men who commit sexual offences may fail to understand the heterogeneity of sexual offenders/offences and the varying pathways that can lead to a sexual offence. For example, a novice interviewer may assume that all sexual offences against children are due to sexual deviancy and that deviant sexual fantasy must necessarily be a component of the offence pathway. However, research clearly illustrates that offences against children can be motivated by factors other than sexually deviant interests and that situational and general criminogenic factors can play an important role even to the exclusion of sexually deviant interests and fantasy (Lanning, 2010; Wortley & Smallbone, 2006). For example, some men experience such a profound and painful loss when their adult partner leaves them that they turn to their female daughter (or another available female) for affection and to take care of their "needs". In time, the child-adult relationship becomes blurred for these men, leading them to transgress sexual boundaries (often when disinhibited by the influence of drugs or alcohol). Generally speaking, these men do not have sexual fantasies about their victim and instead remain quite fixated on the adult female that abandoned them. As another example, some antisocial men may offend against their children when abandoned by their adult female partner as a form of revenge. In other words, there are many mechanisms by which men come to offend sexually against children. Without knowing about the heterogeneity of factors that lead men to offend sexually,

inexperienced interviewers are at risk to make significant errors when it comes to understanding and investigating the dynamics of sexual offending. These include not pursuing important avenues of investigation, disbelieving their clients, and erroneously challenging their clients when "expected" responses are not provided, thereby dampening rapport (an essential aspect of any effective interview). In other words, inexperience can lead to tunnel vision, the failure to consider multiple hypotheses and thus poor interviewing.

Inexperience can also lead interviewers to engage in the "*Me" theory* of behavioural assessment (Yarbrough et al., 2013). This involves interpreting the meaning of another individual's behaviour according to how the interviewer would him/herself respond to a given situation. For example, an interviewer may construe a sexual offender who laughs when discussing his sexual offence as having no remorse because s/he (interviewer) would never conceive of laughing at such a moment. However, for some individuals, laughter is as sign of anxiety and discomfort, which could be elicited when discussing sexually related topics. In an assessment conducted by one of the present authors, a sexual offender evidenced some laughter when he spoke of any sexual topic, not just his sexual offending. His nervous laughter when talking about sexual topics was his baseline and therefore was not indicative of callousness regarding his sexual offending but rather nervousness at talking openly about his sexual history.

A lack of training, or access to poor training in interviewing and evaluating truthfulness also contributes to a misunderstanding of the information gathered during an interview. Two common errors that can result include a misunderstanding of the nature of memory and of the nature of truth telling versus lying. Each is discussed in turn.

Misunderstanding Memory. A significant proportion of the material discussed during an assessment and/or treatment session concerns memory – memory for past events (i.e.,

autobiographical/narrative memory or script memory; Rubin, 2005) or future intentions (i.e.,

prospective memory; Smith & Bayen, 2004). Yet, most forensic professionals receive little

training on the nature of memory, thereby leaving them susceptible to misinterpret the

information they hear from their clients. For example a prolific sexual offender may only have a

general recollection of the "usual" manner in which he sexually assaulted his victims (i.e., a

script memory). He is not likely to have a detailed recollection of a specific assault unless there

was a script violation (e.g., a time when the offending occurred in a different way or place or was

interrupted). If only the script memory is elicited during the interview, the naïve interviewer may

wrongly assume that the limited details provided are due to minimization as opposed to a known

memory pattern.

Although a detailed review of memory is outside the scope of this chapter, a few key

points are noteworthy (for detailed reviews of memory issues, see Hervé, Cooper, & Yuille,

2007; 2013; Schacter, 1996; 2001; Yarbrough et al., 2013). First, it is important to understand the

relationship between memory and attention. Only what is paid attention to can be encoded into

memory. This process is both subjective (e.g., an individual is predisposed to pay attention to

certain details and avoid others) and context dependent (e.g., the more there is to pay attention to,

the harder it is to pay attention to everything; certain stimuli demand attention, others do not).

The relationship between attention and memory concerns both external and internal information.

With regard to external (event-related) details, research indicates that central information (i.e.,

information of importance to the individual) is given more attention and, therefore, is better

recalled than peripheral information (i.e., information of lesser importance; Christianson, 1992).

In terms of internal (event-unrelated) details, research is limited but clinical experience suggests

that some situations evoke powerful emotions, thoughts and/or memories that demand attention

and are therefore memorable, which may preclude other information from being encoded into memory (Hervé, Cooper, & Yuille, 2007). Often, interviewers with little understanding of memory will make the error to define what is significant and, therefore, should be recalled from their own perspective rather than from their client's perspective.

Second, memory is best for events of personal significance. That is, we tend to forget what is mundane, routine or boring and recall over days and even years events that have meaning to us. The reason for this is complex but reflects the fact that events of personal significance are emotional events, and emotions serve as powerful cues for memory recall (Christianson, 1992; Hervé et al., 2007). There is some evidence to suggest that we may recall negative events better than positive events (Porter & Peace, 2007). In addition, emotional events are often discussed or thought about, which serves to reinforce memory. However, traumatic events (i.e., highly emotional events of a negative nature) can have a variety of memory consequences, from a remarkable memory (i.e., a highly detailed and vivid memory) to dissociative amnesia (i.e., a lack of memory for the most emotionally arousing aspects of the event), with a variety of memory patterns in between (e.g., dissociative memories, state dependent memories, script memories, active forgetting; Hervé et al., 2013; Yuille & Daylen, 1998). Knowing about these memory patterns and their causes is important in this context for two reasons: (1) offenders can be traumatized by their offending and, therefore, display such memory distortions (Gray et al., 2003); and (2) offenders can make false claims of trauma-related memory distortions to avoid taking responsibility for their offences (Hervé et al., 2007).

Third, memory is reconstructive not reproductive in nature (Schacter, 1996). That it, it is rebuilt piece by piece based on the cues available at the time of recall and not simply played back like a video on a computer hard drive. This reconstructive process has several implications:

memory relies on cues, has an unlimited storage capacity, and is error prone. In terms of the former, with the right cues, even long "forgotten" memories may be available for reconstruction. A common error by memory naïve interviewers is that they fail to probe memory sufficiently, in large part as they are unaware of what cues to provide. As a result, the offender provides a vague memory about, for example, his first sexual offence. The initial error is compounded when the interviewer then uses the vagueness of the self-report to suggest that the offender was being less than fully cooperative. In other words, it is the interviewer's job to help the offender remember, and it is not proper to automatically blame the offender if he is having difficulty recalling details of a particular offence. The skillful interviewer will not only know how to properly cue memory but will also have a variety of tools available to him/her to enhance it (e.g., Cognitive Interview; Fisher & Geiselman, 1992; Memon, Meissner, & Fraser, 2010).

As noted above, memory is unlimited. The reason for this is that it does not depend on one single storage mechanism and location. Unfortunately, this also comes at a cost: memory is also prone to errors (Schacter, 2001). These errors may occur for a variety of reasons, including as a result of the passage of time (e.g., confusing the details of different events), the processing of past events (e.g., changing the quality and/or details of past experiences to make them less traumatic/distressing), and contextual factors. The main contextual factor is poor interviewing, be it in the assessment or treatment context. It is unfortunately not uncommon for an interviewer to ask leading, suggestive questions that, depending on the interviewee, may distort the offender's self-report. In the group treatment context, an offender's self-report can also be influenced by the statements of other group members. As memory is reconstructed, information from these other sources can be "wrongly" encoded as part of the original memory and, therefore, contaminate this memory. In other words, there are many sources that may

contaminate memory, and the astute interviewer will aim to assess these potential sources of contamination by learning about the history of the memory (i.e., how often and in what manner has it been talked/thought about). Moreover, the skilful clinician will also not make the mistake of misinterpreting such "distortions" as signs of lying when, for example, these "distortions" conflict with documented information (e.g., the offender's current statement is somewhat inconsistent with his past statement or with information provided by his victims). In contrast, the memory naïve interviewer is prone to ask inappropriate questions (i.e., memory-incompatible questions) that serve to distort memory, and then misinterpret these distortions as signs of deception. It is crucial to remember that, although it is not uncommon for sexual offenders to instrumentally distort and lie about past events, it is more often the case that inconsistencies in their self-report, particularly with regard to peripheral details, reflect factors outside of their control. It is important to not misinterpret these common distortions as signs of lying.

Fourth, memory should make sense (Hervé et al., 2007; 2013). That is, there should be an explanation to why an offender displays a remarkable memory and, similarly, reasons behind claims of poor or distorted memories. For example, when an offender claims a good memory about a historical event, such as an alibi, a review of the history of the memory should reveal factors known to reinforce memory. Similarly, when an offender claims amnesia for a past offence, the assessment of the claim should reveal known individual and contextual factors associated with the development of amnesia, and the amnesia should show a particular pattern reflecting its specific cause(s). In other words, the more one knows about how memory works, the easier it is to make sense of it. There are a host of predisposing, precipitating and perpetuating factors that influence how memory will be encoded, what will be encoded, how long it will be stored, and how resistant it will be to contamination (or conversely, how

vulnerable to suggestion) (Hervé et al., 2007; 2013).Unfortunately, most professionals have only a limited understanding of memory and, therefore, too often disbelieve a true memory (e.g., of a sexual offence) or believe a false account (e.g., of an alibi).

Finally, there are different types of memory including procedural memory, semantic memory, narrative memory, script memory and prospective memory (Schacter, 1996, 2001). At a minimum, a working understanding of narrative, script and prospective memory is required for effective interviewing. Narrative memory – also referred to as autobiographical memory or episodic memory – refers to the recall of specific past events of personal significance (e.g., index offence; an instance of sexual victimization). Script memory refers to the blending together of repeated similar experiences into a script (e.g., how a serial sexual perpetrator "generally" offended; how a victim of repeated sexual assaults was "usually" victimized). The script is formed by omitting irrelevant, "peripheral" details that differ between separate episodes while retaining those "central" features that are similar or the same across episodes. Hence, script memories will – by definition – evidence fewer details than episodic memories. When a script about similar events is formed, the particular episodes become highly susceptible to forgetting. However, should a particular episode include (in part or in whole) a significant departure from the manner in which such episodes typically unfold, that is, include a script violation, then it will tend to be remembered. Narrative and script memories can also be differentiated by the manner in which they are discussed. An episode is often told in past tense and in specific terms (I did this, he did that), while a past script via conditional language (I would do this, he would do that) and a current script in the present tense (I do this or he does that). Prospective memory refers to memory for future events such as the offender's plans following his release from prison. Knowledge about the difference between script and narrative memories (i.e., general vs. specific;

qualified vs. non-qualified language) assists interviewers in avoiding the error of confusing one for the other (e.g., wrongly challenge his client's script memory for its relative lack of details). This knowledge will also alert the interviewer to question the validity of an alleged script with too much detail or an alleged narrative with too few details (i.e., knowledge of what is an appropriate amount of detail is key). Knowing about the language of scripts may also alert the interviewer to the fact that there may have been other offences. That is, an offender stating that he "would" tie her up when talking about a particular offence is in fact unintentionally letting slip that he did this more than once. Knowledge about prospective memory will assist interviewers to better evaluate their offender's stated future plans. A sexual offender who has a bona fide plan, for example, to attend a residential treatment program will likely have researched the nature and location of available programs and, therefore, will have narrative memories of their search both in terms of making calls or searching the web, as well as about the information gained from this search (i.e., treatment programs relevant to their specific needs; e.g., address both substance abuse and childhood victimization). Further, they will likely have a concrete plan that, at the very least, outlines when and where the program occurs and how they plan to get there.

Misunderstanding Lying and Truth Telling. Not only do many professional interviewers receive little training on how to elicit and evaluate memories of sexual offenders, but most also receive little-to-no evidence-based training on how to investigate and differentiate truths from lies. This is problematic given that evaluating truthfulness – teasing out the lie from the truth – is a complex task. Indeed, research suggests that most professionals, irrespective of the nature of their profession and notwithstanding their years of experience, are not adept at evaluating truthfulness (Bond & DePaulo, 2006). Methodological concerns with the research literature on

evaluating truthfulness aside (see Cooper et al., in press), professionals' difficulty with evaluating truthfulness reflect the combination of poor training, various biases, and internal and external pressures (see Vrij, Granhag, & Porter, 2010).

A basic problem is that many professionals do not have a clear understanding of what constitutes a lie and, therefore, of how a lie reveals itself. A lie is a deliberate and unsanctioned intention to deceive (Ekman, 2001). For example, an offender who denies a crime or some aspect of a crime that has been proven to have occurred is lying. Similarly, the offender who provides a distorted account of the proven offence to, for example, minimize its significance is lying. As it was unsanctioned and intentional, the lie may have certain cognitive and emotional consequences for this individual. In contrast, the offender who offers a false statement without knowing that it is in fact false (e.g., reporting the wrong name or age of a victim because the victim lied to them; reporting a falsehood about a sexual offence due to a bona fide memory error) is not lying and, moreover, is not likely to feel lie-related emotional and/or cognitive consequences. Similarly, someone who lies in a context in which lying is sanctioned (e.g., sales, acting, surprise party) is not likely to feel the emotional and/or cognitive consequences associated with lying – at least not the ones associated with malicious lying. For example, some offenders believe that distorting their histories to some degree is acceptable within the forensic assessment/treatment context (e.g., it is acceptable to engage in some impression management). Because these distortions are in essence somewhat sanctioned by the interview context, they are not likely to result in the offender experiencing significant internal turmoil and, therefore, displaying signs associated with lying. In other words, the intent to mislead for secondary gain is central to the concept of lying because the associated cognitive and/or emotional consequences

can result in behavioural change that "leaks" the true feeling/thoughts/intentions of the deceiver (Cooper, Hervé, & Yuille, 2009; also see below).

Another common error made by professionals is that they too often jump to conclusions about truths and lies. There are a number of reasons for this, including believing that inconsistencies in the offender's self-report (be across interviews or with other information) automatically suggests deception when in fact these inconsistencies may be due to a number of other factors (e.g., known memory processes, poor interviewing) or believing that there are signs diagnostic of deception (see below for further discussion on this topic). Jumping to conclusion also occurs when the interviewer relies on intuition rather than data when making conclusions. Intuition should not be relied upon as the sole basis for a decision but rather should be viewed as a hypothesis to be explored. In other words, interviewers would significantly reduce their error rates when making decisions about truths and lies if they considered and investigated multiple hypotheses when evaluating truthfulness. For this reason, interviewers should consider inconsistencies and behavioural leakage as "hot spots" as opposed to evidence of deception per se (Cooper, Hervé, & Yuille, in press). A hot spot is simply a clue to importance, one that deserves more attention. When initially detected, there typically exists competing hypotheses for the hot spot's occurrence, of which deception is but one, and consequently the interviewer's task is to investigate the reason for the hot spot via effective interviewing.

Inexperience and poor training can also lead to a number of other errors in evaluating truthfulness, including the *Pinocchio error* (i.e., the belief in a universal sign of deception), the *Othello error* (i.e., misattribution of the emotional state of others), the *Idiosyncrasy error* (i.e., failure to consider individual differences), the *NLP error* (i.e., the belief that certain eye movements are diagnostic of deception), and the *Lie to Me* error (e.g., overconfidence; Ekman,

2001; Cooper et al., in press). In addition, poor training can result in one being overly focused on looking for signs of deception, with little attention to what the truth looks like. Training that only teaches participants how to identify lies has the inherent biasing effect of influencing trainees to be overly suspicious, resulting in a high rate of false positives. This is particularly problematic given that there is no diagnostic sign of deception and that, within forensic context, too many interviewers erroneously assume that all sexual offenders will lie to them during interviews.

      Contextual Factors. The context in which one works can foster its own biases. Research has shown that standardized risk assessment measures on the same offender can be scored significantly differently depending if the assessor's services were attained by the prosecution vs. the defence (Murrie, Boccaccini, Guarnera, & Rufino, 2013; Murrie, Boccaccini, Johnson, & Janke, 2008). By extension, it is reasonable to assume that such bias can also influence the nature of interviews. For example, contextual bias may influence the topics that are examined, the depth to which they are explored, and the manner in which information is utilized. Research also suggests that an offender's presentation during an interview can influence the outcome of an assessment (Rogers et al., 2002), presumably as the interview information is weighed more heavily than other information (e.g., file information). In our experience, interview information is also weighed more heavily if conclusions are drawn immediately after an interview as opposed to at some later time, presumably due to recency effects. In these situations, if sexual offenders present positively, they may receive more positive evaluations and vice versa if they present negatively. Thus, before rendering a decision about an offender, one should allow some time to elapse and take the time to review all the material in the case (e.g., file, collateral information, testing and interview information).

Another related concern arises when a therapist serves as an "independent" assessor for one of his/her sex offender clients. By definition, the therapist is not "independent" and his/her treatment history with the client can taint his/her assessment of the offender. Indeed, it is very difficult to take an objective approach with someone you have invested time in and been supportive of. This is the reason why professional practice guidelines dictate that a therapist should not serve as an independent assessor of his/her client in forensic contexts (Association for the Treatment of Sexual Abusers, 2005; Kalmback & Lyons, 2006).

Over time, working exclusively with sexual offenders can have its own biasing influences. On the one hand, if the work is experienced as overly taxing or if one has had an offender on his case load reoffend in a very public and gruesome manner, then the professional may become overly restrictive and punitive with the offender's on his/her case load. On the other hand, long-term work with sexual offenders may desensitize a professional to for example, inappropriate sexual behaviour and consequently lead to overly favourable evaluations.[2] A large case load with stringent time pressures (e.g., court deadlines) can have its own biasing effects. For example, an interviewer may utilize undue short cuts and, consequently, jump to conclusions or rely on intuition.

The combination of problematic personal characteristics, training issues and contextual factors can lead to biases that significantly undermine the interviewing process. As personal beliefs and values impact the interviewing process, it is essential that interviewers take a personal inventory of their beliefs and values and address them (or at least put checks into place to control them) before entering the area of forensic interviewing, particularly when working with individuals who have committed sexual offences.[3]

Best Practice Guidelines for Interviewing / Evaluating Truthfulness with Sexual Offenders

Effective interviewing involves the ability to gather information of sufficient quantity and quality to achieve a particular goal. When interviewing to assess and treat sexual offenders, the goal is multifaceted and includes: (a) identifying static and dynamic risk and protective factors; (b) identifying treatment needs, as well as treatment motivation and suitability for intervention; (c) monitoring treatment progress; (d) identifying management strategies; and (e) assessing the overall direction and level of change in dynamic risk and protective factors. A crucial aspect of effective interviewing involves reading the interviewee for signs of truths and lies, and investigating these signs as to confirm their meaning. Effective interviewing should therefore also allow the assessor to evaluate the truthfulness of the information provided. We define evaluating truthfulness as the ability to identify the truth when it is present, to identify the lie when it is present, and to have the knowledge and skills to make the differentiation. Evaluating truthfulness is a process that leads to a decision, not simply a decision that occurs in a vacuum. In essence, effective interviewing and the accurate evaluation of truthfulness are inherently intertwined (Cooper et al., in press; Vrij & Granhag, 2007). Sound interviewing practices facilitate the process of differentiating truths from lies, and knowing how to evaluate truthfulness facilitates the interview process.

Therefore, it is crucial that interviewers understand the process of data collection when assessing and treating sexual offenders. For example, in order to yield reliable and valid information, psychological tests must be standardized (e.g., specific administration rules) and normed (e.g., tailored to particular contexts, topics and populations). As forensic interviewing is simply another methodology for data collection, the same principles apply. That is, forensic interviewing should have specific standards and procedures to enhance the reliability and validity of the information obtained (e.g., American Academy of Child and Adolescent Psychiatry,

1997). Only when reliable information is gathered can its validity be established (Cook & Beckman, 2006). Within the context of assessing and treating sexual offenders, reliable information must be elicited via effective interviewing before the process of evaluating the truthfulness of that information can be completed. In other words, the process of gathering and evaluating information occurs in a Step-Wise fashion: the interviewer should gather sufficient information of high quality, evaluate the information for signs of truthfulness and deception, corroborate the information and then make a decision. Each of these steps is reviewed below.

Gathering Information: Effective Interviewing. There are several key concepts that any effective forensic interview should adhere to. The effective interview essentially involves two distinct parts – preparation and interviewing.

Preparation. As part of preparation, the effective interviewer must ensure that s/he has a good mastery of the relevant literature and local practices. In the present context, this relates to an understanding of sexual offending patterns, risk prediction and management, and empirically validated treatment protocols, as well as the resources available to treat and manage the offender in the community (Schweighofer & Hervé, 2011). In addition, the effective interviewer should have an in-depth knowledge of the case at hand. This requires a review of the file information and – when relevant, appropriate and practical – collateral interviews. Required information includes details about the sexual offender's psychosocial history (e.g., family, scholastic, employment, substance use, and relationship), sexual history and preferences, mental health and criminal history as well as presentation style, if possible. This information enables the interviewer to understand the terrain of the present case (e.g., the nature of the offender; the likely offending pattern[s]; the predisposing, precipitating, perpetuating and protective factors associated with the offender's risk; potential treatment and management strategies).

Knowing the relevant literature and the details of the case at hand permits the effective interviewer to develop multiple hypotheses about the offender (e.g., personality profile, diagnoses, deceptive tendencies, and insight), his offence pattern(s), and potential treatment and management strategies. Together, this information can be used to develop an interview plan tailored to the referral question and particular offender. A good interview plan includes, at a minimum, topics to be canvassed (see above), the order in which topics are introduced (i.e., strategically tailored to the particular offender), and potential adaptations to the plan due to certain offender characteristics (e.g., culture, language, neuropsychological impairment). With regard to the order of to-be-canvased information, sound preparation places interviewers in a better position to (a) avoid topics that would create conflict – when such conflict is not intended, (b) focus on topics that facilitate dialogue when such is needed, (c) canvass known topics to evaluate the sexual offender's tendency to engage in impression management and/or deception, (d) bring up difficult topics when it is appropriate to do so, and (e) challenge the offender when enough evidence to support the challenge has been collected.

With regard to adaptations to the interview plan, a file review and/or collateral interview may, for example, suggest to an interviewer that an interpreter may be needed or that a guardian may be required for informed consent. Similarly, proper preparation alerts the interviewer to other issues such as potential mental health symptoms and physical disabilities in the interviewee that may impact where and how the interview transpires (Yarbrough et al., 2013). In other words, preparation enables one to navigate the interview scenario more effectively and efficiently. Without proper preparation, the interviewer runs the risk of ending an interview with a sexual offender with little information of value – or with incomplete or inaccurate information. Despite

the advantages of preparation, many interviewers forgo proper planning due to time management issues stemming from unmanageable case loads.

As part of preparation, the effective interviewer should also conduct a self-awareness check to identify and address any biases associated with the case at hand. Being self-aware is not only clinically recommended but is an ethical requirement (American Psychological Association, 2013). This check should occur at the time of the referral or earlier and again before conducting an interview with the sexual offender. When entertaining a referral to assess or treat a sexual offender, the clinician should consider if s/he is best suited for the case and, if not, decline the referral (or exchange cases with a colleague if possible). One of the present authors, for example, declined a referral because the offender had an extensive history of "hit and runs" and the author had his vehicle recently damaged in this manner. This check should also include assessing whether or not s/he has the energy required for the task at hand. If not, the interviewer should consider rescheduling the session or consider completing the task over several shorter sessions. The clinician should also ensure that s/he is physically and psychologically available for the interview/session. Conducting forensic interviews/treatment can be very taxing as it requires actively listening and observing throughout the session, as well as navigating the interview to ensure that the goal(s) are met. Of course, biases can arise at any time when working with sexual offenders. For example, during an interview with an incarcerated violent, sadistic sexual psychopathic offender, one of the present authors realized that the offender, when in the community, resided only a few streets away from the author. Given the offender's personality style and stature (i.e., 6'9", 250 pounds, muscular), the author viewed the assessment as an intimidating situation. As the assessment was well underway, declining the referral was no

longer an option. Instead, the author had a colleague review the completed report to ensure that the conclusions and recommendations were not influenced by the intimidating situation.

   Interviewing. With knowledge of the relevant literature, the case at hand, and one's current state, the interviewer has set the foundation for an effective interview. The effective interview is then dependent on the combination of several skills sets including building and maintaining rapport, assessing baseline, cuing and enhancing memory, actively listening and observing for hot spots, probing hot spots, and learning how to challenge effectively (Cooper et al., in press; Yuille, Cooper, & Hervé, 2009).

   Establishing and Maintaining Rapport/Therapeutic Alliance: Developing rapport in an assessment interview – or developing therapeutic alliance in treatment – is crucial to conducting an effective interview/treatment session. Without rapport, the tools available to the interviewer will fail (Colwell, Hiscock-Anisman, & Fede, 2013; Yarbrough et al., 2013). Without a therapeutic alliance, the tools available to the therapist will be ineffective. Indeed, therapeutic alliance accounts for approximately 30 – 60% of change in forensic settings and approximately 30% of change in clinical settings, while treatment procedures/tools only account for about 15% of change in both settings (Norcross, 2002).

   Rapport building with sexual offenders is accomplished by adhering to an unbiased, respectful and client-centered approach to interviewing/therapy. Rapport building begins with preparation and continues from the start of any interaction to the last session – rapport should be built and maintained. In terms of preparation, the more one knows about an offender, the easier it is to establish rapport with him. For example, scheduling the interview at a time that best suits the sexual offender shows respect and can facilitate rapport. Scheduling the interview in a room

with few distractions is also useful, as is selecting an environment that meets the physical needs of the sexual offender.[4]

Once the interview begins, rapport building should be paramount. Thoroughly discussing informed consent procedures and ensuring understanding by the offender may assist in developing rapport. In fact, it is wise to not commence the canvassing of personal information until some rapport has been established during this phase of the interview. Being attuned to and addressing the sexual offenders' needs serves to establish and maintain rapport. This can be accomplished by, for example, using language appropriate for the cognitive and linguistic abilities of the offender.[5] Being attentive is also reflected in the clinician's ability to monitor the client's state via reading verbal and non-verbal behaviours (see below). It is also crucial that the interviewer self-monitor their facial expressions and body language to ensure that the correct message is demonstrated. Not being distracted in sessions also shows that you are being attentive (e.g., turning off telephones, utilizing a do not disturb sign, not thinking of other cases or personal problems). Flexibility is also important; the effective interviewer should use a semi-structured approach in which a flexible interview/treatment plan is developed and adapted as the situation dictates. For example, if the plan was for the sexual offender's index offences to be discussed near the end of the interview but the offender spontaneously discusses his offences earlier, it would be wise for the interviewer to alter the plan in the spirit of flexibility. Encouraging sexual offenders to talk (e.g., about themselves, about shared topics of interest) – as well as not interrupting – increases rapport as it shows that the main task of the interviewer is to listen as opposed to talk.[6] Focusing on neutral topics early in the interview as well as on the interviewee's strengths – as opposed to weaknesses – can also serve to promote rapport. At a minimum, hot topics (e.g., topics that induce negative emotions, such as anxiety, anger; e.g.,

current relationship problems, index offence) are best left to after rapport has been well established.

Although rapport is often discussed in relation to assessment, it is also germane to the treatment context. However, as indicated above, the term – therapeutic alliance – which includes rapport, is more relevant to the effective treatment of sexual offenders. Therapeutic alliance reflects the combination of "how the therapist presents," "how the therapist adapts," and "how the client perceives the therapist" (Marshall et al., 2003). Although the therapist can control the former two variables, the latter concerns the sexual offender client. Occasionally, particularly in forensic contexts, therapists cannot connect effectively with their clients no matter what they do. Instead of blaming the client for a lack of therapeutic alliance, it is better to acknowledge the complexity of human interactions and respectfully refer the client to another therapist.

There are many factors that promote the development and maintenance of a therapeutic alliance including therapist characteristics (i.e., how the therapists presents and adapts) and the nature of the treatment (Norcross, 2011). For example, a supportive, empathic, warm and genuine therapist will increase the likelihood of a trusting professional relationship, which itself can increase the willingness of the client to examine his/her problems and to make changes accordingly. A rewarding and directive approach will set the foundation for clients to improve their coping skills, perspective taking abilities, and relationships skills. Further, research has demonstrated that a reinforcing and encouraging/supporting approach by a therapist increases client participation, self-efficacy and hope (Miller & Rollnick, 2002) and concurrently reduces resistance and the likelihood of aggression (Bandura, Lipsher, & Miller, 1960). Again, flexibility is important as not all sexual offender clients respond to the same approach. For example, a directive therapeutic style has been shown to be beneficial with submissive and defensive clients

while a reflective style is more successful with angry and aggressive clients (Schwartz & Cellini, 1995). Regardless of the style, a collaborative approach is recommended whereby the goals of therapy are reached by consensus. Of course, at times, sexual offender clients present with limited insight into their risk factors or even their need for treatment. In these situations, open-ended questions are recommended to assist in developing insight, and supportive challenges – as opposed to confrontations – should be utilized to increase engagement. Further, it is wise to use a motivational approach that includes the expression of empathy, the creation of dissonance, and the encouragement of self-efficacy. For certain clients, the use of humor increases clients' interest and assists them in adopting more tolerant perspectives. Although most forensic professionals are loathed to discuss personal issues with their clients, some degree of self-disclosure is beneficial to develop and maintain a therapeutic alliance (e.g., the expression of thoughts and feelings to model appropriate behaviour).

Rapport should not only be developed early in a professional relationship but also maintained throughout the remainder of the session and possible follow-up sessions. To maintain rapport between sessions, the interviewer should consider engaging in the following before concluding any session: thank the client for participating; ask if the client has any questions and answer them; provide feedback; explain the next steps; and provide contact information and resource information, if appropriate. Providing feedback not only assists in promoting respect, trust and, therefore, rapport (Allen et al., 2003), but it also increases engagement and allows the clinician to assess the client's reaction to the feedback, which itself may be of clinical interest (i.e., relevant to assess insight and engagement).

Although there are many tools available to the clinician to help him/her build rapport, rapport can easily be disrupted by poor interviewing, which may result in a strained and

sometimes irreversible problematic professional relationship. In fact, several behaviours by clinicians have been identified as counterproductive to rapport building/maintenance and the therapeutic alliance. First, as suggested above, a confrontational and/or deceptive approach has been shown to disrupt the bond between the clinician and client (Beech & Fordham, 1997). Under such circumstances, sexual offender clients may simply learn what to say to appease the clinician and avoid confrontational interactions. A confrontational and/or deceptive approach is associated with noncompliance, drop out, resistance, denial, poor outcome and relapse, and is particularly harmful to clients in the pre-contemplative stage of change and, more generally, with clients with low self-esteem (Annis & Chan, 1983). Second, highly structured interviews/sessions not focused on the client's needs do not promote rapport (e.g., being too focused on a treatment protocol so that current stressors in the client's life are not addressed; dogmatic reliance on a particular method that has proven incompatible with the client). Similarly, a one size fits all approach to treatment – termed the Procrustean bed approach – is less effective in building a therapeutic alliance than using a client-centered/tailored approach.

Third, the type of questions/comments used by a clinician can impact the professional relationship. Close-ended questions are counterproductive as, by definition, such questions encourage short answers and, therefore, too much talking on the part of the clinician. Moreover, using negative processes (e.g., hostile, pejorative, critical, rejecting, and blaming) and making assumptions can disrupt the alliance. Fourth, therapist-centricity is a factor known to negatively impact the therapeutic alliance (Norcross & Wampold, 2011). Such occurs when the therapist fails to consider the client's perspective and/or is clearly engaging in treatment to address some personal issue rather than to help the client (e.g., a therapist with history of sexual victimization hoping to normalize his/her experiences). Finally, if clinicians are biased and/or are in a poor

physical/emotional state, evidence of such could leak out and disrupt the professional relationship.

The main goal of building rapport is to put the interviewee at ease. By doing so, the interviewee is more likely to actively participate in the interview and therefore provide valuable information. By putting the interviewee at ease, the clinician is also better able to identify changes in the offender's presentation associated with specific topics under discussion. In contrast, when poor rapport predominates, the offender's presentation is likely to reflect this state of affairs, which would serve to mask any topic-related hot spots. In essence, proper rapport building reduces the noise in the behavioural channels interviewers can observe, thereby allowing the signal to be viewed more clearly (i.e., it serves to reduce the noise to signal ratio).

Engaging in rapport building during the initial phases of the interview also allows the clinician to model the interview style to the sexual offender client (e.g., non-leading/non-suggestive questions; open-ended questions; no interruptions; the client is to do the majority of the talking). By using non-suggestive, open-ended questions while developing rapport (e.g., what is a typical day like for you?), the offender becomes accustomed to this style of questioning, which facilitates the discussion of more sensitive topics during the latter part of the interview (e.g., what were you doing before you committed your index offence?). During this phase of the interview, the interviewer should also establish the interview rules and expectations. For example, it is not uncommon for some offenders to try to take control of an interview by, for example, asking personal questions of the interviewer or continuously going off topic. If such behaviour surfaces in this phase, it should be dealt with immediately and professionally to minimize the chance that it resurfaces during a more sensitive part of the interview.

Assessing Baseline: Assessing baseline is the first step in being able to effectively read people, and being able to read people is a key skill set that all effective interviewers should develop. Indeed, although the majority of communication is nonverbal in nature, the signals the body exhibits are often missed or deemed unimportant by untrained interviewers (Ekman, 2003a). In essence, reading people involves the combination of actively listening and observing the verbal and nonverbal behaviours of people and critically thinking about the meaning of these behaviours by developing and testing multiple hypotheses for their occurrences in order to gain insight into individuals' thoughts, emotions and behaviours. Although certain behaviours have direct meaning (e.g., behavioural tics and psychomotor deficits associated with medical conditions), other behaviours provide indirect clues to the internal workings of the mind. The more clues can be elicited for a particular hypotheses, the more confident one can be in that hypothesis.

Thus, once rapport has been established, the effective interviewer should aim to collect an accurate assessment of the offender's baseline verbal and nonverbal behaviours (i.e., how the client "normally" behaves when discussing relatively neutral or peripheral topics). This would include paying careful attention to the following behavioural channels: the face, body language, the voice, verbal style and verbal content. During this phase of the interview, the interviewer's goal is to assess the sexual offender's response style (e.g., positive vs. negative impression management; long-winded vs. issue focused; emotional/labile vs. cognitive/cerebral). This would include noting how the offender presents when discussing sensitive topics (e.g., relationship history, sexual development, etc.), as well as when telling the truth or lying. This can be accomplished by discussing topics the interviewer has some knowledge of, such as the sexual offender's personal or criminal history; in cases in which the offender is not accompanied by file

information (e.g., a lack of criminal history), non-threatening and non-anxiety inducing topics (e.g., historical topics that are likely to prove non-emotional in nature) should be canvassed to gather baseline information.

This baseline information will later prove invaluable in assessing the offender and his claims. As noted above and expanded upon below, cognitions and emotions can leak out into behaviour when one is telling the truth and when one is lying. Consequently, an understanding of how the offender behaves when discussing relatively neutral topics allows the clinician to identify changes in behaviour when discussing more sensitive topics. This may serve to highlight general characteristics of the offender (e.g., emotional/labile vs. cognitive/cerebral), particularly meaningful topics for the offender that are relevant to his risk and/or treatment (e.g., unresolved childhood issues), topics he has difficulty talking about (e.g., ego-dystonic sexual interests), and/or topics he is lying about (e.g., attitudes towards sexual offending or towards women). For example, if a sexual offender presents as nervous throughout the interview, such is likely his baseline and should not be viewed as meaningful in terms of evaluating truthfulness. However, if the offender only presents as nervous when discussing his sexual fantasies, the nervousness is more meaningful. It may be that his nervousness reflects his being characteristically uncomfortable discussing sexual topics, embarrassed about taking about this particularly topic, and/or his lying about some aspect of his fantasy life. These are some of the hypothesis that the effective interviewer should test before drawing any conclusion as to the meaning of the nervousness.

Cuing and Enhancing Memory: As noted above, the interviewing of sexual offenders in forensic contexts focuses on eliciting information about past events or future intentions/plans. In other words, interviewing always involves eliciting memories, although it may involve other

topics as well (e.g. thinking errors, emotional reactions). Accordingly, effective interviewers should know how to elicit memories in a manner that is conducive to maximizing the quantity and quality of recall, while minimizing memory contamination and facilitating the process of evaluating truthfulness. That is, they should utilize a memory-based approach to interviewing, as reflected in the Cognitive Interview (Fisher & Geiselman, 1992) and the Step-Wise Guidelines (Yuille et al., 2009; Yuille, Marxsen, & Cooper, 1999).[7] The goal of this approach to interviewing is to exhaust recall by cuing memory, not by leading it. Leading questions may not only contaminate the sexual offender's memory and, therefore, create noise in the signal we are monitoring but such questions may also telegraph the interviewer's thoughts/intentions. For example, if a sexual offender does not have a history of sexual assault save for his index offence and the interviewer asks "you have committed other sexual assaults, right?" this leading statement may suggest to the sexual offender that the interview is of the belief that he may be a serial rapist.

In essence, memory-based interviewing follows a funnel approach to interviewing (Yuille et al., 1999). With this method, interviewers commence questioning about a past event (e.g., a sexual crime) with the most general form of questioning – the elicitation of a free narrative (e.g., "I'd like you to tell me everything about your index offence that you can remember. Please start from the beginning and go all the way to the end of the offence"). After the offender has provided a free narrative, the interviewer should cue memory again by stating, for example, "Do you remember anything else about your index offence?" Following the funnel metaphor, the interviewer should then ask more specific open-ended questions canvassing the what, when, why, where, who and how of the offence. It is important that the entire topic be exhausted including what transpired before, during and after the event/offence (e.g., "Tell me what you did

after the sexual assault but before you went home"). This approach to interviewing is easily

adapted to canvassing the offender psychosocial history (e.g., "Tell me about your childhood;"

"Can you tell me about your experience with elementary school…high school;" "Tell me about

your relationship history. Please start with your first relationship and tell me about each

subsequent relationship, including your most recent/current one").

This approach to interviewing has been shown to elicit more unbiased accounts than non-

memory-based interview methods (Fisher, 1995; Porter, Yuille, & Bent, 1995). Indeed, research

has demonstrated that interviewees provide more correct information about past events during

the free narrative aspect of interviewing than in response to specific questions (Dent &

Stephenson, 1979; Larsson, Granhag, & Spjut, 2003). Further, a free narrative is the ideal aspect

of an interview for the application of certain verbal credibility assessment techniques (see

below). Finally, allowing the offender to start his account wherever he wants, provides some

insights into what is important to him (e.g., grooming, offending or the mistakes made that result

in his arrest), his level of insight (e.g., his understanding of his crime cycle) or about his response

style (i.e., what topics he generally tries to avoid or skip over).

Identifying and Investigating Hot Spots: As indicated above, changes from baseline

within and across behavioural channels are considered hot spots (Cooper et al., 2009; in press).

These hot spots reflect emotional and/or cognitive leakage associated with either truth telling or

lying. Since change occurs for a reason, a hot spot is a clue that something important just

happened. The job of the interviewer is to determine what was the reason behind the hot spot.

While baseline information is critical to identifying hot spots, determining the meaning of hot

spots is dependent on the multiple hypothesis generation and testing. At the very least, the

interviewer should consider the following hypothesis when assessing hot spots: that it occurred

in light of contextual factors, including external distractions or some interviewer behaviour (e.g., the interviewer leaking distrust); that it occurred due to some unrelated issue, such as the offender thinking about how the interview is running late and may impede on his plans; and that it signals some form of deception related to the topic under discussion.

Given these various hypotheses, it is not appropriate to challenge the offender at this time (i.e., to jump to conclusions). Rather, the effective interviewer will set out to test these via various interviewing strategies. This process would start by attempting to determine if the hot spot was topic related or unrelated. This is accomplished by noting the hot spot and the topic that elicited it without telegraphing that it was noticed or of concern. The interviewer should then change topics only to return to it later to see if it triggers another hot spot.[8] If so, the topic is the cause of the hot spot. If not, the hot spot was due to something else. If the offender evidences a more permanent change in behaviour following the initial hot spot, it may reflect a negative shift in rapport due to the interviewer's actions or possibly that the offender became guarded after noticing that the interviewer picked up on the initial hot spot (i.e., that the topic is of concern to the offender). Continuing with the aforementioned example, if an interviewer observes that his/her sexual offender client initially presents as nervous (e.g., fidgeting in his chair when he has not previously fidgeted; repeating words when he has not previously repeated words), when discussing his sexual fantasies (i.e., a change from his baseline behaviour), the interviewer has effectively elicited and identified the hot spot. In order to understand the meaning of the hot spot, including why it occurred, the interviewer should change topics and return to the issue of sexual fantasies later in the interview. If the subsequent discussion of sexual fantasies leads to another display of nervousness or another type of hot spot, the interview has more evidence that the issue of sexual fantasies is of concern to the sexual offender. In this case, the reasons for why sexual

fantasies are concerning could be then explored (e.g., is the sexual offender underreporting fantasies? Is the sexual offender ashamed by the content of his sexual fantasies, etc.).

In addition to hot spots that occur as a result of behavioural leakage, at times hot spots reflect inconsistencies between what the offender says and other sources of information. For example, it may be that the offender's memory does not appear to have the prerequisite quantity and quality of details of a true memory (e.g., not an appropriate amount of detail if the offender in question has described other similar events in a detailed fashion; Cooper, Hervé, & Yuille, 2007). This may be due to a host of factors, including deception, dissociative amnesia, organic amnesia, the delay between the event and recall, or poor interviewing (e.g., the interviewer did not provide the appropriate cues for reconstruction; Hervé et al., 2013; Yarbrough et al., 2013). Accordingly, a number of hypotheses would require testing to determine the reason for the poorly recalled memory. One manner in which to test multiple hypotheses about memory is to utilize memory enhancement techniques (e.g., the use of audio-visual memory cues). Enhancement strategies have two benefits: they can reveal the truth teller while concurrently identifying liars. For example, as indicated above, the Cognitive Interview (Fisher & Geiselman, 1992) – all or in part (e.g., via backward recall; taking an alternate perspective) – has been demonstrated to enhance memory in cooperative individuals (Fisher, Milne, & Bull, 2011). If the use of the Cognitive Interview does not assist the sexual offender in recalling more information about an event that was initially poorly recalled (i.e., as it does most individuals), the interviewer should have some cause for concern (e.g., deception – e.g., underreporting details – could be the reason for the poorly recalled event).

Another useful technique for differentiating truth tellers from liars is "narrative repetition" – asking the interviewee to recall his / her memory under inquiry a second time (i.e., a

second free narrative). This tool capitalizes on the reconstructive process of memory, which dictates that, by definition, there will be slight differences from one telling to another (e.g., a few details added and / or a few details omitted; Connolly & Price, 2013; Schacter, 1996). Thus, if the second free narrative is identical to the first free narrative (i.e., a rigid repetition) and there is no reason for this (e.g., that the offender has spoken about this topic hundreds of times), this should cause the interviewer to question the truthfulness of the information provided.

Another hot spot may occur when inconsistencies arise during an interview with a sexual offender. These may surface within a sexual offender's self-report (within or across interviews) or as a result of discrepancies between interview information and file/collateral information. As with a poorly recalled memory, it is recommended that the interview entertain multiple hypotheses for the inconsistencies as such may be due to a number of reasons, including misunderstandings (e.g., seemingly inconsistent statements refer to different topics), misquoting of the offender's self-report, and deception. Asking the offender to repeat a specific part of his narrative may resolve the issue (i.e., clarify a misunderstanding). If the inconsistency remains, the interviewer should aim to clarify the cause of the inconsistency by, for example, enquiring about potential misinterpretations or misheard information (e.g., "I'm sorry, maybe I did not hear you correctly earlier. At one point, you said you pushed her to the ground but later you said you did not lay a hand on her. Am I off-base?"). Of course, the clinician can also point the apparent inconsistency to the offender to allow him to provide an explanation (e.g., "Please help me out. You said a few times today that you never threatened her. However, the police report suggests otherwise. In my report, I will be summarizing the official record of your offence as well as your account to me. How do you suggest I explain the discrepancy?"). This serves the added benefit of allowing the interviewer n to assess how rigidly the offender remains firm in his belief in the

accuracy of his account despite evidence to the contrary. Note that any "clarification" should be done with an objective and inquisitive mindset and should not at all be challenging in nature. The goal at this stage is simply to gather further information to rule out more benign explanations. For example, this may lead the offender to admit that he had previously lied, that the victim exaggerated her claim to get back at him, or that his statement is accurate and there must be an error in the file information.

Challenging Effectively: At times, it may be warranted to challenge the offender about any of the aforementioned hot spots and/or related hypotheses. This may occur because the clinician continues to have doubts about the truthfulness of the information provided. It may also occur when the clinician has identified a particularly sensitive topic that the offender is conflicted about or not aware of. In either case, the form and timing of the challenge needs to be carefully considered. A challenge can range from being quite confrontational (e.g., "Look, the evidence is clear. You have engaged in grooming. There is no point to continuing lying about it.") to quit gentle (e.g., You know, every time we talk about grooming you get really uncomfortable. What's that all about?"). The type of challenge employed will depend on the goal. A confrontational approach may be useful in a risk assessment to determine how an offender responds to confrontation about his credibility or level of insight. If the offender shows anger and/or aggression, this would be quite relevant to his risk assessment.[9] A more gentle approach may be more appropriate in treatment when one is trying to develop insight in the client. Timing these challenges is also key. If challenges are commenced too early, rapport may be compromised and the interviewee may limit his responses or cease speaking altogether. In the assessment context, challenges should be left to the end of the interview. In the treatment

context, they should only be attempted after the therapeutic alliance has been well established and the offender has shown a commitment to treatment.

Techniques for Eliciting Sensitive Information. Thus far, this chapter has focused on effective interviewing knowledge and skills that any clinician working with offenders should be equipped with. However, working with sexual offenders comes with its own specific challenges. Indeed, interviewing sexual offenders requires an understanding of the criminogenic factors that are relevant to offending in general *and* to sexual offending in particular. The specific domains requiring examination can by guided by reference to general theories of sexual offending (e.g., Ward & Beech, 2006), structured professional judgment risk measures such as the Risk for Sexual Violence Protocol (Hart, Kropp, Laws, Klaver, Logan & Watt, 2003) and dynamic actuarial measures such as the Stable 2007 (Fernandez, Harris, Hanson & Sparks, 2012).

General criminogenic factors to be covered when assessing and treating sexual offenders would include the standard issues relevant to dealing with criminal populations such as family history, history of abuse, educational history, employment history, relationship history, substance abuse history, criminal history, mental illness history and medical history. Many of these issues can raise uncomfortable and anxiety-inducing feelings – for the interviewee and occasionally the interviewer. Domains of enquiry that are unique to interviewing men who have committed sexual offences include a detailed sexual history such as how an individual learned about sex, age at first sexual experience, masturbatory practices, the nature of masturbatory fantasy, sexual dysfunction, use of pornography and unusual or aberrant sexual behaviours (e.g. exhibitionism, voyeurism, cross dressing, use of prostitutes) and interests (e.g. sexual arousal and interest in prepubescent children, sexual arousal and interest in sex that involves suffering and/or humiliation, arousal to inanimate objects). There also needs to be a detailed overview of the

individual's sexual offence(s) and attitudes towards sexual offending. While these sensitive

topics are key to formulating an opinion regarding dynamic risk domains, these topics are the

ones that are likely to arouse considerable guilt, shame, anxiety and/or anger in sexual offenders.

Even in the confines of a one-on-one interview, sexual offenders may fear being humiliated and

their already fragile self-esteem further eroded.[10] If the interview occurs in the context of

identifying appropriateness for group treatment, sexual offenders can be even more fearful

regarding divulging information that may be the subject of examination and discussion in a

group setting.

Accordingly, interviewing sexual offenders requires an understanding of techniques for

eliciting sensitive information. Given the importance of eliciting accurate information,

interviewers should also select techniques that do not convey that they are specifically searching

for negative information (e.g., related to risk factors); they should also not ask questions in a

manner that is likely to increase shame, embarrassment and, by extension, the likelihood of

deception. The challenge is not understanding the issues that require examination but finding

ways to ask about these issues so the interviewee is provided a respectful and relatively safe

environment for sharing sensitive information. A variety of specific techniques exist that can

assist interviewers in formulating questions in a manner that eases the examination of potentially

sensitive personal information. These include shame attenuation, symptom amplification, the

gentle assumption, normalization, and the denial of the specific (Shea, 1998a; 1998b; Shea &

Barney, 2007). Each is discussed in turn.

Shame Attenuation: The technique of shame attenuation is based on the premise that

individuals are more likely to answer honestly if they believe they are admitting a positive

feature of their functioning as opposed to a flaw or failing (Shea, 1998a; 2002). For instance,

when examining for the presence of hostile attitudes toward women, one could simply ask if the interviewee believes that women are untrustworthy, antagonistic, prone to taking advantage of men and/or only good for sex. However, many offenders will outright deny the presence of such beliefs, possibly due to a lack of insight or an understanding that adherence to such attitudes are socially unacceptable and thus likely to cast the interviewee in a negative light. The effective interviewer should form the question in a manner that makes use of the rationalizations the interviewee may already hold and to thereby increase the opportunity to gain valid information. For instance, consider the following:

Interviewer: What have your relationships been like?

Interviewee: On the whole, pretty good. I've done okay by my women.

Interviewer: Any major challenges or problems?

Interviewee: No.

Interviewer: You mentioned you have done okay by your women. I am wondering if you have found that, despite you doing well by your women, they don't appreciate you. Maybe they have even taken advantage of your generosity. Has this happened?

Interviewee: Oh man. All the time. I bust my hump for them and they turn around and give me grief for no good reason. They can't let it go. The better I am to them, the more they think they can screw me around. That's why you have to play your cards close to your vest. Otherwise – bam – you leave for work and come home to an empty house.

Interviewer: Have you ever had to defend yourself when they turn on you?

Interviewee: Well, ya. I had to put a couple of them in their place so they knew that I was not going to take any of their shit. Same with my old man. He showed my mom who was the boss and taught me to stand up for myself with women.

The shame attenuation used by the interviewer above is illustrated by the following, "I am wondering if you have found that, despite your doing well by your women, they don't appreciate you. Maybe they have even taken advantage of your generosity."[11] This approach helps promote a more honest response as it uses the interviewee's perspective and removes the judgemental shame that may accompany endorsement of such attitudes and values. Of course, the effective interviewer should not endorse or condone the interviewee's rationalizations and justifications. Rather, the goal is to frame the question as the interviewee views the issue.

A variant of the shame attenuation approach involves framing a potentially untoward behaviour as a point of pride or strength (Shea, 1998a). By doing so, the interviewee may view himself as admitting something that is a point of pride rather than a shameful action or belief. For example, when canvassing the issue of sexual preoccupation, it is common to ask about impersonal sexual behaviour and promiscuity. Of course, one could simply ask if the interviewee considers himself to be promiscuous and driven by his sexual impulses. Although some men take pride in their sexual "accomplishments", it is an issue that can often elicit shame and/or concern as such behaviours are generally frowned upon by society (e.g., particularly infidelities). Framing the question in an alternative manner is more likely to result in a valid and informative response. For instance, consider the following:

Interviewee: You mentioned you have had about four serious romantic relationships. Sounds like you have been pretty successful with women.

Interviewer: I guess. Had my share.

Interviewer: You know, some guys have trouble finding women. Would you say you are good at finding women or kind of have a hard time with that?

Interviewee: Well, I think I am pretty good at it.

Interviewer: How's that?

Interviewee: It's actually pretty easy. I can just turn on the charm and even married women will get with me. That can be a real rush. Even when me and my ex were together, there were times when I would get some on the side.

Interviewer: Sound like you had a way with the opposite sex. Were you able to do that with your other ex's too?

Interviewee: Ya, a few times.

Interviewer: How many sexual partners would you say you have had?

Interviewee: Oh, hard to say. Maybe 70 or 80.

In the above example, the interviewer framed promiscuous behaviour as a skillful trait of the interviewee as compared to other men. Indeed, for this interviewee, to deny the promiscuous behaviour would potentially invoke a sense of being flawed or being less than other men. Of course, as some men embellish their sexual prowess, it is recommended that interviewer ask more specific follow up questions to assist in clarifying if the interviewee is exaggerating (e.g., about the number of relationships that involved infidelities, where the infidelities occurred). This line of questioning should also concern other indicators of sexual preoccupation and sex drive such as frequency of pornography, use of pornography, and the use of the telephone and internet for sexual purposes. Examination of these domains can help provide evidence for or against the hypothesis that there is a pattern of sexual preoccupation.

Symptom Amplification: Sexual offenders often strive to present themselves as untroubled and not subject to excess behaviours such as alcohol consumption, number of sexual partners, or the frequency of their masturbation. Symptom amplification attempts to neutralize this tendency – the interviewer sets the upper limit of the behaviour in question at such an extreme that the interviewee is less inclined to feel defensive (Shea, 1998; 2007).[12] For example, in the sexual preoccupation example above, the interviewer might ask a more specific question like, "How many prostitutes have you been sexual with – 50, 60, 70?" The sexual offender may respond with "Oh, not that many. Maybe 15 or in that area." Even at this level, the interviewer knows the offender's response is suggestive of a pattern of impersonal sexual activity and sexual preoccupation. Other examples of symptom amplification include the following:

1. How many times have you cheated on your wife – 25, 40, 60 times?

2. How often do you masturbate in an average week – 10, 20 times?

When utilizing symptom amplification, it is important to have knowledge of the typical rates for the behaviour being examined. For instance, daily masturbation, particularly in older populations, does not tend to be the norm. Although the authors have dealt with markedly sexually preoccupied individuals who have masturbated more than once daily, this is relatively rare and an estimate of 20 times per week is in excess of what is typically reported.

Gentle Assumption: The gentle assumption technique requires the interviewer to assume that the behaviour in question has occurred and to therefore frame the question accordingly (Pomeroy, Flax, & Wheeler, 1982; Shea, 1998a). As with the previous approaches, this technique is useful when there is a behaviour that the interviewee may be hesitant to share. For example, when addressing the issue of masturbation, an interviewer could ask a close ended question such as "Do you masturbate?" However, if the sexual offender is uncomfortable with

the issue of masturbation, such a question can easily be sidestepped with a simple "no."

Alternatively, by asking "How often do you masturbate?" it is more likely that the uncomfortable interviewee would respond more honestly. Other examples of this technique include the following:

1. How frequently do you find yourself thinking of sex or masturbating when you feel unhappy or stressed or angry?

2. When did you first begin to feel that you did not fit in with others?

3. How often have you found yourself regretting sexual experiences you have had?

As with other techniques, this approach requires consideration of the nature of the interviewee, hence the importance of preparation. For example, individuals who are easily led or prone to wanting to please others may feel inclined to agree with the gentle assumption even when it does not apply. As such, using the gentle assumption approach with intellectually disabled sexual offenders or offenders with dependent personality disorder features is not recommended as it may lead to invalid responses.

Normalization: Normalization requires the interviewer to frame the question so the interviewee understands he is not the only person who has experienced or engaged in the behaviour being canvassed (Shea, 1998a; 1999). This technique is particularly useful when discussing issues related to sexually deviant interests and other sexual behaviours that may elicit feelings of shame, embarrassment, and fear of rejection by others. For example, when probing the use of pornography, normalization can take the following form, "It is not uncommon for men to sometimes view images on the internet, magazines or videos of situations that they find sexually arousing. How often do you do that?" Although pedophilic interest is not the norm (Williams, Cooper, Howell, Yuille, & Paulhus, 2009), it too can be normalized so the

interviewee is potentially less prone to thinking that they are unique and alone in their experience. For example, consider the following, "You know, we are increasingly finding that a percentage of men are born with brains that result in a sexual attraction to children. When did you begin to notice that you were sexually attracted to children?" In this example, the interviewer has combined normalization with the gentle assumption. Emotional identification with children is another domain in which this technique can be particularly effective. For example, consider the following, "People sometimes find children easier to talk to, more genuine than adults and easier to have as friends. Has that been your experience? Other issues that can be examined via normalization include issues such as exhibitionism, voyeurism, and sado-masochistic interests. For instance, "When people are exploring their sexual interests, they sometimes will find themselves engaging in sex where they or their partner are in pain or where they or their partner must be subservient and obey the other. How often have you done that?"

When utilizing this technique, it is important to not overstate how common particular behaviours or experiences may be as such may be deceptive and may be viewed as disingenuous by the interviewee. For example, although it is true that a certain proportion of individuals have pedophilic interest, it is clearly not the norm and it would be improper and likely counterproductive to suggest that such was the case.

Denial of the Specific: The denial of the specific technique can be used after the interviewee has been asked a generic question and has denied there is an issue of concern (Shea, 1998a; 2004). For example, when canvassing a sexual offender's range of sexual behaviours, the interviewer can use this technique in the following manner:

Interviewer: Have you had many different types of sexual experiences?

Interviewee: No not really.

Interviewer: How about engaging in sex with more than one person at the same time?

Interviewee: Only a couple times and that was when I was drunk.

Interviewer: If it was more than once, I take it that you found the first experience something you liked and wanted to do again?

Interviewee: Well, I wasn't going to turn down the chance but it was really more a matter of it coming to me than me seeking it out.

Interviewer: Was there a time when you used the internet or the telephone to have sexual chats with people you did not know?

Interviewee: Ya, I've done that a few times but it can get expensive.

Interviewer: What is the most you ever spent in a month?

Interviewee: Usually not that much. I don't like ending up with no money at the end of the month.

Interviewer: How much money did you have to spend to end up tight at the end of the month?

Interviewee: One month I spent about 500 dollars but that was the exception. Was kind of a rush though. I actually took notes and had a binder with information about who I spoke with, how sexy her voice was and what she said to me. When I didn't have the money I would go back to my notes and read and remember.

Interviewer: Sounds like you could just kind of lose yourself in the memories.

Interviewee: Ya, sometimes it was like I was there again and even though it was just a memory, it was like I was talking to her again and feeling the excitement of hearing her voice and being able to get her to say things to me. But sometimes it was a disappointment because you can tell they aren't really interested but that just made me want to try the next time to see if she could be what I wanted.

In the aforementioned example, the specific line of questioning led to additional information that illuminated varied sexual experiences. Moreover, the admission that the interviewee jeopardized his financial situation on at least one occasion raises the issue of sexual preoccupation. Further, his statement that he took notes of his anonymous sexual chats illustrates an idiosyncratic behaviour that provides additional support for the hypothesis that there has been a degree of sexual preoccupation.

The above illustrate approaches that can be used to gather information about a variety of sensitive topics in sexual offenders. These techniques can be utilized when examining and seeking information about sensitive issues specific to sexual offending as well as general criminogenic factors. The use of such techniques is only as good as the overall approach to interviewing and consideration of the issues noted earlier in this chapter. We now turn our attention to how to evaluate the truthfulness of the information gathered during interviews.

Evaluating Information: Evaluating Truthfulness

As noted above, evaluating truthfulness is a complex task that many professionals are not adept at due to biases, external pressures, and/or insufficient or poor training. The good news is that research indicates that individuals can improve their ability to evaluate truthfulness – using observational techniques – if they are taught to utilize evidence-based methods (e.g., reading verbal and nonverbal behaviour; Colwell et al., 2009; Porter, Woodworth, & Birt, 2000). While much research has examined individual cues related to truthfulness or deception (e.g., see DePaulo et al., 2003), the most promising research – in terms of sensitivity and specificity – has explored cues in combination (e.g., see Cooper et al., in press; ten Brinke, MacDonald, Porter, & O'Connor, 2012; Vrij et al., 2010).

One model of evaluating truthfulness that integrates various channels associated with truth telling and lying was proposed by Cooper et al. (2009). This model postulates that evaluating truthfulness relies on understanding the psychological processes that occur when someone is telling the truth and when someone is lying (Ekman, 2001; Vrij et al., 2010). Although controversy has existed in the field with respect to the importance of emotional versus cognitive processes related to truth telling and lying (e.g., see Ekman, 2003b and Mann & Vrij, 2006, respectively), more contemporary perspectives have taken a more integrative approach (Cooper et al., in press; Vrij et al. 2010). It is now understood that, when someone lies or tells the truth, there will usually be cognitive and/or emotional consequences, especially when discussing topics of personal significance. That is, certain topics may be associated with emotional and/or cognitive load. Emotional load refers to the type and severity of an emotional reaction (Ekman, 2003b). This reaction may be due to the topic under discussion or due to some other factor, such as some thought that is completely unrelated to what the offender is talking about or some contextual factor (e.g., sudden change in rapport; the interview context). Cognitive load refers to the mental effort required by the task at hand (Mann & Vrij, 2006) and its reaction may reflect the complexity of the task (e.g., having to recall one's name versus the details of a prior treatment program) or contamination from strong emotions (i.e., emotional reactions are known to disrupt cognitive processes). The consequences of emotional and cognitive load should make sense. If not, given the context and line of questioning, the interviewer has identified a hot spot. For example, if a sexual offender is telling the truth about feeling remorse about his offence, the emotional and/or cognitive consequences should be consistent with his claim (e.g., a demonstration of negative affect; difficulty talking about the event). If he is lying, however, the emotional and/or cognitive consequences may be inconsistent with his claim (e.g., a

demonstration of positive affect; ten Brinke et al., 2012). The bottom line is that signs of truthfulness and deception can be seen in behaviour because the thoughts and emotions associated with truth telling and lying leak out into behaviour.

The concept of behavioural leakage is central to evaluating truthfulness (Cooper et al., 2009; in press). It is therefore crucial to understand how behaviour manifests. Behaviour can occur at three levels: macro, micro and subtle (Ekman, 2003a). Macro behaviours are full and relatively long-lasting displays of behaviour. A one second full head nod (i.e., an emblem indicating "yes" in Western culture) and a one second full shoulder shrug (i.e., an emblem indicating uncertainty in Western culture) are examples of macro body movements. Although they occasionally occur unconsciously, macro behaviour – relying on gross motor functions – can be intentionally displayed. Accordingly, macro behaviour is easily faked and, therefore, is relatively less informative with regard to assessing truthfulness.[13] In contrast, micro and subtle behaviour are, by definition unintentional, largely involve fine motor functions and, therefore, are particularly noteworthy when trying to tease out truths from lies. A micro behaviour is a full behavioural display that is extremely short in duration. For example, a micro facial expression of an emotion is a full display of that emotion that lasts between 1/25 and 1/5 of a second (Ekman, 2001; Yan et al., 2013). Micro facial expressions occur so fast that most individuals miss them without proper training. Fortunately, this is a skill that can be learned (Hurley, 2012). Although there has been anecdotal support for decades concerning the importance of micro-expressions to lie detection (i.e., via single case analyses), only recently has this idea received empirical support (e.g., Porter & ten Brinke, 2008; Warren, Schertler, & Bull, 2009). This line of research has supported the notion that micro-expressions are a prime example of emotion-mediated behavioural "leakage" and therefore relevant to the assessment of credibility (Porter, ten Brinke,

& Wallace, 2012). Since micro-expressions leak the emotion felt by an individual, micro-expressions that are inconsistent with the individual's professed emotions are notable hot spots that require further exploration. For example, the child molester who claims remorse for his offending while quickly flashing an expression of happiness when the topic of his index sexual offence was raised should be viewed with some suspicion. That is, his claim of remorse should be further investigated. It may be that he is faking remorse, that he feels remorse but recalls his victim fondly, that he is reacting to the fact that the topic of interest was finally brought up, that he is eager to dupe the interviewer, or the expressed happiness may be due to some other reason. That is, his micro sign of happiness is just that, a sign of happiness. The micro-expression signals what the individual is feeling, not why he is feeling. Thus, the accuracy of lie detection depends heavily on the consideration of multiple hypotheses and the probing of hot spots (Cooper et al., in press).

Unlike macro and micro behaviours, subtle behaviours refer to partial displays of behaviour. A shrug on only one side of the shoulders or an expression of an emotion on only part of the face (e.g., raised eye brows in fear and surprise) are examples of subtle behaviour. A subtle expression is a sign, for example, that an emotion is only starting to develop and the individual thus far remains unaware of it or attempts to squelch it. Subtle behaviours can be long-lasting, as macro behaviours, or very quick in duration, as micro behaviours. Relative to macro and micro behaviours, subtle behaviours have received the most empirical support with regards to differentiating truths from lies (e.g., Porter & ten Brinke, 2008; Porter, ten Brinke, & Wallace, 2012). For example, ten Brinke et al. (2012) coded televised footage of a large international sample of individuals making pleas to the public for the return of a missing relative. About half of these individuals were eventually convicted of killing the missing person. Among

other clues, the researchers showed that subtle expressions leaking emotions that were different than the emotions professed by the pleaders differentiated liars from truth tellers.

Clearly, the ability to detect behaviour leakage is central to the task of reading people and assessing credibility. As noted above, while detecting macro behaviour is relatively easy, it is the least relevant to the task at hand. In contrast, detecting micro and subtle behaviours requires considerable knowledge, skill, and practice and its' detection is quite revealing of an individual's thoughts and/or emotions. The easiest way to detect such leakage is from a change in baseline (Cooper et al., 2009). As noted above, baseline refers to how an individual typically presents. If a sexual offender appears calm and then suddenly shows a sign of stress to a question probing a sensitive topic, this is a change from baseline and, therefore, a hot spot. Similarly, if the anxious or hyperactive offender suddenly becomes focused, even for a brief moment, in light of a specific topic, this is a change from baseline and a notable hot spot. Baseline information is also key to understanding the meaning of behaviour (i.e., for reading people). For example, it is not uncommon for offenders to nod "yes" to specific questions. Baseline information is relevant to determine if the offender generally nods when listening to questions (i.e., a macro behaviour signalling that he is paying attention) or is in essence answering "yes" to the question. In this case, a hot spot would occur if the offender nodded "yes" while stating "no" to, for example, questions about victims or deviant sexual fantasies. The hot spot would be especially noteworthy if the offender's nod was micro and, therefore, unintentional, as the micro nod would betray the offender's verbal response.

It should be noted that not all researchers support the notion that changes in baseline are key to evaluating truthfulness. However, this view fails to consider how baseline information is used in practice. As noted above, baseline is often first assessed during the rapport phase of the

interview. When the interviewer has a good understanding of the interviewee's baseline, s/he can move on to the next phase of the interview. Some authors have suggested that the baseline information assessed during the rapport phase is irrelevant to how the individual presents during more sensitive phases of an interview (e.g., when discussing their index offence). This view ignores one key aspect of evaluating truthfulness in the real world: the process is ongoing. That is, once baseline information is collected in the rapport phase, it is continuously monitored throughout the rest of the interview via active listening and observing. Changes in baseline are continuously probed and assessed. Some changes are attributable to contextual factors (e.g., changes in the emotional connotation of topics being discussed; fatigue over long interviews). That is, baseline information is recalibrated as the interview progresses, and changes are evaluated against this new norm. It is likely that this misunderstanding of baseline by some researchers is due to their study of deception via group designs. Group designs force researchers to seek between subject differences (i.e., cues that differentiate liars from truth tellers) that essentially masks the importance of baseline. Yet, in the real world, clinicians do not have the opportunity to compare their client's behaviour to some other group. Rather, the practice of evaluating truthfulness relies on a within subject design in which baseline information is continuously assessed and monitored for change.

Although change in baseline is the easiest way to identify leakage, the most revealing form of leakage – with regard to evaluating truthfulness – occurs when the mixed messages are sent across two or more behavioural channels (Cooper et al., in press). An example of this is when an offender denies anger towards his ex-wife whom he raped violently but shows anger in his eyes or voice whenever discussing her. Similarly, an offender who states to the parole board that he is fully confident in his ability to succeed following release while exhibiting a micro

shoulder shrug of uncertainty has betraying his stated confidence. Although the channel inconsistency type of hot spot has received relatively little empirical attention to date, recent research points to the specificity and sensitivity of such hot spots when differentiating truth from lies in high stake, real life contexts (ten Brinke et al., 2012).

The behavioural channels through which thoughts and emotions can leak include the face, body, voice characteristic, verbal style and verbal content (for reviews see Cooper et al., in press; Vrij et al., 2010). The face, in light of facial expressions of emotion, is the clearest channel to identify emotional leakage (see Ekman, 2003a). According to Ekman, the face can depict seven universal emotions (i.e., happiness, sadness, anger, disgust, fear, surprise, and contempt), either in isolation or in combination. As noted above, although macro facial expressions may provide some insight into an offender's general affective state, these can be faked and, therefore, should be viewed cautiously. By definition, however, micro and subtle facial expressions involve unconscious processes and, moreover, reflect emotions that the offender is trying to hide, be it from himself or others.

Although primarily relevant to the detection of emotional leakage, the face can also be informative with regard to identifying cognitive leakage. For example, eyebrow positioning and/or forehead muscle contraction may provide clues that an offender is concentrating or perplexed; these should not be confused with, for example, subtle emotional expressions. A focused gazed can also provide clues to attention. If this occurs suddenly and uncharacteristically to a particular topic, it is a hot spot. Changes in eye blink rate can also be relevant. A quick decrease may reflect a sudden focus of attention, suggesting that the topic is of particular interest to the offender (Leal & Vrij, 2008). In addition, changes in the rate of blinking may provide clues about the offender's emotional reaction to the topic under discussion, with increases in

blink rate reflecting a negative reaction and a decrease a neutral or positive reaction (Patrick, Bradley & Lang, 1993). If this reaction betrays the offender's claimed emotional reaction to the topic under discussion, it is a hot spot.

The body can also reveal leakage due to either cognitive and/or emotional load. For example, tense body language can betray an offender's claim that he is relaxed and has nothing to hide. The body can also leak an offender's interest and/or comfort level. Indeed, an offender who leans and looks toward the interviewer shows more interest and/or greater comfort with the social situation than an offender who leans and looks away. Similarly, a closed or open posture may suggest poor or good rapport, respectively. Gestures can also be informative (Friesen, Ekman, & Wallbott, 1979). Gestures are hand movements that are used to replace or accentuate speech (i.e., emblems or illustrators, respectively), or hand movements in which one part of the body touches another part (i.e., manipulators). Emblems can be particularly informative as, by definition, an emblem is an attempt to communicate thoughts and/or emotions. For example, the raised middle finger has a distinct meaning in North America. If an emblem occurs unconsciously (e.g., a "slip of the finger"), the senders true feelings towards the interviewer and/or topic under discussion is revealed. Since emblems reflect a certain type of body language – and language is geographically and culturally specific – emblems should be interpreted within the senders' culture and geographical location. That is, an emblem in North America, for instance, may be meaningless or signal something completely different in another country.[14]

In contrast to emblems, illustrators and manipulators are less specifically informative with regard to understanding a person's inner thoughts and feelings. That said, changes in the rate and type of illustrators and manipulators (i.e., changes in baseline) are noteworthy as change occurs for a reason. Illustrators and manipulators can increase or decrease with anxiety or with

concentration, for example. Sometimes, an offender may become aware of these behaviours and control them, at least over the short term. As noted throughout this chapter, the effective interviewer is one who identifies behavioural changes as a hot spot (as opposed to a clue to lying) and then probes that hot spot to test various hypotheses about its origin.

An offender's self-report is also a rich source of information when it comes to differentiating truths from lies. Self-report should be analyzed at three levels. First, an offender's voice characteristic should be assessed and monitored. Is there sudden tension in the voice or is he suddenly speaking more softly or loudly? Has his speech rate and rhythm changed and, if so, why? Actively listening to an offender's voice characteristics may reveal particularly sensitive topics that require further investigation. Questioning may lead the interviewer, for example, to identify an unresolved childhood event or adult relationship. Although changes in voice characteristics may be informative, they are not diagnostic of deception as claimed by companies selling voice stress analyzers (Damphousse, 2008). Change is important but is not diagnostic. There are many reasons why change may occur – deception is only one.

Second, the verbal style of an offender should be actively assessed and monitored (e.g., Mann, Vrij, & Bull, 2002). Verbal style refers to how an offender uses language, not the content of the language itself. Is he longwinded, issues focused or a combination of the two when talking about events in his life? By longwinded, we mean someone who provides a great deal of background information when discussing personal events. By issue focused, we are referring to someone who gets right to the point and addresses the topic under discussion. An issue focused account is more credible than a longwinded account that skips over the central part of the event. In addition, if the offender is issue focused during the baseline phase of the interview but then suddenly becomes longwinded, he has displayed a change in behaviour and, therefore, a hot spot.

Of course, knowing one's baseline is paramount to understanding this aspect of verbal style given that some people – be it due to personality or cultural influences – tend to have a longwinded communication style. The difference between these people and those that are trying to engage in impression management and/or deception is that they eventually get to the point. That is, they are both longwinded and issue focused.

The use of pauses, filled pauses and personal pronouns is another aspect of verbal style. Relative to baseline, an increase in pauses or filled pauses could suggest an increase in cognitive load. Also, individuals tend to use less first person pronouns (e.g. I, my, me) when lying than when telling the truth (Newman, Pennebaker, Berry & Richards, 2003). Changes in these aspects of speech should be considered a hot spot. Active listening is key to assessing one's baseline verbal style and identifying changes in this pattern, particularly changes that correspond to particular topics of interest.

Third, what an offender says should be carefully assessed. Indeed, verbal content is the richest behavioural channel in which to identify leakage associated with cognitive aspects of truth telling and lying; it is also the channel that has received the most empirical attention. There are many aspects of verbal content that have been studied – too many to adequately review in this chapter (for reviews, see Griesel, Ternes, Schraml, Cooper, & Yuille, 2013; Vrij, 2005). There are, however, two key points for any professional interviewer to keep in mind. First, memory should make sense (see Hervé et al., 2007, 2013). As discussed above, much is known about memory and the factors that enhance it, cause it to decay and contaminate it. The more that is known about memory and the predisposing, precipitating and perpetuating memory factors, the easier it is to assess its credibility, particularly when it was elicited in a non-leading manner. For example, a pedophile with hundreds of victims and a consistent offending pattern who displays a

general memory of how his offending used to occur is likely evidencing a script memory (see above). This would be consistent with a credible account. If the same individual, however, claimed to not recall any particular incident or victim, his credibility would be suspect because, with hundreds of victims, he is likely to have experienced a script violation that would be memorable. In assessing whether or not a memory makes sense, it is key to not only compare the offender's statement to what is known about memory but also to compare it to his baseline memory (i.e., how he recalls other events of similar impact and of a similar time). Indeed, a central feature of memory is that it is prone to decay over time, with peripheral information decaying at a faster rate than central information (i.e., offenders recall what is important to them for longer than what is less relevant to them; Hervé et al., 2007). The rate of decay for past offences (or other topics of relevance), as well as what is important to a particular offender, can only be determined by assessing the offender's baseline memories; that is, by asking him about other events of relevance that occurred around the time the topic under investigation transpired.

Second, the quality and quantity of details reported in a true memory differ from the features of an invented story (Undeutsch, 1989). One of the main characteristics of a true memory is that it can be recalled in a spontaneous manner. Is the offender able to move around in the story? Can he answer questions easily and clearly? Does his statement change slightly and in line with how memory works when recalling his account a second or third time? These (and other) characteristics all indicate spontaneity. Spontaneity is one of the strongest predictors of credibility and it can only be reliably assessed in the context of a relatively long interview or via multiple accounts (Griesel et al., 2013). In essence, an offender who has a true memory can talk about it and answer any questions about it, irrespective of how the questioning proceeds. The same cannot be said of an offender who is fabricating. Unless the fabrication was prepared and

detailed, the offender is likely to have difficulty answering questions spontaneously (i.e., without inappropriate cognitive load) and/or move around in his story (e.g., start at the middle, go to the beginning and then talk about the end; move backwards in his story). True memories also have other qualities that stem from having experienced the event as opposed to having invented it. These qualities may come from the uniqueness of the event itself (e.g., some odd sexual act; some unique way of overcoming the victim's resistance; some unique consequences of offending against young children) or reflect some specific features of the offender (e.g., cohort effects in the elderly offender; hormonal issues in the transvestite offender). Again, the more one understands about memory and the person being interviewed, the easier it is to assess the credibility of the reported memory.

In addition to determining if a particular statement has the features of credibility, it is imperative to compare an offender's self-report to file information (e.g., his previous statements, statements from other sources, objective evidence). As noted above, a discrepancies between file and self-report should be considered a hot spot that requires further investigation. The interviewer should always entertain at least four hypothesis when such a hot spot surfaces: (1) the offender is deceptive; (2) the offender was previously deceptive but is now telling the truth; (3) the file information is inaccurate and the offender is telling the truth; and (4) the differences reflect valid reasons, such as known memory process (e.g., how one's self-report about a past event changes over time due to the reconstructive nature of memory and contextual factors). Finally, the offender's story should also always be assessed for coherence (Griesel et al., 2013; Vrij, 2005). Coherence refers to whether or not the event being reported could have occurred – not whether or not the interviewer believes it. That is, does the information in the memory defy the laws of physics (e.g., does the offender claim to be in two places at once? does the offender

claim that the victim planted the DNA on him while he was held in custody?)? A coherent statement is one that could have occurred no matter how unlikely (e.g., how the little girl tripped on the stairs and landed on the offender with her genitals in his face). This definition is crucial as it is sometimes easy to hastily disbelieve someone because of the low probability that the event took place as stated. However, many of the behaviours encountered within forensic milieus are low base rate behaviours. The longer one works in this field, the more one is likely to encounter bona fide low probability events.

To summarize, truths and lies can result in emotional and/or cognitive load that can leak out in behaviour. The easiest way to detect leakage is to monitor changes in baseline. The most revealing form of leakage, however, is when two or more channels send competing message as – by definition – one channel is betraying the other(s). Leakage is a clue that something important just happened; that is, it signifies a hot spot that requires further investigation via effective interviewing and multiple hypothesis testing.

Corroborating Information. At times, not all competing hypotheses can be ruled out no matter how much effort was expanded during the interview towards this task. For example, it is not uncommon for an offender to claim ignorance to the motive for his sexual offending. During the course of the interview, the offender's sexual history would have been reviewed, including his sexual offending history. This may have resulted in several hypotheses for the offending, including power and control issues, unresolved aggression towards women, and/or sexual deviancy. If the offender admitted to having unresolved issues towards women but denied – with an uncharacteristically soft "no" and a subtle smile – having any deviant sexual fantasies, these would be hot spots that requires further probing. If attempts to elicit this sensitive information (see above) prove unsuccessful and if time and resources permit, then the clinician should seek

additional information. In the aforementioned example, this may require recommending a penile plethysmography (PPG) assessment, contacting ex-partners, access to police records of previous offences, etc. This information can then be used in a subsequent session to challenge the offender. At the very least, any discrepancies between the offender's self-report and file information should be well documented. When time does not permit corroborating the offender's self-report, it is the clinician's responsibility to note the impact of this in his/her communications (e.g., when challenging the offender; when documenting his/her concern).

Decision Making. Decisions about credibility should be made on a case by case basis. That is, each topic of concern should be evaluated on its own merits, and each hot spot should be carefully assessed. It is not appropriate to lump various aspects of an offender's story into one decisional process given that lies are so often woven in considerable truth. Similarly, it is not appropriate to automatically disbelieve an offender because of his history of deception. Rather, the clinician's job is to identify the specific topic of concern (e.g., whether or not a child molester engaged in grooming) by actively listening and observing for hot spots, gathering uncontaminated information about the topic from the offender via effective interviewing, and corroborating the information when possible, before making decisions about its credibility. In other words, only once a topic of concern (or a hot spot) has been appropriately investigated is the clinician in a position to make a decision about its meaning.

Decision making should take place in a step-wise manner. First, the information for and against a particular hypothesis should be reviewed and appropriately weighed. This ensures that conclusions are data driven rather than simply based on intuition. It is crucial to review both types of information (for and against) to minimize the inherent bias of supporting one's main hypothesis via the selective review of evidence. In this step, the clinician would assess the

credibility of the offender's statement(s). When assessing memories of past events, the clinician may use empirically-validated tools specifically designed for this task, such as Criteria Based Content Analysis (CBCA; Griesel et al., 2013; Vrij, 2005)[15]. While a review of CBCA is outside the scope of this chapter, it is important to note that it essentially is a structured professional guideline to assess whether or not the offender's memory has the features of a true memory. While CBCA is a useful tool, it requires a great deal of training and expertise to use in a reliable and valid manner (Griesel et al., 2013). In addition to assessing the offender's statement, the clinician should assess the credibility of any other piece of data relevant to the decision making process (Yuille, 1988). For example, is the file information contradicting the offender's statement in fact accurate, partially accurate or not accurate? Although controversial to talk about, the reality is that victims' allegations may sometimes be distorted. Victims can engage in minimization, denial, exaggeration, and/or fabrication, and their memories can fall prey to the same memory distortions as the rest of us. At times, official documentation also becomes distorted over time as it is summarized from one report to the next. Accordingly, it is the clinician's job to assess the credibility/accuracy of all pieces of information used in the decision making process and to weigh each piece of data accordingly.

Second, the clinician needs to come to a conclusion. This involves determining what is credible and what is not, and one's confidence in the conclusion given that not all decisions with regard to credibility are clear cut. That is, although some hot spots may be clearly identified as a deception, it is often the case that the hot spot often only points to (and does not conclude) deception. Note that CBCA was not placed in this step. The reason for this is simple: it is the clinician and not the tool that determines credibility. It is possible, for example, to find a statement to be credible with CBCA (i.e., determine that the statement has the features of a true

memory) but to conclude that the offender's account was a lie due to, for example, file information. This would happen when the offender has the capacity to invent a story that has all the features of credibility and to maintain that story in the face of a competent investigative interview. Similarly, it is possible that an allegation that lacks the features of a real memory is in fact a true allegation. In this case, it may be that the allegation was not properly fleshed out or that the offender was too embarrassed to provide sufficient details. The bottom line is that clinicians need to critically think about all the facts in the case to come to a reliable and valid conclusion.

Third, the clinician needs to decide what to do with insights into the credibility of their clients. Of course, this will largely be dictated by the context in which one is working. For example, in some correctional contexts, professionals are required to report (i.e., break confidentiality about) any risk relevant factors. If the revealed deception is risk relevant (e.g., reveals a pattern of offending or risk factor; reveals notable protective influences) then there would be a duty to pass on this information to other professionals tasked with, for example, assessing risk or making release decisions. It goes without saying that this would be particularly the case if the offender was being supervised in the community and lying about potential new victims. In the risk assessment context, a lie that is revealed during the course of the interview should be challenged before concluding the interview. Not only does this enable the clinician to test hypothesis about the reason for the lie but it also enables the clinician to assess how the offender copes with challenges to his self-report, which can be useful in its own right. In the treatment contexts, the clinician has greater latitude as to when and how to bring up the suspected lie. Although the therapist may also bring up the lie in a challenging manner, it is often the case that this information will be used indirectly and gently to address particularly sensitive

areas for the offenders. For example, if the clinician has observed a lie of omission (i.e., the offender routinely skips over a particular period of life, particular relationship or particular part of his index offence), then this may become a topic that is routinely canvassed (or canvassed again when rapport is better established) until the offender feels comfortable enough to tackle the issue in therapy. In other words, there are numerous ways to use knowledge of a lie, each leading to its own clinical insight.

It is important to note that one option is to not reveal or challenge the lie. There may be times when doing so may be dangerous (e.g., when facing an offender who has poor behavioural controls and who copes poorly with being challenged). More typically, there are times when doing so would be counter-therapeutic. Some offenders, for examples, will never be ready to face their childhood demons and forcing them to do so may ruin the therapeutic bond and/or result in the offender terminating treatment prematurely. Caution should also be taken when the topic of truths and lies is raised in court. Determining credibility is the purview of the court and, therefore, permission from the judge should be requested before broaching this topic and, if given, the issue should only be discussed with regard to the clinician's duties and never with regard to the matter before the court (unless the two overlap, such as in cases of assessing the offender's mental state that at the time of an offence).

Finally, if the clinician decides to communicate his/her assessment of credibility, it needs to be communicated in an ethical manner. Prior to communicating his/her findings, the clinician needs to determine the need for and impact of making this information public. When identifying minor inconsistencies in the offender's self-report, these should be labeled as such. The various causes for these inconsistencies should be clearly communicated (e.g., positive or negative impression management, deception, memory distortions, file documentation errors). If such

inconsistencies are then used to, for example, make inferences about the offender's response style or personality profile, the link should be clearly delineated. When questioning the offender's statement (in part or in whole), then the process by which this suspicion arose should be clearly communicated. This would include documenting the methodology employed (e.g., hot spots were identified and probed in the interview, collateral information was sought), the different hypotheses entertained, the data for and against each hypotheses, the final decision with regard to credibility, and the degree of confidence (e.g., balance of probabilities vs. without reasonable doubt) given the strengths and limitations of the data set. If multiple hypotheses remain, then these should be listed in order of significance. As in any other assessment, the limitations of the data and conclusions should also be documented. The bottom line is that decisions with regards to truths and lies should be well informed, done carefully and made with an understanding of their impact.

Conclusion

This chapter has demonstrated that, when assessing and treating sexual offenders, professionals must be aware of their own biases and of common errors that may undermine their ability to conduct effective interviews and/or assess truthfulness. It was shown that it is important to understand the heterogeneity of factors that lead men to offend sexually, the nature of memory and variables associated with truth telling versus lying. Best practice guidelines to effectively interview sexual offenders and to evaluate the truthfulness of the elicited information were presented. A Step-Wise approach to the gathering of information – including techniques for eliciting sensitive information (e.g., reducing shame, normalization), the evaluating of information and the formulation of sound decisions was offered. Included was a discussion of the need for preparation, the development of rapport, the establishment of baseline, as well as a

memory-based approach to interviewing during which the effective interviewer actively listens, observes and probes for hot spots. The importance of utilizing a multiple hypotheses approach was highlighted throughout this chapter. It is hoped the present chapter provides a foundation to assist professionals working with men who have committed sexual offences. Through practice, ongoing education, peer consultation/supervision, and an abiding desire to use effective interview strategies and evidence-based techniques to evaluate truthfulness, professionals are in a stronger position assess and treat sexual offenders.

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Footnotes

1. Of course, although there may be some gender-specific differences with regard to, for example, topics to canvas in a forensic interview or the motivation to deceive, in general the principles discussed in this chapter apply to the interviewing and credibility assessment of female offenders as well.

2. "Sexual offender vacations," that is not working with sexual offenders for a period of time, have been anecdotally shown to be beneficial in countering these effects.

3. Routine re-evaluations of one's beliefs and values is also wise.

4. This issue is particularly important for geriatric sexual offenders.

5. Proper preparation is germane to this issue.

6. In high quality interviews, most of the statements are made by the subject of the interview.

7. While these techniques were initially developed for the investigative interviewing context, they promote sound interviewing practices, many of which are generalizable to the risk assessment and treatment context.

8. Of course, this process can be repeated more than once.

9. Of course, if an interviewer escalates the emotions and/or behaviour of an offender, he should be in a position to de-escalate the offender.

10. This issue is likely to be less relevant when dealing with a psychopathic sexual offender.

11. Note that the interviewer used the interviewee's own words, which is a recommended strategy.

12. Note that even if the interviewee minimizes the behaviour in question, a significant problem may still exist.

13. Macro behaviours are more informative in unsophisticated individuals and individuals who have difficulty with self-monitoring, such as children and the cognitively delayed.

14. Although there is no research to support the following, clinical experience indicates that the prison subculture has developed its own emblems and that a better understanding of these may be useful to professional working in this milieu.

15. CBCA is in fact part of a larger system - – Statement Validity Analysis (Yuille, 1988) – aimed at integrating all aspects of a case to inform judgements of credibility.