

Interviewing Adolescents

A Research-to-Practice Summary



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Interviewing Adolescents

Interviewing adolescents, whether in a forensic or investigative interview or in preparation for court, can be a frustrating and difficult endeavor. Adolescents are often reticent to describe their experiences, have markedly trying attitudes and behaviors, can be extremely self-conscious or be very emotional. These are just some of the specific challenges unique to interviews with adolescents. Understanding how the adolescent brain is changing may help explain the puzzling mix of smarts and impulsiveness that characterize this age group, as well as the behaviors often seen in an interview. This insight may assist the interviewer in gaining necessary information regarding the adolescents' alleged experiences.

Though adolescents often physically resemble adults and their cognitive level is closer to that of an adult, their ability to describe, narrate, and provide information about an event is still developing (Blakemore & Choudhury, 2006). According to Deaton and Hertica (1993), "Uncertainty, lack of education and experience, confusion about identity, and the emotional turmoil that accompanies rapid growth further limit the adolescent's ability to appear as a competent witness in an investigative interview" (p. 5). An expectation that adolescents will provide details regarding alleged maltreatment in an adult-like manner can bias the interviewer and result in unreasonable expectations.

This article focuses on deepening our understanding of adolescents, our knowledge of how the developing brain and concurrent physiological changes impact behavior, and how these behaviors manifest. By understanding adolescent development, child abuse professionals can assist them in relating their experiences. This article will also explore practical tools and techniques for interviewing adolescents.

Adolescence and "Bad" Ideas

Adolescence is defined as the period in human growth and development that begins with the biological, hormonal, cognitive, and physical changes of puberty and ends when the individual obtains a stable, independent role in society. This period of a young person's life can be incredibly hazardous, as adolescents have an unrealistic belief in their own invulnerability and make woefully errant decisions.

Mortality rates jump between early and late adolescence with accidents being the leading cause of death (Minino, 2010). Between the ages of 15 to 19, rates of death due to injury are about six times the rate of ages 10- to 14-year olds. Many of these deaths are related to accidents due to risk-taking, with adolescents often taking cues from entertainment media. For example, neurosurgeons at Case Western in Ohio found that a significant rise in fatalities from car-surfing (riding on the hood of a moving vehicle) in 1998-1999 overlapped the release of the video games "Grand Theft Auto 1 and 2" (Wang, Cohen, & Robinson, 2009).

A second major rise in fatalities between 2000 and 2002 occurred with the release of "Grand Theft Auto 3", "Grand Theft Auto: Vice City", and MTV's "Jackass" series and movie. A third peak in fatalities came around 2005 with the introduction of "Grand Theft Auto: San Andreas" and a proliferation of self-made videos of car surfing on YouTube. Conversely, the researchers found, during the years with no new editions of "Grand Theft Auto" or "Jackass," there was a decrease in car-surfing fatalities. Parents and others working with adolescents struggle to understand the reasoning behind these challenging and risky behaviors. Two familiar questions often asked by parents of adolescents is "Why did you do that? What were you thinking?" More times than not, the response is, "I don't know." This phenomenon is not new; Aristotle concluded more than 2,300 years ago, that "the young are heated by Nature as drunken men by wine."

Between the ages of 12 and the mid-20s the brain undergoes a massive remodeling resulting in a dramatic improvement in adolescents' ability to think and reason abstractly (Blakemore & Choudhury, 2006; Casey, Jones, & Somerville, 2011; Lenroot & Giedd, 2006). Despite this cognitive improvement, adolescents are known to have difficulty with complex decisions (van Leijenhorst et al., 2010). Recent research using magnetic resonance imaging (MRI) and functioning magnetic resonance imaging (fMRI) are contributing to a greater understanding of the changes occurring in adolescents' brain and, correspondingly, help professionals to understand the motives for some adolescent behaviors (Casey et al., 2011; Giedd, 2008; Reyna & Farley, 2006).

In a study by Baird, Fugelsang, and Bennett (2005), the authors examined the time it took adolescents and adults to decide whether a presented scenario was either a "good idea" or a "bad idea." While the correct responses for both adults and adolescents were similar they found that adolescents took significantly more time to determine if an idea was "bad." According to the researchers, adults used mental images of possible outcomes and had a visceral response to the

self-generated images. In contrast, adolescents did not generate visual images but instead attempted to reason their way through the scenarios using the prefrontal cortex region of the brain.

Brain Development

It is well established that brain development occurs in two directions: inside to outside and back to front. Areas close to the brain stem control more basic functions, such as heartbeat, respiration, vision, and movement while areas responsible for complicated thinking reside in the front of the brain. The prefrontal cortex, the area behind our forehead, develops last (National Institute of Mental Health, 2011).

The prefrontal cortex is the area of the brain responsible for judgement, impulse control, planning, goal setting, understanding possible outcomes and consequences, and problem-solving. It also helps to regulate behavior and emotions. Since this area of the brain is under development well into a person's twenties, adolescents will often have reasoning deficits which make them vulnerable to poor decision-making. These deficits, combined with limited life experiences, stress, fatigue, or other challenges can result in poor utilization of information and less than adequate reasoning.

Per some brain neuroscientists and developmental psychologists, this period of uneven growth is a highly functional, even adaptive period that prepares adolescents to move from the safety of the home into the larger, more complicated world. The interest in sensation-seeking, according to Jay Giedd (2008), a researcher in adolescent brain development at the National Institute of Health, primes adolescents to leave home and move into unfamiliar territory. Using this frame of reference of adaptive adolescence, we can look at the broader traits that underlie some of their more concerning behaviors.

Risk-Taking and Rewards

Many adults gravitate toward new and exciting experiences, such as trying a new restaurant or vacationing in an unfamiliar city. However, adolescents are hypersensitive to the rewarding-feeling generated with risk-taking. The adolescent brain is wired for a greater tolerance for uncertainty and the unknown, as well as an increased desire for and focus on rewards. Though they understand the risks associated with an action, adolescents weigh risk versus reward differently.

In situations where risk results in a desired outcome, adolescents value the reward more heavily than the risk (Blakemore & Mills, 2014; Galvan, 2012).

This risk versus reward thinking was demonstrated in an experimental driving simulation video game created by Lawrence Steinberg, a developmental psychologist specializing in adolescence. When adolescents “drove” the course alone they took risks at rates similar to adults. Steinberg (2005) referred to the driving alone condition as an emotionally “cool” situation. However, when the teens were with their peers, an emotionally “hot” situation, they took risks at twice the rate. Teens may think about the consequences but peer acceptance and immediate gratification often outweigh the risks.

Impact of Trauma

Many children and adolescents who become involved in the civil or criminal justice system have experienced multiple forms of victimization such as neglect, physical or sexual abuse, witnessing domestic violence, witnessing community violence, and bullying (Finkelhor, Ormrod, & Turner, 2007). In the National Survey of Children’s Exposure to Violence (NatSCEV) conducted in 2008, researchers examined children and adolescents with multiple intersecting forms of victimization within the past year and over their lifetime. For many, victimization was a life condition rather than an event (Finkelhor, Shattuck, Turner, Ormrod, & Hamby, 2011). Researchers refer to these children and adolescents as poly-victims.

Repeated traumatic events can dysregulate the limbic system which is involved in controlling emotional responses, making sense of an experience, and establishing logical linear connections. Trauma can interfere with limbic functioning and negatively affect the ability to store memories and words regarding an emotional event. At the same time fear associated with the event is being stored. These interactions make it difficult to retrieve desired information in an interview (Quas & Klemfuss, 2014). If abuse is ongoing, this emotional reactivity can become hard-wired and adolescents may actively attempt to block memories. Forensic interviews or preparation for court testimony may trigger this emotional reactivity, thus making it harder for adolescents to provide a logical, linear account of their experiences.

The behavioral patterns of chronically traumatized adolescents demonstrate defensive adaptations to overwhelming stress. Adolescents may reenact behavioral aspects of their trauma through

aggressive, self-injurious, or sexualized behaviors (Weller & Fisher, 2012). They may use alcohol or drugs to avoid experiencing intolerable levels of emotional arousal (Cook et al., 2005; Ford, Elhai, Connor, & Frueh, 2010). It is important during interactions with these adolescents to attempt to understand the “why” behind their behaviors.

Victimization

Because of their immaturity and cognitive limitations, adolescents may not be able to differentiate between consensual sexual contact and activity in which they have been coerced, seduced, or manipulated. A history of prior maltreatment may make adolescents vulnerable to attention and cause him/her to act in a sexually provocative manner to obtain affection, love, and attention. Sexual knowledge is not a good proxy for assumed maturity. Sexual thoughts, feelings, desires combined with uncertainty, lack of experience and education, and/or confusion about identity also plays into the confusion regarding consent.

Some adolescents may actively participate in an abusive relationship or go along with sexual contact to receive benefits ranging from a need to feel special and/or mature, clothes, money, electronics, alcohol, drugs, or other gifts. Adult offenders often fulfill adolescents’ emotional, physical, and/or sexual needs.

Adolescents frequently have an unrealistic belief that they should have been able to stop the abuse or, if they did not immediately report the abuse, feel unduly responsible and accountable for continuing maltreatment. Research into disclosure finds that children and adolescents have a powerful stake in not disclosing victimization. They often fear not being believed if they disclose, want to protect the offender or the integrity of the family unit, or believe they can cope with the situation. Sometimes they fear reprisal for reporting, or fear what others will think of them if the abuse becomes known.

Disclosure

Multiple studies have documented what while adolescents desire control over the process of disclosure both in terms of anonymity and confidentiality they understand the ramifications when disclosing to mandated reporters. Per McElvaney, Greene, and Hogan (2014), access to an adult who will listen and respond appropriately aids adolescents in disclosing. Sensitivity to the expected responses of disclosure recipients and expectations of negative reactions can increase adolescents’

reluctance to talk or cause them to withhold information they fear will be viewed negatively. An ambivalent or negative response is positively associated with severity of psychological functioning and adjustment in later life (McElvaney, 2013; Munzer et al., 2016; Priebe & Svedin, 2008; Schonbucher, Maier, Mohler-Kuo, Schnyder, & Landolt, 2012).

Understanding the complex, diverse, and individual factors which motivates adolescents to divulge maltreatment can provide interviewers, investigators, and prosecutors with a fuller understanding of adolescent behaviors and assist in gathering information from alleged victims of maltreatment.

Trauma histories, learning disabilities, chaotic lifestyles, or emotional problems, in addition to the issues of developing maturation, can result in challenges in adolescents' ability to relay their experiences. They may have difficulties in sequencing events; have a fragmented understanding of long, complex questions; may be reluctant to ask for clarification or acknowledge poor understanding of a question; may have poor listening skills; or may respond abrasively.

The Interview

Knowledge of adolescents' history and background, coupled with adequate pre-interview planning is critical to a successful interview. Investigators, forensic interviewers, and prosecutors should consider the following *before* an interview begins: Age, gender, developmental status; culture, ethnicity, and language; physical and/or cognitive disabilities and how these disabilities manifest; mental health history; and medications and implications for the interview.

Professionals may also consider available evidence including trustworthiness of the evidence and discuss conditions under which evidence would be introduced into the interview. In addition, the adolescent's prior contact with the system and the outcome of prior investigations/ interviews; relationship to the alleged offender, and perceived caretaker support should be considered. Regardless of the information received beforehand, a good interviewer will strive to go into the discussion without preconceived ideas or assumptions (Johnson, 2011).

Before conducting an interview with an adolescent, consider the physical environment. A room designed for younger children may unintentionally send the message that the interviewer or respondents are unfamiliar and less concerned with interviewing adolescents. In the pre-substantive phase of an interview, exploring how the adolescent communicates with peers can allow for the introduction of technology later in the interview.

There are myriad names and slang used to identify body parts and sexual acts. Do not assume you understand what is meant; it is necessary to clarify terminology. Explaining that the interviewer cannot assume or guess can help alleviate adolescents' frustration or anger at such requests as they likely do not understand the need for clarification questions.

Some adolescents may present as defiant and angry because they feel threatened or may be acutely aware of the consequences of reporting maltreatment. Do not react to or label the behaviors you may witness but, instead, ask the adolescents to explain their feelings and thoughts regarding the situation. Some emotions may have to be addressed before moving the interview forward. Blocks may also occur in the interview when adolescents fear being disciplined for engaging in peripheral activities (drinking, using drugs, sneaking out, etc.) and they may omit details out of concern for secondary punishment.

With adolescents in consensual but unlawful (teen love) situations, Tener, Walsh, Jones, and Kinnish, (2014) found a great deal of variation in the relationship dynamics between adolescents and their alleged offenders. Some described the relationship in exploitive terms; however, more typically, the relationship was described as reciprocal. Ask the adolescent if his/her feelings changed as the relationship progressed and communicate a willingness to understand the relationship from the adolescent's perspective. Stay neutral, be matter-of-fact, and never appear judgmental. If possible, allow adolescents some input into the process.

When evidence of a relationship or sexual contact exists, considerations can be given to the possibility of introducing the evidence into an interview with an adolescent. Possible reasons for the introduction of evidence are extreme reluctance and non-disclosure; fears the adolescent will not be protected; identification of alleged offenders or other victims; or recantation of prior disclosures. An important consideration if introducing pictorial evidence is whether sexual images should be sanitized. All decisions to introduce evidence and how evidence is presented into an interview is jurisdictionally determined.

If the possibility exists for the introduction of evidence, prepare the adolescent by saying "I have some [...] in this folder that I need to ask you about. Tell me about [...]" or "I have some [...] in this folder. This is the first [...] I want to ask you about." Remember just because evidence is available, does not mean it should or has to be utilized. If the decision is made for its introduction, then the goal should be to use the minimal amount necessary.

According to Johnson (2011), the following are some of the most important considerations in talking with adolescents: Build and maintain rapport throughout the interview; use open-ended prompts as much as possible; clarify all communication and terminology; use their words and vocabulary; offer communicative alternatives; provide the maximum possible confidentiality; give maximum possible control; ask about technology; do your homework; consider and explore all reasons for non-disclosure; and, most importantly, listen.

In addition to thinking about what to do, we must also remember what not to do: Don't interrupt; don't respond to rudeness with authority; avoid power struggles; don't lie; don't interrogate; don't be parental or a "buddy"; don't be judgmental; don't forget to ask about online activities; don't blame; and don't expect a full disclosure during one interview.

Successful interviews with adolescents require an understanding of adolescent biology, development, and behavior. Acknowledging their uniqueness and being willing to listen to their viewpoint allows for a better understanding of their experiences.

References

- Baird, A., Fugelsang, J., & Bennett, C. (2005, April). What were you thinking? An fMRI study of adolescent decision-making. Poster presented at the 12th Annual Cognitive Neuroscience Society (CNS) Meeting, New York.
- Blakemore, S., & Choudhury, S. (2006). Development of the adolescent brain: Implications for executive function and social cognition. *Journal of Child Psychology and Psychiatry*, *47*(3-4), 296-312.
- Blakemore, S., & Mills, K. L. (2014). Is adolescence a sensitive period for sociocultural processing? *Annual Review of Psychology*, *65*(9), 187-207.
- Casey, B. J., Jones, R., & Somerville, L. H. (2011). Braking and accelerating of the adolescent brain. *Journal of Research on Adolescence*, *21*(1), 21-33.
- Cook, A., Spinazzola, P., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M.R., ... van der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, *35*, 390-398.
- Deaton, W. S., & Hertica, M. (1993). Developmental considerations in forensic interviews with adolescents. *APSAC Advisor*, *6*, 5-8.
- Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007). Poly-victimization: A neglected component in child victimization. *Child Abuse & Neglect*, *31*(1), 7-26.

- Finkelhor, D., Shattuck, A., Turner, H. A., Ormrod, R., & Hamby, S. L. (2011). Polyvictimization in developmental context. *Journal of Child & Adolescent Trauma*, 4(4), 291-300.
- Ford, J. D., Elhai, J. D., Connor, D. F., & Frueh, B. C. (2010). Poly-victimization and risk of posttraumatic, depressive, and substance disorders and involvement in delinquency in a national sample of adolescents. *Journal of Adolescent Health*, 46(6), 545-552.
- Galvan, A. (2012). Risky behavior in adolescents: The role of the developing brain. In V. F. Reyna, S. B. Chapman, M. R. Dougherty, & J. Confrey (Eds.), *The Adolescent Brain: Learning, reasoning, and decision-making* (pp. 267-290). Washington, DC: APA.
- Giedd, J. N. (2008). The teen brain: Insights from neuroimaging. *Journal of Adolescent Health*, 42(4), 335-343.
- Johnson, R. (2011). Talking with teens...Really? Is that in my job description. *ChildFirst*, Spring, 1-6.
- Lenroot, R., & Giedd, J. N. (2006). Brain development in children and adolescents: Insights from anatomical magnetic resonance imaging. *Neuroscience and Biobehavioral Reviews*, 30(6), 718-729.
- McElvaney, R. (2013). Disclosure of child sexual abuse: Delays, non-disclosure and partial disclosure. What the research tells us and implications for practice. *Child Abuse Review*, 24(3), 159-169.
- McElvaney, R., Greene, S., & Hogan, D. (2014). To tell or not to tell? Factors influencing young people's informal disclosures of child sexual abuse. *Journal of Interpersonal Violence*, 29(5), 928-947.
- Miniño, A. M. (2010). Mortality among teenagers aged 12–19 years: United States, 1999–2006. NCHS Data Brief, no 37. Atlanta, GA: Centers for Disease Control and Prevention.
- Munzer, A., Fegert, J. M., Ganzer, H. G., Loos, S., Witt, A., & Goldbeck, L. (2014). Please tell! Barriers to disclosing sexual victimization and subsequent social support perceived by children and adolescents. *Journal of Interpersonal Violence*, 31(2), 355-377.
- National Institute of Mental Health (2011). The teen brain: Still under construction. NIH Publication No. 11-4929. Bethesda, MD: Author.
- Piebe, G., & Svedin, C. G. (2008). Child sexual abuse is largely hidden from the adult society: An epidemiological study of adolescents' disclosures. *Child Abuse & Neglect*, 32(12), 1095-1108.
- Quas, J. A., & Klemfuss, J. K. (2014). Physiological stress reactivity and episodic memory in children. In P. J. Bauer, & F. Fivush (Eds.), *The Wiley Handbook on the Development of Children's Memory* (pp. 688-708). Chichester, West Sussex, UK: Wiley Blackwell.

- Reyna, V. F., & Farley, F. (2006). Risk and rationality in adolescent decision making: Implications for theory, practice, and public policy. *Psychological Science in the Public Interest*, 7(1), 1-44.
- Schonbucher, V., Maier, T., Mohler-Kuo, M., Schnyder, U., & Landolt, M. A. (2012). Disclosure of child sexual abuse by adolescents: A qualitative in-depth study. *Journal of Interpersonal Violence*, 27(17), 3486-3513.
- Steinberg, L. (2005). Cognitive and affective development in adolescence. *TRENDS in Cognitive Sciences*, 9(2), 69-74.
- Tener, D., Walsh, W. A., Jones, L. M., & Kinnish, K. (2014). "It all depends on the guy and the girl": A qualitative study of youth experiences with statutory victimization relationships. *Journal of Child Sexual Abuse*, 23(8), 935-956.
- Van Leijenhorst, V., Zanolie, K., Van Meel, C. S., Westenberg, P. M., Rombouts, S. A., & Crone, E. A. (2010). What motivates the adolescent? Brain regions mediating reward sensitivity across adolescence. *Cerebral Cortex*, 20(1), 61-69.
- Wang, A., Cohen, A. R., & Robinson, S. (2009). Neurological injuries from car surfing. *Journal of Neurosurgical Pediatrics*, 4(5), 408-413.
- Weller, J. A., & Fisher, P. A. (2013). Decision-making deficits among maltreated children. *Child Maltreatment*, 18(3), 184-194.