

Managing Emergency Talk with Child Callers: A Conversation Analysis of Operator-Child Dialogues in 911 Calls

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Abstract

Children's emergency calls are high-risk institutional encounters in which fear, limited communicative ability, and the need for rapid response occur simultaneously, yet the interactional participation of child callers in actual 911 conversations remains underexplored. This article examines how operators and child callers organize emergency talk and how conversational structures support the production of usable information under conditions of emotional pressure. The analysis draws on three selected 911 calls from the True 911 Calls YouTube channel involving callers between 4 and 12 years old. The age range is treated as a descriptive characteristic of the data rather than as a single developmental category; each call is examined as an individual interactional case before recurring patterns are identified across the data. The recordings were transcribed using Jeffersonian conventions and analyzed through Conversation Analysis, focusing on turn-

taking, adjacency pairs, sequence organization, preference organization, and repair mechanisms. The findings show that the calls remain institutionally organized despite hesitation, emotional expressions, and incomplete responses. Adjacency pairs are the most prominent pattern, followed by preference organization, turn-taking, repair mechanisms, and sequence organization. These practices enable operators to obtain, clarify, and organize emergency information while accommodating children's interactionally displayed difficulties. Future research should compare different developmental age groups and combine Conversation Analysis with interactional sociolinguistics to examine broader social and institutional contexts.

Keywords: *Conversation Analysis, emergency calls, child callers, turn-taking, adjacency pairs*

INTRODUCTION

A child's emergency call brings together fear, limited communicative ability, and institutional urgency in real time (Yildiz et al., 2023). Unclear information, delayed responses, or difficulty identifying location may affect how quickly assistance can be dispatched (Muzenda-Mudavanhu et al., 2016), while children may have fewer linguistic, cognitive, and emotional resources for describing danger than adults. Emergency calls are also highly structured institutional encounters in which dispatchers assess urgency and determine the assistance required (Møller et al., 2015). Communication with children therefore needs to be adjusted to their level of understanding through appropriate questions, confirmations, instructions, and reassurance (Bell & Condren, 2016). This challenge is illustrated by Petri's (2022) report of a 12-year-old caller who recognized an emergency but struggled to communicate his location until the operator provided precise guidance. Such interaction can be examined through Conversation Analysis (CA), which treats talk as systematically organized social action (Hutchby & Wooffitt, 2021; Levinson, 1983). Through turn-taking, adjacency pairs, sequence organization, preference organization, and repair mechanisms, CA provides a framework for examining how operators and child callers jointly maintain emergency interaction (Sacks et al., 1974).

Research on children's interaction shows that young participants can follow conversational organization, although their participation remains developmentally shaped. Stivers et al. (2018) found that children followed interactional norms but differed

from adults in response timing and frequency, while Jenkins et al. (2020) showed that children could initiate talk in pediatric consultations despite their relatively limited role. Martini (2023) similarly identified complex interactional patterns in pediatric surgical encounters, particularly when misunderstanding or emotional responses occurred. Studies of adult communication with children further indicate that institutional interaction requires careful adaptation to young participants. Church and Bateman (2019) demonstrated the value of reflective interactional practices in communication with children, and Davison et al. (2021) emphasized appropriate questioning, careful listening, and clear explanation in child-centered healthcare.

These studies establish children as active participants in institutional interaction whose contributions are shaped by the local demands and organization of the encounter. This is consistent with Jenkins et al. (2020) and Stivers et al. (2018), who show that children can actively participate in interaction by initiating talk, responding to others, and contributing relevant information, although the organization of their participation is influenced by the interactional context. However, these studies primarily concern peer, educational, and healthcare contexts rather than situations in which children must communicate consequential information during an immediate emergency. The present study does not treat age-related developmental differences as an analytical variable and therefore does not interpret hesitation, delayed responses, incomplete turns, or repair as evidence of developmental limitation. Following the Conversation Analysis perspective described by Schegloff (2007) and Hutchby and Wooffitt (2021), such features are instead examined through their sequential position and through how subsequent turns display participants' orientations to them.

This analytical distinction is important because hesitation, delay, repair, and other forms of interactional difficulty should not automatically be attributed to developmental capacity. As research on emergency interaction has also shown, uncertainty and emotional pressure may shape how callers formulate information and how call takers respond to it

(Kevoe-Feldman, 2021; Riou et al., 2026). The present analysis therefore focuses on what these features accomplish within the unfolding sequence rather than inferring whether they originate from the caller's age, emotional state, or other underlying individual characteristics.

Emergency communication research, by contrast, has primarily examined adult callers and institutional crisis management. Kevoe-Feldman (2021) showed how emergency call handlers redirect emotional callers toward relevant action, while Garcia (2024) demonstrated the interactional value of active listening, autonomy, and redirection in crisis negotiation. Riou et al. (2017) found that question design can affect response length and dispatch efficiency, whereas Booker et al. (2018) showed that rigid triage questions may create difficulties when callers cannot provide expected responses. Natrass and Watermeyer (2025) further demonstrated how failures to establish location, urgency, or the need for assistance can contribute to communication breakdown. Thus, two established strands of research remain largely separate: studies of children explain developing participation under adult guidance, whereas emergency-call research explains how operators organize urgent institutional talk. What remains insufficiently understood is how these dimensions intersect when the person responsible for reporting an actual emergency is a child.

Addressing this gap, the present study examines how child callers and emergency operators organize talk in selected 911 calls from the *True 911 Calls* YouTube channel (True 911 Calls, n.d.). It asks: (1) What types of conversational organization are used by operators and child callers in the selected 911 emergency calls? and (2) What functions do these conversational organizations perform in managing operator–child interaction during emergencies? The study argues that these calls are institutionally asymmetrical but interactionally interdependent: operators retain greater control over the agenda through questions, confirmations, instructions, and topic management, while child callers provide responses, corrections, additional information, repairs, and other contributions that

enable the interaction to progress. Interdependence here does not imply equal authority or symmetrical co-construction. Rather, it refers to the sequential dependence of emergency talk on contributions from both participants: operators initiate and constrain many courses of action, but the completion, clarification, or redirection of those sequences depends on how child callers respond. Children's contributions are therefore examined not simply as compliance with institutional questioning, but in terms of whether they confirm, expand, correct, resist, delay, or otherwise reshape the developing sequence (Drew & Heritage, 1992; Schegloff, 2007). The theoretical contribution lies in extending CA of institutional talk by bringing institutional authority, children's interactional participation, and the pressures of emergency communication into the same analytical account (Drew & Heritage, 1992; Stivers et al., 2018). Rather than attributing hesitation, incomplete responses, spontaneous turns, repair, or emotional expressions to developmental capacity, the study examines what these practices accomplish within their immediate sequential environments. It considers how such contributions are taken up, clarified, redirected, or incorporated by operators in the continuing interaction (Sacks et al., 1974; Schegloff et al., 1977). This perspective clarifies how institutionally asymmetrical interaction can nevertheless depend on contributions from both participants to transform fragmented, uncertain, or emotionally charged reports into information that can support emergency response.

Conversation Analysis as The Analytical Framework

Conversation Analysis (CA) provides the theoretical framework for this study because it enables the researcher to examine how talk is organized as a form of social action. In its early development, CA was shaped by the works of Harvey Sacks, Emanuel Schegloff, and Gail Jefferson, who viewed conversation as an orderly, systematic, and empirically observable phenomenon rather than a random exchange of utterances (Sacks, 1992; Sacks et al., 1974). This perspective was influenced by Garfinkel's ethnomethodology and Goffman's theory of social interaction, both of which emphasize

how people produce social order through everyday interaction (Garfinkel, 1967; Goffman, 1956). Stivers et al. (2018) describe CA as an approach for understanding talk as a fundamental feature of social life, while Hutchby and Wooffitt (2021) emphasize how participants understand, respond to, and coordinate with one another through sequentially organized interaction. CA can therefore be applied not only to ordinary conversation but also to institutional encounters such as medical consultations, court hearings, news interviews, and emergency calls. This orientation is particularly relevant to the present study because fear, communicative difficulty, and institutional urgency are examined insofar as they become observable in the unfolding interaction rather than treated as psychological states inferred independently from the talk.

The present study focuses on five central elements of CA: turn-taking, adjacency pairs, sequence organization, preference organization, and repair mechanisms. Turn-taking concerns how participants manage who speaks, when they speak, and how subsequent speakers are selected (Levinson, 1983). Stenström (1994) further distinguishes taking, holding, and yielding the floor, while Hutchby and Wooffitt (2021) emphasize speaker change, one speaker at a time, and minimal gaps or overlaps. In emergency calls, these practices are particularly important because operators need to regulate information flow while children may self-select turns to express fear, confusion, or urgent details. Institutional control is therefore observable through practices such as turn allocation, questioning, interruption, and topic direction (Drew & Heritage, 1992). Adjacency pairs similarly organize related actions such as question–answer, request–response, greeting–greeting, and complaint–apology (Cook, 1990; Cutting, 2002; Mey, 1994; Yule, 1996). Richards and Schmidt (as cited in Paltridge & Burton, 2000) emphasize the relationship between the first and second pair parts, while Schegloff, as cited in Wooffitt (2005), explains this relationship through conditional relevance. Sequence organization extends this analysis to the arrangement of turns into openings, pre-sequences, insertion sequences, and closings (Cutting, 2002; Levinson, 1983; Liddicoat,

2007; Mey, 1994; Yule, 1996). Together, these features make it possible to examine institutional urgency through observable practices such as redirecting emotional narratives toward location, victim condition, or immediate action, while power is traced through the operator's control over questions, turns, and topic progression.

Preference organization and repair mechanisms provide further access to how child callers manage the interaction under pressure. Preferred responses are generally produced directly, whereas dispreferred responses may involve pauses, hesitation, explanations, or indirectness (Levinson, 1983); Schegloff (2007) further relates preference to whether responses align with or move away from prior actions. Repair addresses problems in speaking, hearing, or understanding and may involve self-initiation, other-initiation, self-repair, or other-repair (Bolden, 2013; Liddicoat, 2007; Rheisa, 2014; Schegloff et al., 1977).

In this study, hesitation, delayed responses, pauses, cut-offs, repetition, crying, sobbing, pitch movement, incomplete answers, and self-repair are not treated merely as structural irregularities or as direct indicators of a child's internal emotional or psychological state. Instead, they are examined as interactionally observable features whose relevance is established through their sequential placement and through the ways other participants orient to them in subsequent turns. This approach is consistent with Hepburn (2004), who demonstrates that crying can be examined through audible features such as sobbing, silence, changes in pitch, aspiration, and voice quality without treating them as transparent evidence of an underlying psychological condition. Hepburn and Potter (2012) similarly conceptualize crying as an interactional phenomenon by examining how it becomes recognizable in talk and how recipients respond to it. Accordingly, when an operator responds to crying or hesitation by pausing, reformulating a question, providing reassurance, repeating information, or modifying an instruction, the analysis describes the operator's displayed orientation to that feature rather than inferring what the child is internally experiencing. The analysis therefore focuses on the sequential

consequences of these observable features within the emergency interaction (Hutchby & Wooffitt, 2021; Schegloff, 2007). Children's participation is likewise examined through observable practices such as response timing, turn construction, repair, and responses to sequential expectations, without treating these practices as measures of developmental competence (Stivers et al., 2018).

Accordingly, the five CA elements constitute the primary analytical categories, whereas power dynamics, topic organization, emotional displays, communicative difficulty, and institutional urgency are treated as cross-cutting dimensions rather than additional coding categories. In institutional interaction, power can be displayed through control over turns, questions, instructions, and topic development (Drew & Heritage, 1992), while topic organization concerns how topics are introduced, maintained, shifted, or closed (Jefferson, 2004; Paltridge & Burton, 2000). This distinction allows the analysis to remain methodologically grounded in CA while addressing the emotional and communicative vulnerability emphasized in the introduction. Power and topic management are interpreted through the operation of turn-taking, adjacency pairs, sequence organization, preference organization, and repair, while fear and communicative difficulty are considered through their interactionally visible manifestations. CA is therefore used not merely to identify conversational structures, but to explain how those structures manage emergency information, distribute interactional control, sustain mutual understanding, accommodate children's emotional displays, and transform fragmented accounts into actionable emergency responses.

RESEARCH METHODS

This study employed a descriptive qualitative design to analyze operator-child interaction in 911 emergency calls because it focuses on naturally occurring verbal interaction and seeks to interpret how meaning, response, and conversational order are produced under institutional and emotional pressure (Sherman & Webb, 1988). More specifically, Conversation Analysis was used as the analytical approach because it

examines naturally occurring interaction through detailed turn-by-turn and sequential analysis, focusing on how participants produce, respond to, and repair actions as interaction unfolds (Sidnell, 2013). The unit of analysis consisted of conversational turns and sequences produced by operators and child callers, particularly those showing turn-taking, adjacency pairs, sequence organization, preference organization, and repair mechanisms. The data comprised transcribed verbal interactions from three selected 911 emergency calls involving children aged 4 to 12, obtained from the *True 911 Calls* YouTube channel (True 911 Calls, n.d.). The age range of 4–12 years was treated as a descriptive characteristic of the selected callers rather than as a homogeneous developmental category. Each call was therefore examined as an individual interactional case before recurring patterns were identified across the three calls, and the study did not attempt to compare conversational behavior across developmental stages. From these calls, 234 occurrences of conversational organization were identified and classified. These frequencies were used descriptively to indicate the relative occurrence of the five categories rather than to support statistical generalization, since CA is primarily concerned with the qualitative organization of interaction (Cutting, 2002). The study therefore aims to provide an in-depth account of the selected interactions rather than claim that the patterns represent all emergency calls involving children. Supporting reports from ABC News, CBS News, and the *Los Angeles Times* (Moriarty, 2024; Petri, 2022; Rand, 2019; Shapiro, 2018) were used to verify that the emergencies represented in the recordings corresponded to documented events.

However, verification of the reported events does not establish the completeness or editorial integrity of the recordings themselves. Because the recordings were obtained from a third-party YouTube channel rather than directly from emergency dispatch archives, their original recording and editorial histories could not be independently verified. Third-party recordings may reflect prior decisions concerning selection, trimming, preservation, or presentation, which can affect the material subsequently

available for interactional analysis (Jones & Raymond, 2012). Publicly accessible YouTube materials may likewise provide limited information about their original production and contextual completeness (Sui et al., 2022). The recordings were therefore treated as publicly available records of interaction rather than as demonstrably complete reproductions of the original 911 calls. The analysis was restricted to sequential relations that were audibly preserved in the available recordings and did not make claims about interaction that may have occurred outside or between the published segments. Where the integrity of fine-grained acoustic detail could not be established, features such as exact pause duration, pitch movement, or other prosodic characteristics were not treated as decisive evidence on their own. Consequently, the findings describe the organization of interaction within the sequences preserved in the recordings rather than claiming to reconstruct the entirety of the original emergency encounters.

The data were collected and prepared through several procedures. First, recordings were selected from the *True 911 Calls* YouTube channel (True 911 Calls, n.d.) based on four criteria: the caller had to be a child, the conversation had to be clear and audible, sufficient operator–child interaction had to be available for analysis, and the emergency event had to be verifiable through supporting reports (Moriarty, 2024; Petri, 2022; Rand, 2019; Shapiro, 2018). Second, the three recordings meeting these criteria were listened to repeatedly to establish their interactional context and identify relevant segments. Third, the conversations were transcribed using Jeffersonian conventions for interruption, overlap, pause, cut-off, inaudible speech, transcriber’s description, elapsed time, and pitch movement (Jefferson, 2004). Detailed transcription was necessary because temporal, sequential, and prosodic features may contribute to the interactional meaning of an utterance (Hepburn & Bolden, 2013). To strengthen transcription accuracy and analytical reliability, the recordings were repeatedly compared with the completed transcripts, with particular attention to pauses, overlaps, interruptions, cut-offs, and pitch movements (Hepburn & Bolden, 2013; Peräkylä, 1997).

Given the uncertain production history of the uploaded recordings, however, transcription accuracy refers to fidelity to the publicly available audio rather than to an independently authenticated original recording. Analytical consistency was further maintained by applying the same five CA categories across all three calls and examining each occurrence in relation to its preceding and following turns rather than as an isolated utterance, consistent with the sequential orientation of CA (Sidnell, 2013). The continued availability of the recordings also enabled interpretations to be checked repeatedly against both the audio and the transcripts, supporting the transparency and analytical credibility of interpretations based on the available material (Peräkylä, 1997).

The analysis examined each conversational unit with reference to established CA principles concerning turn-taking, adjacency pairs, sequence organization, preference organization, and repair (Pomerantz & Heritage, 2013; Sacks et al., 1974; Schegloff et al., 1977). Turn-taking was examined to determine how speaking turns and information flow were managed; adjacency pairs were analyzed through question–answer, instruction–response, request–approval, and confirmation–confirmation patterns; sequence organization was used to trace movement from opening and problem presentation to clarification, instruction, reassurance, continuation of contact, and closing; and preference organization was examined as the structural organization of alternative responses within a sequence rather than as an indication of a participant’s personal preference (Pomerantz & Heritage, 2013). Preferred responses were identified when the projected next action was produced in a relatively direct and unmarked form, whereas potentially dispreferred responses were examined through observable features such as delay, hesitation, qualification, non-answer, disagreement, or other departures from the response projected by the prior turn. The analysis then traced the sequential consequences of such responses, including whether the operator pursued an answer, repeated or reformulated a question, initiated repair, provided additional guidance, or modified an instruction. A dispreferred response was not automatically interpreted as resistance to the operator’s institutional

authority because preference organization concerns the structural organization of alternative responses rather than a participant's personal willingness to comply with a prior action (Pomerantz & Heritage, 2013).

Resistance or challenge was therefore considered only when the response itself or the subsequent interaction provided observable evidence that the child rejected, opposed, or redirected the course of action projected by the operator, while delayed or divergent responses were described in terms of their sequential form and consequences. This interpretation follows the CA principle that participants' actions are understood through their position in the unfolding sequence and through how subsequent turns display an understanding of those actions (Schegloff, 2007). Repair mechanisms were similarly analyzed as interactional practices for addressing problems in speaking, hearing, and understanding rather than simply as evidence of communicative failure (Schegloff et al., 1977). Because developmental differences were not treated as an analytical variable, hesitation, response timing, repair, and other interactional features were interpreted within the sequential context of each call rather than attributed to a particular age or developmental stage. Although Stivers et al. (2018) identified age-related patterns in children's response timing, the present study did not use individual instances of delay or hesitation to infer developmental capacity. Vocal and interactional features such as crying, sobbing, pauses, delayed responses, and incomplete utterances were likewise examined through their sequential placement and through how operators oriented to them in subsequent turns.

Consistent with Hepburn (2004) and Hutchby and Wooffitt (2021), these observable features were not treated as transparent evidence of the children's internal emotional, cognitive, or psychological states. The classified data were then interpreted according to their interactional functions in organizing, clarifying, or developing fragmented, delayed, or incomplete contributions into information relevant to the emergency response. Given the small and context-specific data set, the findings are not

intended for statistical generalization. Instead, they provide contextually grounded insights whose transferability to comparable emergency interactions may be assessed through the detailed description of the data, participants, and interactional context (Lincoln & Guba, 1985).

RESULTS

The results show that the selected operator–child 911 emergency calls are organized through five major types of conversational organization: adjacency pairs, preference organization, turn-taking, repair mechanisms, and sequence organization. The excerpts presented in this section retain selected Jeffersonian transcription symbols, including pauses (*.*), elapsed time (*0.5*), overlap [*]*, interruption *//*, cut-off *-*, no break or gap *=*, pitch movement *↑↓*, and transcriber's description (*((sobbing))*) because these features are relevant to the analysis of interactional order in emergency calls. Each occurrence was classified based on the Conversation Analysis framework proposed by Sacks et al. (1974), and each category was interpreted according to its function in managing operator–child emergency interaction.

Across the three selected calls, 234 occurrences of conversational organization were identified. Adjacency pairs appeared as the most dominant category, with 112 occurrences (47%). Preference organization appeared 55 times (24%), followed by turn-taking with 30 occurrences (13%), repair mechanisms with 24 occurrences (10%), and sequence organization with 13 occurrences (6%). The distribution shows that operator–child emergency calls are mainly structured through question–answer, confirmation–confirmation, request–response, and instruction–compliance patterns. These patterns allow operators to obtain factual information, direct the child's actions, clarify unclear responses, and maintain the progress of the emergency call.

Table 1. Distribution of conversational organization in operator–child emergency calls

Conversational Organization	Occurrences	Percentage
Adjacency pairs	112	47%
Preference organization	55	24%
Turn-taking	30	13%
Repair mechanisms	24	10%
Sequence organization	13	6%
Total	234	100%

Emergency information gathering through adjacency pairs

The first theme concerns the use of adjacency pairs as the main mechanism for gathering emergency information. Adjacency pairs dominated the data because emergency calls require immediate and relevant responses. Operators frequently produced questions as the first pair part, while child callers responded with answers, confirmations, or compliance as the second pair part. This pattern was especially visible when operators asked about the caller’s location, name, victim’s condition, and the presence of other people at the scene.

In the first call, after the child reports a shooting in her house, the operator immediately asks for the location. The child says, “*Ma’am (.) There was a shootout in my house. Um (.) I don’t know (.) who’s alive in my house and I’m [scared half to death],*” while the operator overlaps with “[*Where are you at?*]*↑*” The child then answers, “*Um, 7142 Highway 70. It’s about 13.3 miles out from the bowling alley.*” This exchange forms a question–answer adjacency pair. The operator’s question functions as the first pair part, while the child’s answer functions as the second pair part. The overlap [] and rising intonation *↑* show the operator’s urgency in obtaining the location, while the child’s pauses (.), filler *Um*, and emotional statement indicate distress.

A similar question-answer pattern appears in the second call, in which a seven-year-old child reports that his baby sister has fallen into the pool. The operator opens the call with *"911, what's the address of the emergency?"* Instead of directly answering the address question, the child responds, *"Our baby fell into the pool, and we can't get her back alive."* Although this response does not provide the expected address, it still initiates the emergency problem presentation. The operator then redirects the child by asking, *"Okay, real quick, what's the address? (.) What city are you in?"* and the child provides the address. This shows that adjacency pairs are not always completed smoothly in child emergency calls; operators sometimes need to reformulate or repeat the first pair part to obtain the required second pair part.

Adjacency pairs also appear in request-approval and instruction-compliance patterns. In the second call, the operator says, *"Can you stay there for me?"* and the child responds, *"Okay."* In the third call, the operator instructs the child, *"Alright, go talk to them, okay?"* and the child answers, *"Okay."* These pairs show that child callers generally recognize and accept the operator's institutional authority. Functionally, adjacency pairs help transform the child's emergency report into specific actionable information and safe behavior. Through these paired utterances, operators guide the child from emotional reporting toward structured emergency response.

Child cooperation and emotional difficulty through preference organization

The second theme concerns preference organization, which shows how child callers align with or deviate from the operator's expected responses. Preferred responses appeared when children answered questions directly, confirmed information, or accepted instructions without delay. For example, in the third call, the operator asks, *"You're in a car with him?"* and the child answers, *"Yes."* In the second call, the operator asks, *"Okay, Dylann, is the baby breathing?"* and the child

responds, “*Um, yes.*” Although the filler *Um* indicates brief processing, the child still provides the expected answer. These responses allow the conversation to continue efficiently and help operators collect important information.

Preferred responses also occurred when children complied with instructions. In the third call, the operator says, “*Alright, I want you to stay on the line with me, okay?↓*” and the child replies, “*Yes.*” The falling intonation ↓ in the operator’s instruction creates a calm and firm tone, while the child’s direct response shows cooperation. Similarly, in the second call, after the operator says, “*I’ve got everybody coming to you, okay? Can you stay there for me?*” the child responds, “*Okay.*” These preferred responses show that children can participate cooperatively in emergency calls when the operator’s instructions are simple, direct, and emotionally supportive.

However, the data also show several dispreferred responses. These responses occurred when children did not answer the operator’s question directly, delayed the expected answer, or shifted the focus to the emergency story. In the second call, the operator asks for a callback number by saying, “*=Okay. Alright, what’s a phone number I can call you back at in case we get disconnected?*” Instead of giving a number, the child responds with a long narrative: “*(0.5) Well, the baby, she- she was crawling around and we have a pool in our backyard and (.) she was- she fell into the pool...*” This response is dispreferred because it does not provide the requested phone number. Nevertheless, it is interactionally meaningful because it reveals the child’s panic and his need to explain the incident.

Another dispreferred response appears when the operator asks about the baby’s condition. The operator asks, “*[Are her eyes open?]*” but the child responds, “*We’re gonna drive her to emergency room.*” The child’s response does not answer whether the baby’s eyes are open, but it shows that the child is focused on immediate action rather than medical assessment. Thus, preference organization in

these calls functions not only to show whether the child's response is structurally expected, but also to reveal the child's emotional and cognitive state during the emergency.

Operator control and child initiative in turn-taking

The third theme concerns turn-taking. The data show that operators generally control the direction of the conversation because they are responsible for obtaining urgent information and giving instructions. Operator control appears through direct questions, interruptions, confirmations, and extended calming turns. In the first call, the child is still expressing fear when the operator overlaps with "[Where are you at?]]↑" This overlap shows that the operator prioritizes location information over emotional elaboration. In emergency calls, such interruption is not simply a violation of turn order, but an institutional strategy to secure the most urgent information.

Operators also hold the floor to provide reassurance and keep the child engaged. In the first call, the operator says, "↓Okay, I'll stay on here with you (.). I've got the ambulance and the fire department to come, okay?" The falling intonation ↓ and pause (.), combined with the reassurance that help is coming, show how the operator maintains a turn to stabilize the interaction. This kind of turn-taking functions to calm the child while keeping the call under institutional control.

At the same time, child callers also take the floor to provide additional information or express emotional distress. In the first call, the child says, "I want my mom↑." This utterance does not directly respond to the operator's previous information about help coming, but it shows the child's emotional condition. In the third call, the child adds, "Yeah. (.) I don't know. He's a diabetic, too." This child-initiated turn is important because the information about diabetes may help the operator understand the grandfather's medical condition. These examples show that children are not passive participants. They contribute to the interaction by

adding information, expressing fear, and sometimes redirecting the conversation based on what they perceive as important.

Turn-taking also appears through holding the floor. In the second call, the child produces a long explanation with pauses and repairs: “(0.5) *Well, the baby, she- she was crawling around, and we have a pool in our backyard and (.) she was- she fell into the pool...*” The elapsed time (0.5), pause (.), and cut-off show that the child is trying to maintain the turn while organizing the story. In this context, holding the floor functions as a way for the child to continue explaining the emergency, even though the explanation is emotionally loaded and not always aligned with the operator’s question.

Clarifying uncertain information through repair mechanisms

The fourth theme concerns repair mechanisms. Repair occurred when information was unclear, misheard, incomplete, or needed confirmation. This category is crucial in emergency calls because inaccurate information may affect the emergency response. Other-initiated self-repair appeared when operators repeated or reformulated a child’s previous utterance to ensure accuracy. In the first call, the operator confirms the child’s name by asking, “[*Robin Doan?*]” and the child answers, “=*Yes, ma’am ((sobbing))*.” The overlap [], no-gap marker =, and transcriber’s description ((*sobbing*)) show that the repair occurs within an emotionally intense moment. The operator initiates the repair, and the child completes it by confirming the information.

In the second call, the operator uses repair to confirm who is with the baby. After the child says that the mother is with the baby, the operator asks, “*Your mom is with the baby?*” The child then responds, “*Okay,*” after receiving the operator’s affirmation and reassurance. This confirmation helps the operator ensure that the baby is not alone and that an adult is present at the scene. In the third call, repair is especially clear when the operator mishears the child’s name. The operator asks,

"Kayden?" and the child corrects it by spelling, "ʔk-a-z-i-n, Kazin." The rising intonation ʔ indicates the child's effort to pronounce and clarify the name accurately.

Self-initiated self-repair also appeared in the children's utterances. In the second call, the child says, "*she- she was crawling around,*" and later, "*she was- she fell into the pool.*" The cut-off marker - indicates that the child stops and repairs the utterance while speaking. Another example appears when the child answers the operator's question about whether the baby is awake by saying, "*Yeah- no.*" This shows that the child initially produces one answer but immediately corrects it. In the third call, the child also repairs his explanation about previous incidents involving his grandfather: "*No. He's had, he's had a few, um, accidents before...*" These examples show that repair is not only performed by operators, but also by child callers who try to make their information clearer.

Functionally, repair mechanisms help maintain mutual understanding between operators and child callers. Operators use repair to check the accuracy of names, locations, conditions, and actions, while children use repair to correct their own wording or improve the clarity of their explanation. In emergency communication, repair becomes an essential practice because the conversation must produce reliable information despite panic, crying, hesitation, and limited child vocabulary.

Structuring the emergency call through opening, information gathering, reassurance, and closing

The fifth theme concerns sequence organization. Although sequence organization appeared less frequently than the other categories, it shaped the overall structure of the calls. The selected calls generally began with institutional openings. In the first call, the operator opens with "*Sheriff's office, 911?*" In the second call, the operator says, "*911, what's the address of the emergency?*" In the

third call, the operator opens with *"911, this line is recorded. Where is your emergency?"* These openings do more than start the conversation; they identify the institution, establish the operator's authority, and immediately direct the child caller toward emergency-relevant information.

After the opening, the calls typically move into problem presentation and information gathering. In the first call, the child presents the problem by saying, *"Ma'am (.) There was a shootout in my house."* The operator then shifts the sequence toward location identification by asking, *"[Where are you at?]↑"* In the second call, the child presents the problem by saying, *"↑Our baby fell into the pool..."* and the operator redirects the sequence to address identification. In the third call, the child explains, *"Um, yes. My grandpa has, uh, is acting very strange (.) and -and he's in the car..."* before the operator interrupts with *"//Okay, where are you?"* The interruption marker *//* shows how the operator moves the conversation from problem narration to location identification.

The middle part of the calls consists of clarification, instruction, and reassurance. Operators ask follow-up questions about the victim's condition, the caller's identity, the presence of other people, and the arrival of help. They also provide reassurance through utterances such as *"You're doing a really good job," "I'll stay on here with you,"* and *"They're on the way right now, okay?"* These utterances show that the emergency call sequence is not only informational but also emotional. Operators must maintain the child's cooperation by giving praise, reassurance, and simple instructions.

The calls close when help has arrived or when direct assistance has taken over the situation. In the first call, the operator informs the child that the unit has arrived by saying, *"Okay, okay↓. That's the unit... that's gonna be there with you, okay?↓"* and the child responds, *"Okay↑."* In the second call, the operator closes with *"=Okay. Dylann, you did such a good job. I'm gonna let you go so the officers can handle it,*

okay?↓” and the child answers, “*Okay.*” In the third call, the operator says, “*Alright, go talk to them, okay?*” followed by the child’s “*Okay.*” These closings indicate a transition from telephone-based guidance to direct emergency handling by officers or medical responders.

The thematic findings indicate that operator–child emergency calls are shaped by institutional control while still requiring collaborative participation from both speakers. Adjacency pairs serve to collect factual information and guide immediate action. Preference organization reveals the child caller’s cooperation, hesitation, or emotional difficulty in responding to the operator’s questions and instructions. Turn-taking enables operators to manage the direction of the call while also giving children space to provide urgent information and express their emotional state. Repair mechanisms help clarify uncertain, incomplete, or inaccurate information, whereas sequence organization structures the call from opening, problem presentation, information gathering, reassurance, to closing. These findings address the research questions by identifying the types of conversational organization found in the selected calls and explaining how each type functions in managing emergency information, maintaining interactional order, resolving unclear responses, and supporting child callers during crises.

DISCUSSION

This study reveals that operator–child emergency calls drawn from the selected *True 911 Calls* recordings (True 911 Calls, n.d.) are organized through five main forms of conversational organization: adjacency pairs, preference organization, turn-taking, repair mechanisms, and sequence organization. Among these categories, adjacency pairs appeared as the most dominant pattern, followed by preference organization, turn-taking, repair mechanisms, and sequence organization. This distribution indicates that emergency calls involving children are strongly shaped by the institutional need to obtain information quickly and

accurately. The dominance of adjacency pairs, especially question–answer, confirmation–confirmation, and instruction–compliance patterns, shows that operators control the interaction by asking direct questions and expecting relevant responses from child callers. For example, when the operator asks, “*What’s your name?*” and the child answers, “*=Robin Doan,*” the exchange shows how factual information is obtained through a tightly organized pair. Similarly, request–approval patterns, such as “*Can you get out of the car?*” followed by “*Uh, sure,*” show that operators not only gather information but also direct children’s actions during the emergency. This finding is consistent with Cromdal et al. (2008), who showed that operators and child callers collaboratively transform observations into sufficiently detailed emergency reports, and with Cromdal et al. (2012), who demonstrated that the opening phase of children’s emergency calls is systematically organized around the institutional need to establish what has happened. The present findings extend this work by suggesting that such collaborative organization continues beyond the opening and initial problem presentation into confirmation, instruction, reassurance, repair, and preparation for the arrival of emergency assistance. Thus, operator control does not eliminate children’s participation; rather, institutional authority provides the sequential framework within which children’s contributions become actionable.

The dominance of adjacency pairs can be explained by the task-oriented nature of emergency calls. Unlike everyday conversation, 911 calls are not primarily designed to build social relationships, but to transform a caller’s report into actionable emergency information. Operators must identify the location, the caller, the victim’s condition, and the level of danger in a short time. This explains why operators frequently interrupt, overlap, repeat, or reformulate questions when children provide emotional or indirect responses. Jeffersonian transcription symbols in the data show how urgency shapes interactional rhythm. For instance,

the overlap in “*I’m [scared half to death]*” and “[*Where are you at?*][↑]” indicates that the operator prioritizes location information even while the child is still expressing fear. A comparable tension between caller-initiated reporting and institutional sequencing was identified by Riou et al. (2018), who found that callers who provide the reason for an emergency call before it is institutionally requested may disrupt the expected dispatch sequence and require interactional adjustment by the call taker. The child callers in the present study similarly sometimes prioritize what they perceive as immediately important over the information requested by the operator. However, this should not automatically be interpreted as interactional incompetence. Riou et al. (2026) demonstrate that linguistic forms that appear to signal uncertainty may serve other interactional functions and that treating them automatically as uncertainty can lead to unnecessary verification. Accordingly, pauses such as (*.*), elapsed time such as (*0.5*), cut-offs such as *she-* or *um-*, and fillers such as *um* and *uh* should be interpreted cautiously. They make hesitation or production difficulty observable in the interaction, but they cannot by themselves establish panic, cognitive difficulty, or uncertainty without support from the surrounding sequence. This distinction strengthens the analysis by locating emotional and communicative difficulty in participants’ observable conduct rather than inferring psychological states from isolated linguistic forms.

The findings also show that children’s deviations from expected responses should not be interpreted as communicative failure. Dispreferred responses, topic shifts, crying, delays, and spontaneous turns can become interactionally relevant displays of the child caller’s immediate concerns. For example, when the operator provides reassurance that help is coming and the child responds, “*I want my mom*[↑],” the utterance does not simply reject or ignore the operator’s prior turn; it introduces an emotional concern that must be accommodated within the continuing emergency sequence. Likewise, when a child fails to answer a callback-number

question and instead narrates how the baby fell into the pool, the response privileges the child's understanding of the emergency over the institutional order of questioning. This interpretation develops Cromdal et al.'s (2012) argument that child callers should be understood as interactionally competent participants whose agency is locally displayed rather than measured against adult conversational behavior. At the same time, the present calls reveal that such agency operates within an asymmetrical relationship in which operators retain stronger rights to direct the next relevant action. Research on adult-child directives similarly shows that adult authority and child agency can coexist within the same sequence rather than functioning as opposing conditions (Antaki & Kent, 2015). Repair provides another example of this collaboration. Morgenstern et al. (2013) show that repair in child-adult interaction is a cooperative resource for overcoming problems of production and comprehension. In the present emergency calls, however, repair has greater institutional consequences because clarification of a name, location, victim condition, or instruction may directly affect the usefulness of the information being transmitted. Operator-child emergency calls are therefore institutionally controlled but emotionally negotiated: children remain active contributors even though their participation is organized within the operator's procedural authority.

These findings confirm previous studies on institutional talk, which describe emergency interaction as question-driven and controlled by institutional representatives (Drew & Heritage, 1992; Heath & Luff, 1992). They are also consistent with studies showing that emergency operators use interactional control, linguistic design, and repair practices to manage crisis communication and obtain relevant information (Garcia, 2024; Kevoe-Feldman, 2021; Riou et al., 2017). However, this study extends previous research by showing that the institutional structure of emergency calls works differently when the caller is a child. Children can follow basic interactional norms, but they often respond with delays, hesitation,

emotional expressions, or spontaneous topic shifts, which supports Stivers et al.'s (2018) finding that children's interactional competence differs from adults' in timing and turn design. The findings also align with studies in pediatric and child-centered communication, which show that children can participate in institutional interaction but require adult guidance, emotional support, and questions adapted to their level of understanding (Church & Bateman, 2019; Davison et al., 2021; Jenkins et al., 2020; Martini, 2023). Compared with studies that focus mostly on adult emergency callers and communication breakdowns (Booker et al., 2018; Natrass & Watermeyer, 2025), this study highlights children's vulnerability as an important interactional factor in emergency communication. Sequence organization further shows that managing an emergency call involves more than collecting information. Raymond and Zimmerman (2016) demonstrate that closings in emergency calls are connected to participants' alignment regarding whether the interactional project has been completed. The present data support this view because the calls close only after the child has been informed that responders have arrived or that direct assistance is taking over. Yet the child calls add an affective dimension to this transition: reassurance and praise frequently accompany the movement toward closure, suggesting that project completion involves both transferring emergency responsibility and managing the child's continuing participation until that transfer is secured.

The study offers theoretical and practical implications, while also requiring methodological caution. Theoretically, it contributes to Conversation Analysis by showing that age, emotional condition, and institutional pressure must be considered when analyzing emergency interaction. However, as Cutting (2002) notes, Conversation Analysis has limitations because it does not provide an exhaustive list of adjacency pairs or precise criteria for identifying all transition relevance places, and it should be understood primarily as a qualitative rather than

a quantitative approach. Therefore, the frequency of conversational categories in this study is used only as a descriptive aid, not as statistical proof. Cutting (2002) also explains that CA tends to treat text as context and may give less attention to broader pragmatic, sociolinguistic, and institutional factors. This limitation is relevant because operator–child emergency calls are shaped not only by sequential organization, but also by children’s age, emotional vulnerability, emergency procedures, and the institutional authority of 911 operators. As Fairclough (1989) argues, conversation does not occur in a social vacuum. The present findings therefore support a cautious extension of CA rather than a psychological interpretation of the child callers: emotional vulnerability should be discussed through crying, explicit expressions of fear, hesitation, repair, response timing, and other interactionally available evidence, while broader claims about children’s internal emotional or cognitive states remain outside the explanatory reach of the recordings. This also opens a methodological direction for combining CA with approaches such as interactional sociolinguistics when future research seeks to connect sequential organization with broader social identities, shared knowledge, and institutional contexts. Practically, the findings suggest that emergency operators need child-sensitive communication strategies, including simple and specific questions, calm intonation, repeated confirmation, slower pacing when necessary, and empathetic reassurance. At the same time, the comparison with previous emergency-call research suggests that efficiency should not be equated simply with stricter adherence to scripted questioning. For child callers, effective communication may depend on balancing procedural progression with sufficient interactional space for clarification, spontaneous information, and emotional expression. Emergency calls involving children are therefore not only exchanges of information, but emotionally charged interactions in which operators must

transform children's incomplete, fearful, and sometimes disorganized speech into clear and usable emergency information.

CONCLUSION

This study shows that child emergency calls, although marked by fear, hesitation, confusion, and emotional distress, do not necessarily develop into interactional disorder. Instead, the calls remain organized through turn-taking, adjacency pairs, sequence organization, preference organization, and repair mechanisms, with adjacency pairs and preference organization forming the most prominent patterns. The more significant finding is that children's emotional or incomplete responses do not simply obstruct emergency communication; they become part of the interactional process through which operators identify what information is still needed and reorganize the conversation accordingly. Emergency talk involving children is therefore structured not by the absence of emotional disruption, but by the ability of participants to maintain interactional order while that disruption is unfolding.

The findings contribute to Conversation Analysis by clarifying how collaboration operates within asymmetrical institutional interaction. The term collaborative in this study does not imply equal conversational power between operators and child callers. Operators clearly have greater institutional authority because they control questioning, topic progression, confirmation, and instruction. Collaboration instead refers to the joint production of emergency information: operators cannot complete the institutional task without children's answers, corrections, spontaneous information, repairs, and expressions of immediate concern. Children's participation is therefore limited but still meaningful. This distinction shows that institutional control and participant agency can coexist within the same interaction. In operator-child emergency calls, the asymmetry structures the interaction, while the child's contributions remain necessary for

transforming an unfolding crisis into information that emergency services can act upon.

This study is limited to three selected emergency calls involving children of different ages and to the verbal interaction available in publicly accessible recordings. The limited number of cases and the absence of complete institutional records restrict the transferability of the findings, while Conversation Analysis alone cannot fully explain the broader social and contextual conditions surrounding the calls. Future research may therefore examine larger and more varied data sets and combine Conversation Analysis with interactional sociolinguistics to connect sequential organization with social identity, shared knowledge, and institutional context. The use of publicly accessible recordings of children in moments of crisis also raises an important ethical limitation. Public availability should not automatically be treated as equivalent to informed consent, particularly when recordings contain identifiable and emotionally sensitive experiences involving minors. Future studies should therefore consider stronger ethical safeguards, including institutional ethical review where appropriate, careful anonymization, minimal reproduction of distressing or identifying material, and careful consideration of whether the analytical value of particular excerpts justifies their use. Such methodological and ethical attention would allow research on child emergency communication to develop while maintaining responsibility toward vulnerable participants.

AI Declaration

As non-native English speakers, the authors used *Grammarly* and *ChatGPT* to improve grammar, language clarity, and transitions between paragraphs. These tools were not used to generate research data, conduct analysis, produce findings, or develop interpretations. All AI-assisted suggestions were critically reviewed and

edited by the authors, who take full responsibility for the accuracy, integrity, and content of the manuscript.

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