

APSAC's Approach to Child Forensic Interviews: Learning to Listen

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“Learning to Listen” is the theme for the American Professional Society on the Abuse of Children (APSAC)’s [Child Forensic Interview Clinic](#) and [Guidelines](#)—helping forensic interviewers do a better job really listening to the children they’re interviewing and helping interviewers and researchers do better listening to and learning from each other. Like APSAC itself, APSAC’s approach to child forensic interviewing strives to bring researchers and practitioners together, so that what interviewers do is informed by relevant research at the same time that they hone their skills based on information and feedback from frontline professionals. This can be challenging, since there is often tension between researchers and interviewers. Researchers may be discouraged when interviewers are unaware of or discount important research. And interviewers may feel that research-based recommendations formulated by researchers don’t take into account the daily challenges they face.

Bridging the gap between research and practice is something APSAC is uniquely qualified to do, based on its history and mission. APSAC was founded in 1986 by multidisciplinary pioneers, both researchers and practitioners, dedicated to effective intervention in, and prevention of, all forms of child maltreatment. Best practices in child forensic interviewing have been an important priority of the organization from the beginning. This is exemplified by the creation of task forces staffed by leading national experts (both

practitioners and researchers), who created the first national guidelines related to child interviewing beginning in the 1990s: *Psychosocial Evaluation of Suspected Sexual Abuse in Children* in 1990 and Second Edition in 1997, *Use of Anatomical Dolls in Child Sexual Abuse Assessments* in 1995, and *Investigative Interviewing in Cases of Alleged Child Abuse* in 2002. APSAC also spearheaded development of the first 40-hour child interview training program in the US in 1997. From the start, APSAC’s Child Forensic Interview Clinic has combined didactic presentations by leading experts and experienced interviewers with interview practicum sessions. The practicum allows participants to interview actors portraying children in suspected abuse situations and receive constructive feedback from veteran interviewers and other multidisciplinary team (MDT) members. The APSAC Clinic training model has served as a prototype for numerous other child forensic interview training programs (Faller & Toth, 2004).

A frequent question about the APSAC Child Forensic Interview Clinic is, “What protocol do you teach?” APSAC’s protocol is reflected in its national 2012 *Practice Guidelines on Forensic Interviewing in Cases of Suspected Abuse* (APSAC Taskforce, 2012). The guidelines describe the principles, structure, and techniques taught in the APSAC Clinic as “a narrative interview approach with an emphasis on research-based free recall techniques aimed at eliciting reliable verbal narratives whenever possible from children” (APSAC Taskforce, 2012, p. 15). These practice guidelines were an update of APSAC’s original 2002 practice guidelines on *Investigative Interviewing in*

Cases of Alleged Child Abuse (APSAC Taskforce, 2002) and are based on practical experience and empirical research conducted over the last three decades. Numerous other child interview protocols recognize the value and validity of the APSAC Guidelines and point out that their approach is consistent with them (State of Florida, 2018). The APSAC Guidelines are not jurisdiction-specific and are based on the premise that best practices will continuously evolve as we learn new and better ways to interview children based on the latest research and experience.

As a result, the APSAC approach is flexible and reflects this evolution. APSAC strives to be an early adopter of lessons learned from research, even when the findings challenge conventional wisdom and established practice. An example of this is APSAC's endorsement of the critical importance of narrative event practice. Early research by the National Institute of Child Health and Human Development (NICHD), since replicated by many others, showed that inclusion of narrative event practice (NEP) in interviews can dramatically increase the number of reliable details children provide about their abuse experiences (Lamb, Orbach, Hershkowitz, Esplin, & Horowitz, 2007; Price, Roberts, & Collins, 2013). APSAC's Clinic was one of the first trainings to recognize how NEP differed from traditional "rapport building" and to incorporate NEP into what is taught at the clinic.

And while analog studies and field research provide useful guidance and often point the way toward improvements in practice, APSAC also acknowledges that there are still aspects of interviewing for which there is little or no research (APSAC Taskforce, 2012, p. 3). APSAC's approach in these areas is to present options and counsel interviewers to use their best professional judgment, guided by jurisdictional preferences and legal considerations.

Ethical Responsibility of Interviewers

Underlying the APSAC approach is adherence to the *APSAC Code of Ethics*, which requires interviewers to conduct interviews "...in a manner consistent with the best interests of the child" (APSAC, 1997, p. 1). The *Code of Ethics* acknowledges that this is not

always an easy undertaking and states that "We ... hold this principle above all others. We recognize that determining what constitutes the best interests of the child can be a complex undertaking requiring analysis of varying values, interests, cultural differences and childhood needs and capabilities. When certain objectives or purposes compete, the APSAC member makes the best interests of the child the priority in evaluating alternatives" (APSAC, 1997, pp. 1-2). It further states that "APSAC members recognize their special responsibility to children, whose inherent vulnerability and powerlessness, combined with the betrayal, trauma, and developmental threat of abuse, make relationships between the child and professionals all the more critical. The APSAC member seeks to meet this special obligation, keeping in mind that professional judgment may sometimes be in error, and that the best interests of the child often demands balancing competing values; community, family, and child capabilities; and different traditions of culture, race, and family" (APSAC, 1997, p. 4).

Forensic interviewers should utilize techniques most likely to "elicit as much reliable information as possible from the child" (APSAC Taskforce, 2012, p. 4). Other MDT members, as well as judges and juries in criminal and civil child protection cases, rely on the information obtained during forensic interviews. Accurate information is critical to ensure that the best possible decisions are made about offender accountability and about a child's safety and well-being.

This emphasis on reliability stems in large part from negative media coverage of high-profile sexual abuse cases in the 1980s and 1990s, where doubts were expressed about the validity of information provided by children during interviews. This coverage raised serious concerns about interview methods, and interviewers were subsequently admonished to refrain from inappropriate suggestiveness that could lead to inaccurate information. It was during this time that experts began to pay attention to research that could enlighten interviewers about the best ways to elicit reliable information from children (Faller, 2015), leading to where we are today—informed by and continuing to learn from an impressive amount of both laboratory and field research specifically related

to the best ways to conduct child forensic interviews.

Reliability isn't the only consideration when determining the best interests of the child. Another key aspect is the need for interviewers to adapt to the individual child. This includes taking into account the child's cultural background and any special needs, including physical and developmental disabilities (APSAC Taskforce, 2012, pp. 5-7).

Core Principles of the APSAC Clinic and Guidelines

Influenced by the extensive research conducted by experts associated with the NICHD and by the work of Thomas D. Lyon, the primary focus of APSAC's Clinic and Guidelines is the *successful utilization of open-ended prompts*, especially those focused on actions rather than static events. Open-ended prompts are the key to eliciting the most reliable information from children, since "they invite more complete narrative responses from recall memory," producing considerably more, and more accurate, information from children (APSAC Taskforce, 2012, p. 11). Though seemingly basic and simple, research consistently shows that interviewers have difficulty taking full advantage of action-focused open-ended prompts, even when children are responsive and capable (Wolfman, Brown, & Jose, 2016; Henderson, Russo, & Lyon, 2019).

APSAC also highlights the critical significance of *building and maintaining rapport*, so that children feel the interviewer is genuinely interested in them and their well-being. Rapport is also associated with the use of open-ended prompts, since children feel most listened to, and perceive open-ended interviewers as being more interested compared to interviewers who use more closed questions (Brubacher, Timms, Powell, & Bearman, 2019). Each of these alone is powerful—the form of the prompt (open-ended vs. closed), and rapport that results in effective engagement. Each requires that an interviewer really listen to the child in order to be effective. Together, they constitute the fundamental ingredients of a good interview. Learning to really listen and to allow the child's words to direct the flow of the interview is a central feature of APSAC's approach.

APSAC Guidelines

APSAC's 2012 *Practice Guidelines on Forensic Interviewing in Cases of Suspected Abuse* are aspirational and "...intended to encourage the highest level of interview proficiency and to offer direction in the development of training for child forensic interviewers" (APSAC Taskforce, 2012, p. 3). The guidelines begin with an introduction emphasizing the need to adhere to the APSAC *Code of Ethics* and be guided by the best interests of the child. There are four sections that follow: Purpose of a Child Forensic Interview, Interviewer Attributes, Interview Context, and Interview Components, along with five Appendices – Appendix A: Basic Developmental and Linguistic Concepts, Appendix B: Using Anatomical Dolls as a Demonstration Aid, Appendix C: Possible Phrasing and Practice Examples for Interview Instructions, Appendix D: Formulating "Transition" Prompts to Shift Focus to Suspected Abuse, and Appendix E: Suggestions for Prompts during Substantive Phase.

The section on Interviewer Attributes sets forth "recommended interviewer attributes, competencies and practice behaviors" (APSAC Taskforce, 2012, p. 4). This section encourages interviewers to:

- Engage in research-informed practice
- Exhibit a stance aimed at eliciting accurate and reliable information
- Use developmentally appropriate language
- Adapt to the individual child
- Demonstrate respect for cultural diversity and strive for cultural competence (More recently, in the APSAC Clinic, APSAC has recommended cultural humility as a guiding principle for interviewers.)
- Accommodate special needs such as physical and developmental disabilities
- Actively participate as part of a MDT

The section on Interview Context discusses circumstances surrounding a forensic interview and characteristics that can influence its outcome (APSAC Taskforce, 2012, p. 7). Topics in this section include:

- Preparation
- Timing and duration

- Parent/guardian notification
- Location/setting
- Documentation
- Number of interviews
- Recommendations regarding participants in the interview process, including the number of interviewers and the presence of others including advocates or support persons, parents, the suspected offender, and other children
- Structure
- Importance of establishing and maintaining rapport
- Linguistic and developmental considerations (referring users to more detailed relevant information in Appendix A)
 - Question types, including brief discussion of closed- and open-ended prompts, with reference to and examples of various open-ended prompts such as:
 - “Tell me...” prompts
 - “Then what happened?” and “What happened next?” questions
 - Time segmentation prompts
 - Sensory focus prompts
 - Open-ended “wh-” prompts
 - “Feeling” prompts
 - Cued recall questions
 - Use of interview aids and media such as anatomical dolls, child’s abuse-related drawings or writings, anatomically detailed drawings/body maps and other media

- Presenting a child with pictures, videos, or other physical evidence
- Closure

The five appendices that conclude the guidelines provide more details and examples related to particular areas of forensic interviewing.

Based on recent research and experience, APSAC practitioners have refined or expanded some of the information and specific examples in the guidelines during the APSAC Clinic, although the basic underlying principles of the guidelines remain in force.

How Does the APSAC Clinic Compare to Other Child Forensic Interview (CFI) Trainings?

There are likely many similarities, characterized by the agreement expressed in the Office of Juvenile Justice and Delinquency Prevention (OJJDP)’s Bulletin on Child Forensic Interviewing Best Practices (OJJDP, 2015). This bulletin represents a consensus about best practices among leaders and trainers associated with APSAC (Viola Vaughan-Eden), the National Children’s Advocacy Center (NCAC) (Chris Newlin, Linda Cordisco-Steele, and Andra Chamberlin), the NICHD protocol (Heather Stewart), Cornerhouse Child Advocacy Center in Minnesota (Jennifer Anderson), ChildFirst (a national training program created by the Gunderson National Child Protection Training Center) (Amy Russell), and Ohio’s Childhood Trust (Julie Kenniston).

Differences among CFI trainings sponsored by these organizations and others generally involve specific techniques that are endorsed or terms used to describe the concepts being taught, but the overarching principles that guide all trainings today are more alike than different. All specialized CFI trainings have something valuable to offer those who wish to learn about child forensic interviewing, and the APSAC Clinic is no exception. APSAC emphasizes the important role of forensic interviewer as part of the MDT, and since the information from interviews is critical to other MDT members as they carry out their responsibilities, APSAC Clinic faculty reflect

The last section on Interview Components describes a recommended structure for a forensic interview that “reflects components appropriate for inclusion in many forensic interviews” (APSAC Taskforce, 2012, p. 15), featuring:

- Introduction of self, role, and purpose of the interview
- Informing the child about documentation method
- Interview instructions
- Truth/lie discussion
- Narrative event practice
- Introducing the topic of concern/transition
- Substantive questions

the diversity of disciplines represented on the MDT. These dedicated professionals, from all over the United States, share the goal of delivering the best possible training experience for clinic participants. Clinic faculty work hard to share their expertise and provide a true multidisciplinary perspective on best practices, to prepare interviewers to understand the principles that underlie best practices, and to help interviewers to be able to explain why they do what they do so they can effectively defend their interviews, whether in civil child protection court or criminal court.

As the APSAC Guidelines recognize, "...there is no single correct way to interview a suspected child abuse victim" (APSAC Taskforce, 2012, p. 3). APSAC Clinic instructors are clear that the weeklong Clinic alone cannot teach interviewers everything they need to know to interview children in all circumstances. Instead, the APSAC Guidelines and Clinic encourage participants to continue to participate in as many opportunities for training as possible related to child forensic interviewing, whether training on a specific protocol/approach or population, or sessions at national and regional conferences (APSAC Taskforce, 2012, p. 5). The APSAC Clinic recognizes that successful interviewers are generally trained in a variety of interview models or protocols and utilize a "toolbox of science-based techniques" individualized to the needs of the child and the case (Saywitz, Lyon, & Goodman, 2017).

Organization and Scope of the APSAC Clinic

Participants at the weeklong APSAC Clinic start by learning the foundational principles and research that underlie best practices in child forensic interviewing. These include key memory concepts—recall versus recognition memory, script versus episodic memory, and memory source monitoring—as well as review of the different types of open-ended prompts that APSAC recommends: "Tell me what happened," "Tell me more," and "Then what happened?" prompts, as well as time segmentation and time framing prompts, cued recall prompts, sensory focus prompts (what child saw, heard, and otherwise perceived), and feeling prompts (exploring both physical sensations and emotional reactions).

Clinic participants receive extensive materials including the APSAC's national 2012 *Practice Guidelines on Forensic Interviewing in Cases of Suspected Abuse* (APSAC Taskforce, 2012), the *APSAC Code of Ethics* (APSAC, 1997), APSAC's *Practice Guidelines: Challenges in the Evaluation of Child Neglect* (APSAC Taskforce, 2008), a comprehensive list of relevant research and a copy of the most recent edition of the *Handbook on Questioning Children*, an invaluable resource for anyone concerned about doing the best job possible eliciting accurate information from children (Walker & Kenniston, 2013). At the beginning of the clinic, leaders review key features of adult-focused, trauma-informed interviewing and compare them to best practices in child forensic interviewing, with discussion of their applicability to interviews with children (Middleton, 2017).

APSAC's approach is probably most comparable to the NICHD protocol and Thomas Lyon's 10 Step Interview in terms of the structure/stages, components/techniques, and principles that are taught. Participants are, however, encouraged to utilize critical thinking as they decide what to ask and how to organize their interviews. APSAC assists clinic participants in creating their own customized approach. Using the "Create Your Own Structured Narrative Interview" form, an idea borrowed from Thomas Lyon, the APSAC Clinic provides participants with examples and options used by a variety of experienced interviewers so that they can determine what works best for them within the framework of a structured narrative interview. Since every interviewer is different and unique, every child is different and unique, and every situation is different and unique, the goal is to allow interviewers the flexibility to be themselves, establish genuine connections with children, and use responsive listening (paying attention not just to what's said but to the child's actions and feelings) to think and formulate the most open-ended prompts throughout the interview.

One of the most notable stages, as mentioned earlier, is narrative event practice, and the APSAC Clinic makes a point to emphasize its importance and include specific information about how it should be done to be most useful. APSAC's approach also includes the use of developmentally appropriate interview instructions

(with the caveat that more research is needed regarding their efficacy, especially with preschoolers), formulating the most open-ended non-suggestive transition prompt possible to introduce the topic of concern (“Tell me what you’re here to talk about” as the initial transition prompt for many interviews), and suggestions for how to structure follow-up questioning during the substantive part of the interview to maximize narrative responses and elicit reliable information so that interviewers “talk less and listen more.”

In addition to eliciting details about the child’s abuse experiences, the APSAC Clinic encourages interviewers to use open-ended prompts to learn about other possible witnesses and evidence. This includes exploring the child’s reasons for disclosing and any prior disclosures that may have been made. It also includes eliciting information from the child about the circumstances surrounding the abuse so that others such as prosecutors, judges, and jurors will understand the child’s perspective and dynamics that typically characterize abusive situations (e.g., how the perpetrator justified the abuse and the child’s interactions with and feelings about the alleged perpetrator—before and after the abuse and currently) (Stolzenberg & Lyon, 2014).

Didactic presentations and interactive exercises at the APSAC Clinic concentrate on fundamental skills that will serve an interviewer well in any child forensic interview situation. These are followed by an interview practicum where participants practice and receive expert feedback. Interviewers also learn to use simple “Tracking Forms” developed by APSAC that allow them to provide peer review and can later be used for self review. The clinic concludes with a closed book essay test followed by a Mock Court experience, where selected participants “take the stand” and experience cross-examination by experienced lawyers.

The Interview Practicum at the APSAC Clinic is arguably the most valuable component of the training. It utilizes actors to portray children who are witnesses or victims in suspected sexual and physical abuse scenarios that are all based on real-life cases. Using actors allows the clinic to offer an experience as close to real life as possible. Every clinic participant

gets an opportunity to do two interviews in a small group setting, one in a case where the child is 10 or younger, and another in a case with a preteen or teenager. Interviewers receive feedback from the practicum leaders who rotate among the groups as well as targeted feedback from other group members. All group members get to observe and learn about a variety of children and suspected abuse situations. Faculty and practicum leaders at the clinic include experienced child forensic interviewers along with professionals with experience as social workers, prosecutors, and law enforcement investigators.

APSAC Clinic participants are very diverse and represent professionals with little to no experience as well as very experienced child forensic interviewers. For example, the most recent clinic attracted professionals from 14 states, Puerto Rico, and Singapore, and included child forensic interviewers, hospital social workers, law enforcement, prosecutors, forensic psychologists, and Children’s Advocacy Center staff among others. While one-third had no previous child forensic interviewing experience, about 10% had extensive experience. Clinic feedback, even from those with extensive experience, is consistently enthusiastic about the value of the clinic in reinforcing fundamental principles and skills, while highlighting current research.

Types of Maltreatment Addressed

APSAC’s approach as taught in the clinic has always concentrated on interviewing children about suspected sexual and physical abuse, whether victims or witnesses. And it has always been applicable where children witness other crimes such as domestic violence. While the clinic itself doesn’t focus specifically on child neglect or psychological maltreatment, many of the fundamental principles and techniques are applicable when questioning children about these other areas. The clinic includes specific information regarding questioning children about child neglect (Faller, 2013) and APSAC’s *Practice Guidelines: Challenges in the Evaluation of Child Neglect* in the materials it provides to clinic participants (APSAC Taskforce, 2008).

Screening for Multiple Types of Trauma (Domestic Violence, Witnessing Violence, Parental Substance Abuse, Internet Crimes)

Participants at the APSAC Clinic are encouraged to ask questions to explore the possibility of polyvictimization when concluding an interview and to explore any other indications that come up during an interview that a child may have been the victim of or witnessed other possible crimes and/or maltreatment.

Approach to Dealing with Reluctant Children

The APSAC Clinic introduces participants to recent NICHD research related to reluctance and to revisions to the NICHD protocol that have been shown to help reduce reluctance. When a child demonstrates behaviors that indicate reluctance, especially verbal nonresponsiveness and physical disengagement, the clinic encourages interviewers to conduct narrative event practice rapport building before introducing interview instructions and to express interest in the child's experiences. The Revised NICHD protocol provides suggestions about how to inquire about and explore the child's feelings, and acknowledge expressed feelings, while offering positive reinforcement of the child's efforts (Lamb, Hershkowitz, & Lyon, 2013; Lamb, Brown, Hershkowitz, Orbach, & Esplin, 2018). Further discussion during the clinic covers the many reasons children may be reluctant to disclose abuse, with ideas about a variety of additional strategies that may help to overcome reluctance, such as distancing and depersonalizing, and asking the child what would make it easier to talk about what happened.

Interview Protocols for Special Populations (e.g., Preschoolers, Children With Disabilities, Victims of Sexual Trafficking)

The APSAC Clinic does include specific information regarding interviews with preschoolers, primarily how to adapt language, interview instructions, and specific prompts in order to encourage reliable narratives from young children. This information

gives special attention to linguistic and developmental considerations. The clinic also offers information about strategies that are useful in interviews with adolescents. There isn't time available during the clinic to adequately address distinctive strategies to use in interviews of children with disabilities or victims of sexual trafficking, and APSAC doesn't currently offer free-standing training focused on these interviews. But the APSAC Institutes and the APSAC Colloquia regularly include workshops regarding these important topics.

View on the Use of Media (e.g., Drawings, Dolls)

The APSAC Clinic encourages interviewers to inquire about what would make it easier for a child to respond when they exhibit reluctance, and that a good option may be to offer and allow a child the opportunity to draw a picture or write down an explanation of what happened (APSAC Taskforce, 2012, pp. 13-15 & p. 25). "Comfort drawing," allowing a child to draw freely in order to make them relaxed and comfortable, is also an option for interviewers trained at an APSAC Clinic (Poole & Dickinson, 2014).

APSAC discourages the use of media such as anatomically detailed dolls or drawings unless and until an interviewer has tried and exhausted open-ended questioning techniques (APSAC Taskforce, 2012, pp. 13-15). This is based on the lack of clear research regarding the reliability of information elicited using such tools, and on experience that suggests that an interviewer who maximizes the use of open-ended prompts and has good rapport with the child often doesn't need them in real-life interviews (Lyon, 2012). If such media are used, interviewers should utilize open-ended follow-up questioning to explore and try to elicit clarification and additional details. The clinic itself doesn't teach how to utilize such tools but recommends that interviewers only use them if they've been trained to do so (APSAC Taskforce, 2012, p. 25).

Use of Physical Evidence in Forensic Interviews

APSAC endorses the careful use of physical evidence such as photos and stills from videos of abuse,

so long as practitioners follow general guidelines from U.S. Immigration and Customs Enforcement's Homeland Security Investigations (ICE HSI) and the FBI, often referred to as the "prepare and predict" method (Connell & Finnegan, 2013; National Center for Victims of Crime, 2014). The decision about whether to "sanitize" the images is left up to individual interviewers in consultation with their MDT, dependent on the needs of the child and jurisdictional requirements and expectations.

Guidelines about Multiple Interviews and Extended Assessments

APSAC takes the position there should be no artificial limit on number of interviews. Multiple interviews may be a good idea as long as they are carefully considered by the MDT, as long as the focus is on what's best for the child and what's necessary for the case investigation, and as long as all interviews are open-ended and nonsuggestive (APSAC Taskforce, 2012, p. 9; La Rooy, Katz, Malloy, & Lamb, 2010).

Looking Ahead

Even before the recent global pandemic focused widespread attention on the need to develop online

training opportunities, APSAC recognized the need to make better use of technology in order to reach more interviewers in a cost-effective way. APSAC will be exploring the feasibility of offering a clinic that is partially or completely online, and which will include the option for participants to receive feedback and mentoring following the clinic.

No matter what form future training takes, best practices, along with the APSAC Clinic and Guidelines, will continue to evolve as we incorporate lessons from new research and ongoing experience. We are grateful for our colleagues engaged in this important work, both practitioners and researchers, and look forward to continuing to learn from them how to do a better job listening to children.

About the Author

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