

Vulnerable suspects in police interviews: exploring current practice in England and Wales

Abstract

Mentally disordered individuals are increasingly coming into contact with the police. The current study explored investigative interview practice with mentally disordered suspects to examine how they respond, and the impact this has on the level of information obtained. Transcripts of interviews conducted with vulnerable and non-vulnerable suspects (N = 66) were analysed using a specially designed coding framework. Results highlighted that best practice is generally not being adhered to regarding questioning techniques (for example, the use of open questions). Furthermore, while police officers altered their communication to suit the needs of the vulnerable suspect, they were also more likely to use minimisation tactics. Mentally disordered suspects sought more clarification for open questions and provided more information to closed questions. They also demonstrated higher levels of vulnerability (suggestibility and compliance) when compared to their non-vulnerable counterparts. Implications regarding interviewing methods for this vulnerable group are discussed.

Keywords: mental disorder, vulnerability, suspect, police interviews

1. Introduction

The police interviewing of a suspect is an integral stage of the criminal justice system (Oxburgh & Ost, 2011). It is a complex and interactive process that requires trained and skilled interviewers to engage with the suspect and encourage their cooperation with the investigative process. Although many countries worldwide have their own interview/interrogation methods (Walsh, Oxburgh, Redlich, & Myklebust, 2016), the most widely accepted and used within England and Wales is the PEACE model of interviewing (Williamson, 2016). PEACE is a mnemonic for the five stages of interviewing; Planning and preparation, Engage and explain, Account, clarify and challenge, Closure, and Evaluation (see Clarke & Milne, 2015, for a full discussion). In addition, the Police and Criminal Evidence Act (PACE), and the associated Codes of Practice (Home Office, 1984, 2008) provides a legislative frame work for the exercise of police officers' powers in England and Wales. Code C (recently updated in 2018), in particular, provides guidance regarding the detention, treatment, and questioning of vulnerable suspects.

The term 'vulnerability' can be defined within the criminal justice system context as "psychological characteristics or mental state which renders an [individual] prone, in certain circumstances, to providing information which is inaccurate, unreliable or misleading" (Gudjonsson, 2006, p.68) and includes those with mental health disorders. This term encompasses a wide range of disorders, such as mood disorders, personality disorders and psychosis. Recent statistics have indicated that suspects with mental health disorders are over-represented in custody both within the United Kingdom (Sirdifield & Brooker, 2012), and internationally (Hofvander, Anckarsater, Wallinius, & Billstedt, 2017) For example, higher rates of those with serious mental health conditions, including psychosis and depression have been established in recent reviews (Fazel & Seewald, 2012). As such, it will be of benefit for police officers interviewing these types of vulnerable suspects to have an

understanding of how they are likely to function during the investigative interview (Ochoa & Rome, 2009).

Research shows that within an interview context, memory reports can be influenced by police behaviour and questioning style (Ridley, Gabbert, & La Rooy, 2013). Conducting investigative interviews with vulnerable suspects can be particularly problematic because different mental disorders present different challenges. In general, suspects with mental health disorders may not respond to traditional methods of police interviewing and may not be able to understand the importance of the questions asked of them or of the inference or implications of their responses (Gudjonsson, 2018). This can lead to them being particularly vulnerable and at risk of providing unreliable, misleading or self-incriminating information (Gudjonsson, 2003a; Gudjonsson, 2018). In addition to the cognitive impairments that individuals with mental health disorders can experience, such individuals may also be prone to a ‘categorical overgeneral memory’, which results in the recollection and reporting of repeated events instead of particularising single episodes (specific memories). This is particularly prevalent in individuals with depression and post-traumatic stress disorder (Lemogne et al., 2006) and has implications for the ‘free recall’ aspect of the suspects’ account. Impairments in memory function are also found in individuals with schizophrenia; these vulnerable individuals tend to have deficits affecting the immediate processing of information as well as the longer-term temporal ordering of information (Landgraff et al., 2011). Some researchers have also highlighted a possible disturbance on episodic memory in those with schizophrenia (e.g., Aleman, Hijman, de Haan, & Kahn, 1999; Stip, 1996). Such deficits can lead to the vulnerable suspect finding it difficult to recall specific events and in the correct order, difficulties in concentrating and attending to questions asked of them (Kingdon & Turkington, 2005). Furthermore, individuals with mood disorders have been shown to selectively attend to emotional cues (Beevers, Wells, Ellis, & McGeary, 2009) as

well as interpret ambiguous information in a negative manner (Rude, Wenzlaff, Gibbs, Vane, & Whitney, 2002) leading to a negative bias in their information processing (Beever & Carver, 2003).

As well as impairments that may affect specific groups of mental disorders, those who have mental health problems tend to present with heightened levels of suggestibility, compliance, and acquiescence (Gudjonsson, 2006, 2010). An early definition of suggestibility was provided by Gudjonsson and Clark (1986) as “the extent to which, within a closed social interaction, people come to accept messages communicated during formal questioning, as a result of which their subsequent behavioural response is affected” (p. 84). Compliance is defined as “the tendency of the individual to go along with propositions, requests, or instructions for some immediate instrumental gain” (Gudjonsson, 1992, p.137) and early scholars have identified acquiescence as the tendency to agree with or say ‘yes’ to statements or questions regardless of their content (Block, 1965; Couch & Keniston, 1960). These psychological constructs have been found to play a role in false admissions of guilt (and subsequent miscarriages of justice) – an area well explored within the psychological literature (see Gudjonsson, 2003, 2018; Gudjonsson, Sigurdsson, Bragason, Einarsson, & Valdimarsdottir, 2004; Gudjonsson, Sigurdsson, Einarsson, Bragason, & Newton, 2010).

Regardless of jurisdiction, the aim of any investigative interview is to obtain as much accurate and reliable information through the encouragement of a free recall – that is, the interviewee providing their initial account uninterrupted before non-coercive and effective questioning techniques are used (Clarke & Milne, 2015; Oxburgh, Myklebust, & Grant, 2010). Given the difficulties that interviewers can face when interviewing vulnerable individuals, it is important that their questions are matched to the abilities of those they are interviewing (Powell, 2002). The general consensus is that the use of appropriate questioning techniques, such as open and probing questions, will produce longer, more detailed, and more

accurate information, when compared to inappropriate questions (for a full review on question types, see Oxburgh et al., 2010, and Snook, Luther, Quinlan, & Milne, 2012). Yet, despite this, there has been limited research exploring the use of different question types with vulnerable suspects. Of the research conducted, some have focused predominately on vulnerable prisoners (Birmingham, 2003; Brinded, Simpson, Laidlaw, Fairley, & Malcolm, 2001). Other research has concentrated on the investigative interview stage but has attended to the impact of intellectual disabilities and mental health disorders on witness accounts (Gudjonsson, 2010). This research has produced some interesting counterintuitive results to current best practice. For example, three independent studies have found that adults with an intellectual disability report fewer correct details than those without an intellectual disability when asked open questions that invite a free narrative response (Bowles & Sharman, 2014; Perlman, Ericson, Esses, & Isaacs, 1994; Ternes & Yuille, 2008). Other research has highlighted police officers' perceptions regarding the use of open questions being too broad for the vulnerable suspect (Oxburgh, Gabbert, Milne, & Cherryman, 2016).

In addition to the literature base, researchers and practitioners alike have indicated how current guidance available to police when interviewing vulnerable suspects is ambiguous and limited (e.g. Farrugia & Milne, 2012). Although Code C highlights that those who are vulnerable may, "...without knowing or wishing to do so, be particularly prone in certain circumstances to provide information that may be unreliable, misleading or self-incriminating" (s.11C, p.45) and highlights that, "Special care should always be taken when questioning such a person" (s.11C, p.345), it does not detail how or what special care should actually be taken or provide guidance to police officers in how to effectively interview such a vulnerable suspect.

1.1 Aims and Research Questions

Given the lack of empirical research and the limited guidance coupled with the cognitive needs of the vulnerable suspect, the current study was exploratory in nature and sought to examine current interview practice within investigative interviews conducted in England and Wales with suspects that have mental health disorders. The aim was to explore how these vulnerable suspects responded to procedures, questioning techniques, and the impact this had on the amount of investigation relevant information gained.

The following research questions have been addressed:

(a) Do interviewers alter their interview style when interviewing suspects with and without a mental disorder?

(b) Do suspects with and without a mental disorder respond differently to question types?

(c) Do suspects with a mental disorder display more vulnerability (suggestibility and compliance) than suspects without a mental health disorder?

To the authors' knowledge, it was one of few studies that focused specifically on what actually occurs during this integral, but complex, stage of the judicial process with vulnerable suspects. Subsequently, given the entirely exploratory nature of the study, no hypotheses were generated.

2. Method

2.1 Design

A between-within subjects design was employed with two conditions; (a) suspects with mental health disorders, and (b) suspects without mental health disorders. Given the exploratory nature of the study, the coding framework sought to quantify any differences between and within groups with a particular focus on interview procedure, questioning techniques and suspect responses, and interviewer (e.g. altering their language, interview techniques) and suspect behaviours (e.g. understanding of questions and level of vulnerability).

2.2 Sample

To ensure a representative pool of data, eight police forces in England and Wales were approached for their participation in the study. Of these, five forces provided a sample of police interviews that had been conducted with suspects with and without mental health disorders who had been implicated in a serious offence (such as murder/manslaughter or sexual offences). Data were collected through a research contact within each police force, who had access to the police database and were able to scrutinise the records for the appropriate interview data based on the inclusion and exclusion criteria. Each research contact was briefed as to what constituted a mental health disorder, e.g. depression, psychosis, and what did not, e.g. autism, an intellectual disability disorder. The police interviews were only included if the suspect provided an account – no comment interviews were excluded given the focus of the research exploring the suspects' responses and the amount of investigation relevant information, and if the case was classified as closed. A total

sample of 66 interviews were obtained involving suspects that have mental health disorders (n = 30) and suspects that do not have mental health disorders (n = 36).

2.3 Materials

A coding framework and guide was developed based on current police interview practice in England and Wales (namely the PEACE model of interviewing) and relevant psychological research (e.g. Oxburgh, Ost, & Cherryman, 2012; Phillips, Oxburgh, & Myklebust, 2012). The coding framework consisted of nine sections, which focused on the 'E', 'A', and 'C' of the PEACE model of interviewing and was designed to explore current interview practice. The initial Planning and Preparation stage nor the Evaluation stage of the interview model was included in the coding framework as this information was not available.

The 'Engage and explain' stage focused on procedural areas that would be reasonably expected of an interviewer to complete, such as explaining the process of the interview, identifying all individuals involved in the interview, explaining the legal rights and caution to the suspect and building rapport.

The 'Account, clarify and challenge' stage of the coding framework explored whether or not a free recall was invited from the suspect, and the type and amount of challenges made by the interviewer(s) (including the second interviewer if present). In addition, question types were coded for based on current classifications within the literature (see Table 1; see Oxburgh et al., 2010; Shepherd, 2007, for a full discussion). Interviewer and suspect characteristics, including the use of minimisation and maximisation and repetitive questioning, and any instances of suggestibility, compliance and acquiescence respectively were also included in the coding of the data. The amount of investigation relevant information obtained from the suspect was counted. In line with previous research (e.g.

Oxburgh et al., 2012), this was broken down into the following categories (a) person; any details relating to relevant individuals such as name, age, gender, height, and any other person identifying information; (b) action; any actions relating to the offence such as, “I stabbed...”; (c) location; any information referring to specific areas including the names of streets or general locations such as, “in the house”; (d) item; any mention of specific objects, such as weapons used or other relevant objects to the crime; and, (e) temporal details; any details referring to days, months, years as well as durations of time, for example, “a couple of minutes”. Investigation relevant information was only coded once; if it was mentioned on further occasions during the interview, the information was ignored.

The ‘Closure’ stage focused on how the interviewer concluded the interview including the management of tapes/discs and whether a summary of the interview was provided to the suspect, as well as explanations of future processes.

The coding guide was developed to provide operational definitions for each aspect of the coding framework and to ensure that the coding was consistent across all interview data.

2.4 Procedure and Analytical Strategy

Initially, the researcher read each police interview in order to become familiarised with the interview data. The coding framework was then applied following the operational definitions within the coding guide. The coding of the data involved focusing on each utterance from each interviewer (if more than one was present) and the suspect. As the ‘Engage and explain’ and ‘Closure’ stage focused on procedural areas, these were coded for their presence or their absence during the interview. This type of dichotomous coding also took place for the initial procedural aspects of the ‘Account, clarify and challenge’ stage. For the remaining part of the coding, instances of each question type, amount of investigation

relevant information, types of challenges, and interviewer and suspect characteristics (such as minimisation, maximisation, suggestibility, compliance and acquiescence) were recorded each time they occurred. Suspect characteristics such as suggestibility, compliance and acquiescence were coded in accordance with the Gudjonsson Suggestibility Scale (Gudjonsson & Clarke, 1986; Gudjonsson, 1997). For example, if a participant changed their response following negative feedback from the interview, a leading question, or repetitive questioning or if there were instances of ‘yay-saying’. Given the difficulties in differentiating between suggestibility and compliance outside of clinical practice, instances where the suspect demonstrated either one of these behaviours was combined and noted as suspect vulnerability.

Table 1 to go here.

3. Results

Given the exploratory nature of the study, a number of statistical tests were run in accordance with the research questions.

3.1 Interrater reliability

Twenty percent ($n = 13$) of the interview transcripts were double coded to check for interrater reliability. For the purposes of coding, procedural aspects relating to the 'Engage and explain', the initial stages of the 'Account, clarify and challenge' stage and the 'Closure' stage were coded dichotomously. Cohen's kappa, recommended for assessing interrater reliability for categorical variables, was used (Cohen, 1960). Based on guidelines from Altman (1999), an almost perfect agreement was achieved between the two researchers' judgments regarding the procedural aspects coded for with Cohen's kappa ranging from .87 to .91.

Data relating to question type, interviewer, and suspect characteristics (including any instances of suspect vulnerability) and the amount of investigation relevant information (IRI) were coded for the number of instances they occurred. Intraclass correlation, recommended for assessing interrater reliability for continuous variables, was used (Hallgren, 2012). Interrater correlations were 0.86 to 0.98 for question types, 0.89 to 0.94 and 0.91 to 0.97 for interviewer and suspect characteristics respectively, and 0.78 to 0.85 for investigation relevant information, indicating good to excellent reliability (Koo & Li, 2016).

3.2 General characteristics of the interview sample

Interviews ($n = 66$) included in the sample had been conducted in England and Wales between 2002 and 2015, during which time, no changes in interview policy/procedures occurred. Overall, the suspects were predominately male ($n = 59$). The interviews tended to involve two interviewers ($n = 61$). The main interviewer included both male ($n = 35$) and female ($n = 30$) police officers, with one instance of the main interviewer's gender unknown. Most commonly, the second interviewer was male ($n = 44$). A Legal Advisor was present in the majority of all suspect interviews conducted ($n = 57$) and an Appropriate Adult was present in the majority of the interviews conducted with suspects with mental health disorders ($n = 29$). In a small number of these interviews, a mental health nurse was present ($n = 2$). Of the interviews involving the vulnerable suspects, a number of mental health disorders were recorded. These included schizophrenia ($n = 6$), mood disorders, such as depression ($n = 3$), psychosis ($n = 2$), dissociative identity disorder ($n = 2$), anxiety ($n = 1$) and personality disorder ($n = 1$). In half of the vulnerable sample, the suspect was recorded as having mental health issues, but this was unspecified on police records ($n = 15$).

The overall mean length of all police interviews was 83.15 minutes ($SD = 61.46$, range: 15-406 minutes). However, police interviews conducted with the vulnerable suspect group tended to be longer ($M = 103.2$ minutes) than the non-vulnerable suspect group ($M = 66.44$ minutes). Despite this difference not being significant, $U = 400.00$, $p = .07$, $N = 66$, the interview length was considered as a confounding variable given the range and accounted for in that the analyses were conducted based on per minute occurrences. This is line with previous research, which has highlighted how the length of an interview can affect the overall amount of investigation relevant information gained (Phillips et al., 2012). On average, at least two police interviews were conducted with each suspect overall; suspects with mental

health disorders tended to complete a mean of three interviews compared to suspects with no mental health disorders who completed a mean of two interviews.

The type of crimes that the suspects were interviewed about included murder/attempted murder (n = 25), rape (n = 22), sexual assaults (n = 13), child internet offences (n = 5) and sex with a minor (n = 1). Overall, the majority of suspects denied the offence (n = 41), some provided a partial admission (n = 14), and some a full admission (n = 11). When exploring any differences between the two suspect groups, some suspects with mental health disorders denied the offence (n = 16) whilst the majority of non-vulnerable suspects denied the offence (n = 25). Few vulnerable suspects provided a partial admission (n = 5), compared to non-vulnerable suspects (n = 9) but almost a third of suspects with mental health disorders provided a full admission (n = 9) compared to a very small minority of suspects with no mental health conditions (n = 2). The interviews whereby the vulnerable suspects provided a full admission accounted for 81.8% of this interview outcome. As such, this vulnerable suspect group was significantly more likely to provide a full admission than suspects with no mental health disorders, $\chi^2(2) = 7.09, p = .03$.

3.3 Procedural Aspects

Procedural aspects relating to the 'Engage and explain' and the 'Closure' stage were coded for in adherence to the current guidance and training that police officers receive when interviewing suspects with and without mental health disorders. Generally, the interviewers remained consistent in their approach between the two suspect groups in that there were no significant differences between large aspects of these procedures. Interestingly, suspects with mental health disorders were significantly more likely to be informed of the interview topics to be covered in their interview, $\chi^2(29) = 4.63, p = .03$ and more likely to be informed that

the police interview was an opportunity to provide their account, $\chi^2(29) = 4.75, p = .03$, when compared to suspects with no mental health disorders.

3.4 Eliciting Information

3.4.1 Question Type

The use of appropriate and inappropriate questions used in both suspect interviews were explored. A Mann Whitney U Test indicated that there were no significant differences in the overall amount of appropriate questions asked between the two suspect groups $U = 480.00, p = .44, N = 66$. This was also the case in the overall amount of inappropriate questions asked between the two suspect groups $U = 469.00, p = .36, N = 66$. However, when analysis was conducted within groups, suspects with mental health disorders were asked significantly more inappropriate questions ($M = 2.70, SD = 1.09$) than appropriate questions ($M = 1.66, SD = 1.15$) during their police interviews, $t = 5.48, p < .01$. This was also the case for suspects with no mental health disorders; that is, they were asked significantly more inappropriate questions ($M = 2.44, SD = 1.21$) than appropriate questions ($M = 1.42, SD = .80$) during their police interviews, $t = 5.99, p < .01$.

Further analysis was conducted to explore any differences in the use of specific question types used during the police interview between the two suspect types. Results are displayed in Table 2.

Table 2 to go here.

The data suggest that the questioning techniques were similar in both suspect groups with no significant differences found between the majority of question types. The only difference to emerge was with the use of echo style questions (the interviewer echoing the suspect response), with the vulnerable suspects being asked significantly more echo style questions than their non-vulnerable counter-parts, $t = 2.79, p = .01$.

3.4.2 Clarification of Question Types

Based on what is known about the cognitive abilities of those with mental health disorders, additional analysis was conducted focusing on the level of question clarifications required in interviews conducted with mentally disordered and non-mentally disordered suspects. Mann Whitney U Tests indicated that overall there were no significant differences in requests for questions to be clarified between suspects with mental health disorders (mean rank = 36.65) and suspects with no mental health disorders (mean rank = 30.88), $U = 445.50, p = .22, N = 66$.

However, when further analysis was conducted on the level of clarifications per specific question type, the data highlighted that suspects with mental health disorders were significantly more likely to seek clarification when asked open questions (mean rank = 37.13) compared to suspects without mental health disorders (mean rank = 30.47), $U = 431.00, p = .05, N = 66$. This was also the case when these vulnerable suspects were asked encouragers/acknowledgement style questions; suspects with mental health disorders were significantly more likely to seek clarification (mean rank = 35.30) than suspects with no mental health disorders (mean rank = 32.00), $U = 486.00, p = .05, N = 66$. Furthermore, suspects with mental health disorders sought significantly more clarification when asked forced choice

questions (mean rank = 35.30) when compared to suspects without any mental health disorders (mean rank = 32.00), $U = 486.00$, $p = .05$, $N = 66$.

3.4.3 Investigation Relevant Information

The level of investigation relevant information (IRI) obtained from both suspect groups was explored to examine which, if any, question type elicited the most information. Overall, a t-test indicated that there were no significant differences in the amount of IRI provided between suspects with mental health disorders ($M = 5.03$, $SD = 2.03$) and those without mental health disorders ($M = 5.79$, $SD = 2.18$), $t = 1.44$, $p = .15$. The level of IRI obtained between each group based on each specific question type was then explored. Results are displayed in Table 3.

Table 3 to go here.

Whilst the data suggest that both suspect groups provide a similar level of IRI during the interview, some significant differences were found. For example, suspects with no mental health disorders provided a significantly higher amount of IRI in response to multiple questions when compared to suspects with mental health disorders, $t = 2.20$, $p = .03$. This is not surprising given the current literature; to be able to hold each question and then respond to each in turn is a working memory tasks requiring cognitive resources which are depleted in vulnerable suspects.

Final analyses focused on the amount of information elicited within each suspect group based on open versus closed questions. A t-test revealed that suspects with mental

health disorders provided significantly more IRI when asked closed questions ($M = .81, SD = .55$) than open questions ($M = .02, SD = .02, t = 8.05, p < .001$). When this was explored with non-vulnerable suspects, a t-test revealed that significantly more IRI was also provided to closed questions ($M = .91, SD = .71$) than to open questions ($M = .51, SD = .81, t = 2.14, p = .04$).

3.5 Suspect Vulnerability

3.5.1 Interviewer Behaviours

Given the dynamic nature of the investigative interview and the impact of interviewer behaviours on this process, these characteristics were coded and analysed. The results indicated some positive findings; interviewers were significantly more likely to alter their language to suit the abilities and understanding of suspects with mental health disorders ($M = 2.83, SD = 2.73$) when compared to suspects with no mental health disorders ($M = 1.53, SD = 1.36, t = 2.52, p = .01$). However, the findings also suggested that interviewers were significantly more likely to use poor interview techniques such as minimisation during interviews with the vulnerable suspects ($M = .01, SD = .01$) than with the non-vulnerable suspects ($M < .001, SD < .001$) during the investigative interview, $t = 1.81, p = .05$.

3.5.2 Suspect Behaviours

The vulnerability of suspects during the investigative interview was also explored. Given the difficulties in differentiating between suggestibility and compliance outside of clinical practice, instances where the suspect demonstrated either one of these behaviours was coded and analysed and grouped as suspect vulnerability. Analysis indicated that suspects

with mental health disorders demonstrated significantly higher levels of vulnerability ($M = .02$, $SD = .04$) than non-vulnerable suspects ($M = .003$, $SD = .01$) during the investigative interviews included in this sample, $t = 2.16$, $p = .04$. However, there were no significant differences between the vulnerable ($M = .003$, $SD = .02$) and non-vulnerable suspects ($M = .001$, $SD = .002$) in relation to levels of acquiescence demonstrated during the investigative interview.

4. Discussion

The current study was designed to be exploratory in nature in order to examine investigative interview practice with mentally disordered suspects. The aim was to explore how they responded to procedures and questioning techniques overall, and the impact this has on the level of investigation relevant information obtained. Our main findings were that current best practice interviewing methods, such as the use of open questions, are not being entirely adhered too. In addition, these best practice methods (such as those advocated for in the PEACE model of interviewing in England and Wales) may not be entirely suitable for mentally disordered suspects in terms of their level of understanding and the amount of investigation relevant information elicited. Furthermore, whilst interviewing officers remained consistent in their approach regarding the procedural aspects of the interview and were significantly more likely to alter their language to suit the abilities of the suspect with a mental health disorder, the current findings highlight that these vulnerable suspects were also subjected to significantly increased levels of minimisation when compared to their non-mentally disordered counterparts. This is concerning given that the suspects with mental health disorders in this sample demonstrated significant levels of vulnerability (e.g. suggestibility and compliance) and were more likely to provide a full admission. These main findings will be discussed below in relation to prior research and implications for practice.

Vulnerable individuals, particularly those with mental health disorders, are increasingly coming into contact with the judicial process (Price, 2005). As such, it is vital that those involved in the investigative interviewing of mentally disordered suspects are well equipped to deal with the vulnerabilities that these individuals can present with during an already complex and dynamic stage (Herrington & Roberts, 2012). The general consensus around the world is that the use of open or probing questions will elicit longer and more accurate information when compared to inappropriate questions such as closed questions

(Oxburgh et al., 2010; Snook et al., 2012). In addition, despite research highlighting how police officers believe that they always use open questioning techniques (Oxburgh et al., 2016), the current study found that police officers are over-relying on the use of inappropriate questioning methods when conducting interviews with both mentally disordered and non-mentally disordered suspect groups. This is consistent with findings from the psychological literature base (Myklebust & Alison, 2000; Snook & Keating, 2010; Wright & Alison, 2004).

Conducting investigative interviews with vulnerable suspects can be problematic, given their complex cognitive needs (Bauer et al., 2010; Benazzi, 2004; Kingdon & Turkington, 2005). Indeed, some vulnerable suspects may not be able to understand the importance of the questions asked of them or of the implications of their responses (Gudjonsson, 2018). The current study found that suspects with mental health disorders were more likely to seek clarification to understand questions posed to them, in comparison to suspects without mental health disorders. This was the case for open questions, closed questions, and acknowledgement-style questions, however, requests for clarification were most apparent in response to open questions. Research has documented how individuals with mental health disorders may be prone to a ‘categorical overgeneral memory’ (Lemogne et al., 2006) which has implications for the free recall aspect of a suspects’ account. The current findings suggest that these vulnerable suspects may find it difficult when they are asked an open question for their free recall. This holds significance for current best practice interview techniques. The general consensus suggests that open questions are the gold-standard for eliciting reliable information in the interviewee’s own words and should be used. However, this guideline is based on an evidence-base of research that has largely tested individuals without a mental health disorder. Our results suggest that this guideline might need to be revised for suspects with a mental health disorder and that a more specific style of questioning is needed. Three further independent studies conducted with adults that have an

intellectual disability show support for this; this vulnerable group reported fewer correct details than those without an intellectual disability when asked open questions that invite a free narrative response (Bowles & Sharman, 2014; Perlman et al., 1994; Ternes & Yuille, 2008). Furthermore, given the difficulties that those with mental health disorders have in concentrating and interpreting questions (Kingdon & Turkington, 2005; Rude et al., 2002) coupled with our findings that these vulnerable suspects provided more investigation relevant information to closed questions, interviewing officers must be able to adapt their questioning strategy accordingly in seeking accurate and reliable information. Indeed, other psychological research has found that additional well-defined interview techniques (such as the use of the Cognitive Interview; Fisher & Geiselman, 1992) is not suitable for individuals with Autism Spectrum Disorder (Maras & Bowler, 2010). This suggests that further work is required in developing an evidence-based approach to assist with vulnerable interviewees.

Psychological research has frequently documented the heightened levels of suggestibility, compliance and acquiescence often found in individuals with mental health disorders and other types of vulnerabilities (Gudjonsson, 2006, 2010, 2018). The current findings also reflected such vulnerabilities in that mentally disordered suspects demonstrated significantly higher levels of vulnerability when compared to their non-vulnerable counterparts. Whilst this is not overly surprising, this is concerning given that in the current sample, police officers were significantly more likely to use poor interviewing tactics, such as minimisation. Defined as the minimisation of the moral seriousness of an alleged offence (Appleby, Hasel, & Kassin, 2013), this interview tactic can imply leniency and increase the rate of false confessions (Narchet, Meissner, & Russano, 2011). This is alarming given the increased level of vulnerability that suspects with mental health disorders can present with, but also that within the current sample, these types of suspects were significantly more likely to provide a full admission to the offence that they were being interviewed for.

The current research findings did, however, find some positive results. In our sample, interviewers were significantly more likely to alter their language to suit the needs of the vulnerable suspect. This suggests attempts at engaging with and building rapport with the mentally disordered suspect in order to elicit as much information as possible. Previous research has reported how police officers feel that if they change their language to suit the needs of the mentally disordered suspect, and, as such, avoiding “police jargon”, this will lead to higher levels of rapport and better engagement from these types of suspects (Oxburgh et al., 2016). This is not surprising given that procedural justice theory (Tyler & Blader, 2003) suggests that cooperation with ‘authority figures’ will be maximised if individuals feel that they have been treated fairly, given an opportunity to voice their opinions and afforded dignity and respect. In order for this to occur, suspects with mental health disorders must be able to understand, process, and respond to the language and questions used during the investigative interview. The language, and questioning style, therefore, must suit the needs of these vulnerable suspects; evidence is building that one size may not fit all.

The current study is one of few that explores the mentally disordered suspect during the investigative interview. Whilst a strength of the study is that the interview transcripts analysed were not specific to the practice of a single force, it is acknowledged that a higher level of participating police forces would allow for a more inclusive sample. Furthermore, the sample only included interview transcripts. Although it was possible to code and analyse the level of data required for the current study, audio and/or video data would have allowed a greater depth of research analysis. In addition, despite the current study highlighting some interesting findings, replication and follow-up empirical research is sensible prior to making any suggestions to current policy. It must also be acknowledged that the sample included within the current study does not represent a homogeneous group. Individuals with different mental health disorders may present with various needs in respect to understanding and

responding to the investigative interview. However, this exploratory study is an important first step in examining overall how the mentally disordered suspect copes during the investigative interview. Further work is currently being conducted to test hypotheses that are more specific in order to gain a better understanding of how this vulnerable group and more specific sub-groups cope during the investigative interview so that this critical stage of the criminal justice system succeeds in obtaining accurate and reliable information. Currently, police custody and the interviewing of these types of vulnerable suspects remains the most under-developed area within the criminal justice system (Bradley, 2009).

5. References

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6. Tables

Table 1.

Classification of question types

	Question Type	Definition
Appropriate Questions	Open	Questions that are open-ended and encourage a free recall: known as “TED” questions, “Tell, Explain, Describe”
	Probing	Questions that are designed to probe the account; known as the 5WH, “What, Where, Who, When, Why”
	Encourager / Acknowledgements	Utterances that are designed to encourage the interviewee to continue talking; e.g. “Uh huh”
Inappropriate Questions	Closed	Questions designed to elicit a “yes” or “no” response only
	Forced choice	Questions that provide the interviewee with limited response options, e.g. “Was the car red or white?”
	Leading	Questions that mention new pieces of information that have not been previously mentioned by the interviewee, typically quite leading in nature
	Opinion / Statement	An opinion or statement offered by the police officer, no question asked
	Multiple	A number of questions asked in one instance
	Echo	Interviewer repeats the response of the interviewee

Table 2.

T test comparisons of mean specific question types observed per minute in interviews conducted with mentally disordered (MD) and non-mentally disordered (NMD) suspects.

	MD Suspect	NMD Suspect	
	<i>M (SD)</i>	<i>M (SD)</i>	<i>p</i>
<hr/>			
Question Type			
Open questions	.08 (.09)	.07 (.08)	.56
Probing questions	.85 (.38)	.89 (.50)	.76
Encourager /	.73 (.90)	.47 (.5	.15
Acknowledgements			
Closed questions	.92 (.35)	.86 (.39)	.55
Forced choice questions	.08 (.06)	.07 (.06)	.58
Leading questions	.02 (.02)	.02 (.03)	.88
Opinion / Statement	1.30 (.69)	1.23 (.85)	.73
Multiple	.17 (.17)	.18 (.13)	.87
Echo	.21 (.27)	.07 (.08)	.01

Table 3.

T test comparisons of mean investigation relevant information observed per question type per minute in interviews conducted with mentally disordered (MD) and non-mentally disordered (NMD) suspects.

	MD Suspect	NMD Suspect	
	<i>M (SD)</i>	<i>M (SD)</i>	<i>p</i>
Question Type			
Open questions	.35 (.43)	.51 (.81)	.34
Probing questions	1.49 (.92)	1.97 (1.11)	.06
Encourager /	1.14 (1.20)	.91 (1.25)	.44
Acknowledgements			
Closed questions	.81 (.55)	.91 (.71)	.50
Forced choice questions	.08 (.08)	.11 (.13)	.40
Leading questions	.02 (.04)	.03 (.09)	.44
Opinion / Statement	.72 (.52)	.81 (.55)	.49
Multiple	.25 (.25)	.45 (.43)	.03
Echo	.15 (.29)	.08 (.16)	.20