Developing the vocal profile analysis scheme for forensic voice comparison

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Forensic Voice Comparison (FVC)

 what: analyse the speech of unknown offender and known suspect



- why: aid the court in determining whether voices belong to the same or different speakers
- how: auditory phonetic cum acoustic phonetic analysis (Europe)

1. Introduction

- survey of practitioners (Gold & French 2011)
 - voice quality (VQ): one of most valuable features
 - 94% examine VQ
 - 68% of those do so 'routinely'
 - 61% use recognised framework
 - 21% perform "auditory analysis and provide some form of a verbal description" (i.e. not following preestablished scheme)

APPENDIX 1: VOCAL PROFILE ANALYSIS PROTOCOL

	FIRST PASS Neutral Non-neutral			D PASS					
			SETTING			derate 2 3	extreme		_
VOCAL TRACT									
COCAL TRAC	FEEATL	I	I t in stood	ing/protrusion			_		
I. Labial				-	-	-	-	H	
I. Labiai			Lip spreading Labiodentalization			-	-	-	۰
	_	_	Extensive range			_	-	-	H
			Minimised range			-	-	-	H
	_		Close jaw	-	_	-	_	-	
2. Mandibular			Open jaw			-		_	
c. pranonous				-	_	-	-	۰	
		_	Protruded jaw Extensive range			-	-	-	۰
			Minimise		-		+	-	۲
Linear					-	-	+	-	۰
3. Lingual tip/blade			Advanced tip/blade Retracted tip/blade				+	-	۲
ingir creature		_		ngue body		_	-	-	۰
4. Lingual body		1	Backed to	neue body	-		$^{+}$	-	r
v. Emgan coay		l .		Backed tongue body Raised tongue body			+	-	۰
				Lowered tongue body			$^{+}$	-	r
	_		Extensive			+	-	۲	
			Minimise		-	$^{+}$	-	r	
5. Pharyngeal				-		+		r	
5. Friaryngear		1		Pharyngeal constriction Pharyngeal expansion			$^{+}$		r
	_	_	Audible n	100	10000	_		۲	
6. Velopharyngeal			Nasal			1		۲	
			Denasal				-		r
7. Larynx height			Raised las	rynx			T		Г
7. Caryini migin	7. Larynx neight		Lowered larynx						
B. OVERALL MU	SCULAR	TENSION							
8. Vocal tract			Tense voc	cal tract			Т		Г
tension			Lax vocal tract						Г
9. Laryngeal			Tense larynx						Г
tension			Lax larynx				\mathbf{L}		
C. PHONATION	FEATURE	ES							
			Present			Scala	r Dey	gree	
	SETTING		Neutral	Non-neutral		oderate		Atre	
			-		1	2 3	4	5	L
10. Voicing type	Voice		_		150	100		1 1	
	Falsetto		50		100	DY-1			
	Creak		3 9 6			No.	100	1	μ
	Creaky		200		-		_	_	L
11. Laryngeal	Whisper		2737			15 00	-	-	Ψ
frication	Whisper	у	CONTRACT.		-		+	-	L
12. Laryngeal	Harsh		EQUIPMENT.		-		-	-	Ļ
irregularity	Tremor		1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						

Vocal Profile Analysis

- framework for systematic description of VQ
 - developed by Laver et al. (1981)
- modified by Beck (2007)
 - 25 supralaryngeal
 - 7 laryngeal
- comparison against 'neutral setting'
 - clearly defined baseline with concrete acoustic and physiological correlates

1. Introduction

 Nolan (2005): first systematic discussion application of VQ analysis to FVC

issues with VPA for FVC

- some dimensions never used in forensic analysis (redundancy)
- forensic analysis needs to be based on independent features (avoid doubling evidence)
- difficult to quantify
- courts need to know reliability of the method (perception of subjectivity)

1. Introduction

research questions

- 1. what changes might we make to improve the useability of VPA for FVC?
- 2. how reliable are VPA scores across different analysts?
- 3. to what extent is a speaker's profile variable across recordings and how useful is VPA for speaker discrimination?

2. Methods

- **DyViS** (Nolan et al. 2009)
 - 100 male speakers
 - Standard Southern British English (SSBE)
 - 18-25 years old



mock police interview

HQ, studio recording (c. 20 mins)



Task 2

information exchange over telephone

HQ, near-end recording (c. 10-15 mins)

3.1 VPA protocol

simplified version

- reduced scalar degrees
 - 'present' features (1-3)
- reduced N settings
 - mergers:
 - fronted + raised
 - backed + lowered
 - creak + creaky
 - whisper + whispery
 - deletion:
 - audible nasal escape
 - protruded jaw

	FIRST PASS		SECOND PASS					Notes
					Slight Mark. Extr.			
	Neutral	Non- Neutral	SETTING		1	2	3	
A. VOCALTRAC	T EENTI	IDEC			•	•		
Labial	TELAIC	IKLS	Lip rounding/p	rotrusion	Т		Т	
Lubiui			Lip spreading	TOTTUSTOTT				
			Labiodentalisation					
			Extensive labial range					
			Minimised labi	al range				
Mandibular			Close jaw					
			Open jaw					
			Extensive mandibular range					
			Minimised mar	ndibular range				
Lingual tip/blade			Advanced tongue tip/blade					
			Retracted tong					
Lingual body			Fronted tongue body					
			Backed tongue					
			Extensive lingual range					
			Minimised lingual range					
Pharynx			Pharyngeal constriction					
			Pharyngeal expansion					
Velopharyngeal			Nasal					
			Denasal					
Larynx height			Raised larynx					
			Lowered laryn	(
B. OVERALL MU	ICCIII AT	TENCI	ON					
Vocal tract tension	JOULAI	TENSI	Tense vocal tra	not		1	T	
Vocal tract tension			Lax vocal tract				-	
Laryngeal tension			Tense larynx					
Laryingear terroron			Lax larynx					
	1		zan mijin					l
C. PHONATION	FEATUR	ES						
2			Present		Scalar Degree			
					Slight	Mark.	Extr.	
	SET	TING	Neutral	Non-neutral	1	2	3	
Voicing type	Voice			-				
	Falsetto							
	Creaky							
	Whispen	y						
	Breathy							
	Murmur							
	11 1							
	Harsh							

3.1 VPA protocol

potential future simplifications

- further reduction of supralaryngeal settings:
 - extensive {mandibular | lingual | labial} range→tense vocal tract
- correlations between settings (e.g. lowered larynx ~ pharyngeal expansion)
 - sources of correlation (physiological, socioling...)
- dealing with polar opposites

lip rounding
lip spreading

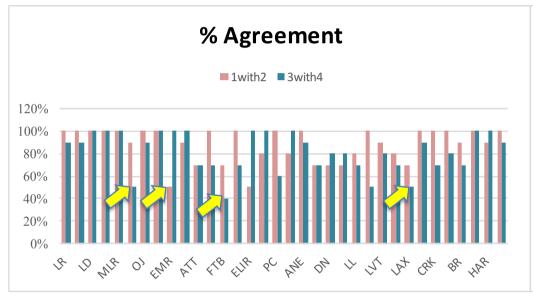
pilot experiment:

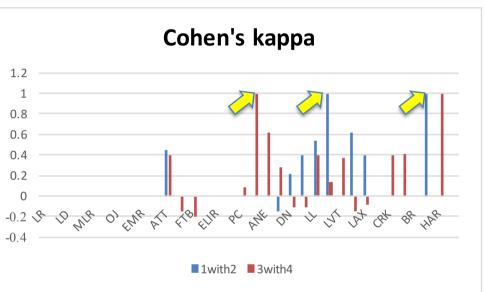
- 10 speakers randomly selected from Task 2
- 4 raters (blind perceptual analysis using SVPA)
- results based on absolute agreement

results

- high percentage agreement for most settings
 - only exceptionally < 70% (e.g. fronted tongue body)
- fair-moderate agreement with Cohen's kappa
 - κ > 0.80 (pharyngeal expansion, harshness)

Precalibration





- Good agreement for most settings
- Some exceptions (% < 0.70)
 close jaw
 extensive mand./lingual range
 fronted tongue body
 lax larynx
- But results not chance corrected!

- Very good agreement ($\kappa > 0.80$):
 - ✓ pharyngeal expansion
 - √ harshness
 - √ tense vocal tract
- Need to work on the rest of settings
- Problem with 'invariant values':
 - All coders attain 100% agreement
 - Only use one variable value¹¹

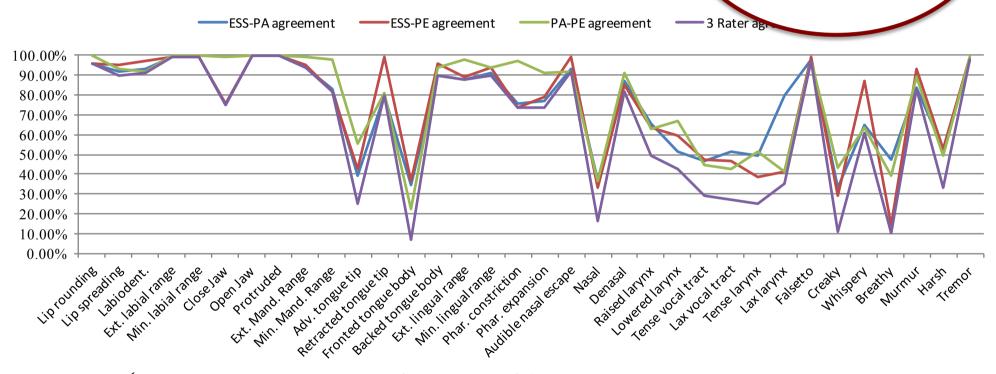
calibration procedure:

- joint listening
- redefining certain labels
- discussing the idea of 'neutral' voice as baseline for this population
- adjustment of the individual use of scalar degrees



3.2. Interrater measures post-calibration interrater results

*REMEMBER
Based on absolute
agreement (same scalar
degrees)!



- \checkmark overall good agreement (80 − 100%) for most supralaryngal settings
- ✓ moderate agreement (< 60%) in phonatory settings (esp. *breathy*)
- ✓ Cohen's kappa confirms general patterns
 - but issues with use for invariant values
- ✓ exceptions to good agreement: e.g. fronted tongue body & nasal

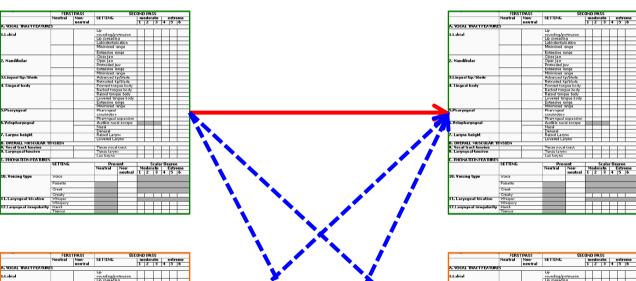
- more realistic definition of agreement/ disagreement:
 - disagreement about presence/absence (0-1)
 - disagreement beyond 1 scalar degree

	% agreement
ESS ~ PE	88.1%
ESS ~ PA	87.3%
PA ~ PE	88.4%
mean	87.9%

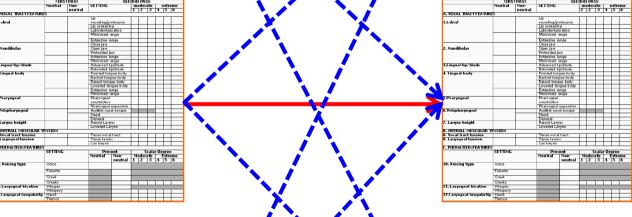
3.3 Speaker discrimination

TASK 1 TASK 2

Speaker 1

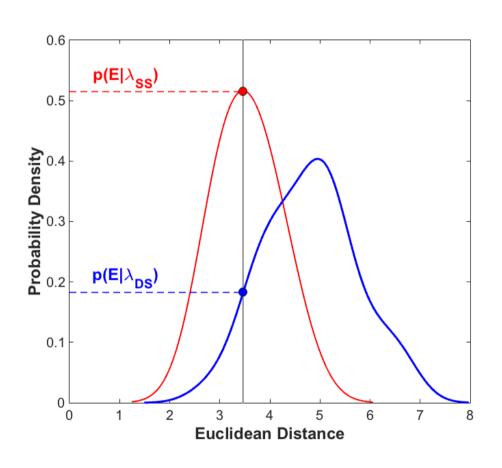


Speaker 2



etc.

3.3 Speaker discrimination



$$\frac{p(ED|\lambda_{SS})}{p(ED|\lambda_{DS})} = \frac{0.515}{0.183}$$

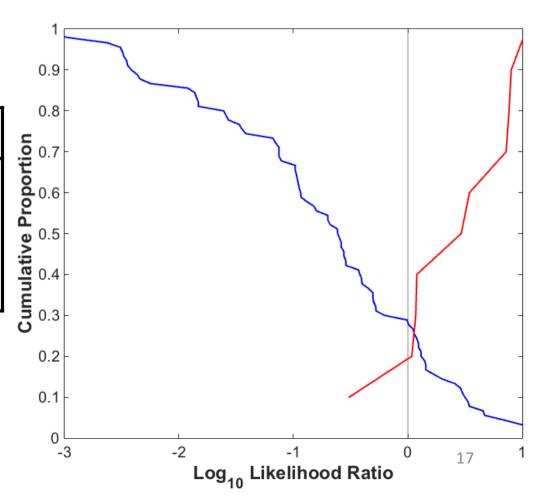
$$= 2.814$$

- performance measured using C_{IIr}
 - magnitude of errors
 - -< 1 is good</pre>

3.3 Speaker discrimination

best results: binary data

settings	C _{IIr}				
All	0.6509				
Supralaryngeal	0.7137				
Laryngeal	0.9984				



4. Discussion: modifications

- first attempt at simplifying scheme
- issues with perceptual assessment of VQ
 - voice = highly multidimensional
 - difficulty isolating individual settings
 - reducing dimensionality/ maintaining value
- scope for further dimension reduction:
 - may be able to use interrater results

4. Discussion: interrater

- overall % agreement = good
 - some settings easier to agree upon? more salient?
 - labiodentalisation or harshness also high %
 agreement in previous studies (Beck 2005: 100% and
 84% respectively)
- lower % agreement results may have simple explanations and solutions:
 - nasal-denasal co-occur → raters tick one label?
 - breathy-whisper

 no clear perceptual boundary

4. Discussion: sp discrimination

- weak strength of evidence
 - small sample size
 - cross-validation
 - no calibration
 - issue with representation (quantification)
 - distances not weighted by auditorily marked features
 - averaging over settings
 - massive redundancy

5. Conclusion

- simplified VPA for forensic purposes
 - further modifications based on:
 - correlations/interrater results/speaker discrimination...
- overall good interrater agreement
 - systematic patterns (individuals/listening strategies)
 - other statistical measures
- promising speaker discriminatory value
 - more appropriate ways of quantifying VPA
 - optimising discriminatory value

Thanks! Questions?





