

ChildFirst® Forensic Interview Training Program

Rita Farrell, BS
Victor Vieth, JD, MA

Key words: forensic interview, multi-disciplinary team, polyvictimization, corroborating evidence

[ChildFirst®](#) is an international, national, and state forensic interviewer and multidisciplinary team (MDT) training initiative developed and administered by child protection professionals at the Zero Abuse Project (ZAP) as well as professionals from child protection agencies throughout the United States, Japan, and Colombia.

From *Finding Words* to *ChildFirst®*: A Brief History

ChildFirst® dates back to 1998. The original program, called *Finding Words*, was a collaboration between the National Center for Prosecution of Child Abuse (NCPA) and CornerHouse. At the time, there were only a handful of national forensic interview training programs in the U.S. and many MDTs lacked the resources to attend a five-day course, particularly a course that involved out of state travel and other expenses. In an attempt to allow more MDTs to receive forensic interview training, NCPA and CornerHouse offered *Finding Words* at a national level with federal funding covering travel and expenses.

The first time NCPA and CornerHouse offered the course, more than 400 professionals from throughout the United States applied for a course that seats a maximum of 40 students. Although the response to the course reinforced the belief many MDTs could not access forensic interview training, it also made clear that a national course offering would be insufficient to meet the demand even if expenses were covered (Vieth, 2006).

To address this need, NCPA received a four-year grant from the United States Department of Health and Human Services to assist states in establishing the states' own version of the course that would meet national standards but would be locally taught and administered (Shabazz & Vieth, 2001). As a result of this federal funding, NCPA established a "train the trainer" program to assist state agencies in developing a local pool of faculty. This proved to be a successful model with a number of states and, eventually, other nations implementing the course. The replication of the course at the state level made *Finding Words* a "very influential" forensic interview training model that is "among the most widely trained interview structures in the United States" (Faller, 2015, p. 49).

In 2007, the initiative changed its name from *Finding Words* to *ChildFirst®* with the national program coming under the administration of the National Child Protection Training Center (NCPTC). In 2013, CornerHouse developed a new forensic interview protocol and, in turn, NCPTC and the state and international forensic interview training programs worked collaboratively in developing the *ChildFirst®* protocol. In 2019, NCPTC merged into the ZAP, a non-profit organization with offices in Virginia and Minnesota. Since the merger, ZAP has added a number of resources to the *ChildFirst®* initiative.

In its current form, *ChildFirst®* has international, national, and state course offerings as well as a number of advanced courses and other resources to improve the skills of forensic interviewers and other members of the MDT.

ChildFirst® Forensic Interview Training Course

ChildFirst® is a five-day forensic interview training program that meets the National Children's Alliance training standard for interviewers working in an accredited Child Advocacy Center (CAC) (National Children's Alliance, 2017, p. 2). The course consists of lectures and discussion, reading assignments, review of electronically recorded interviews, skill-building exercises, and a practicum in which each participant conducts a mock forensic interview with an actor and participates in as many as ten interviews as a peer reviewer. Although individuals can apply for the course, we strongly encourage students to attend as part of a team. Each student must pass a written examination to get a course certificate. ZAP faculty and consultants teach the course at the national level.

ChildFirst®: International and State Courses

Practitioners also teach *ChildFirst*® in Japan through the Child Maltreatment Prevention Network and in Colombia through the organization Safer Children and Women International. Faculty who have completed our "train the trainer" program also teach *ChildFirst*® at a state level. These states are: Alaska, Arkansas, Connecticut, Delaware, Georgia, Illinois, Indiana, Kansas, Maryland, Minnesota, Mississippi, Missouri, New Jersey, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Virginia, and West Virginia. Practitioners also present the program approximately 20 times annually in the state of New York.

ChildFirst® Advanced Courses

ChildFirst® faculty present a number of advanced workshops at international, national, and state child abuse conferences every year. For example, we offer workshops on ethical issues arising in a forensic interview or MDT investigation. We have also taken a lead role in educating MDTs on the spiritual impact of child abuse (Walker, Reid, O'Neill, & Brown 2012; Russell, 2018), how these issues may arise in a forensic interview (Tishelman & Fontes, 2017), and how forensic interviewers and other MDT members can respond to this dynamic (Vieth, 2010a; Vieth & Singer, 2019).

In addition to providing advanced workshops on numerous topics, *ChildFirst*® provides two advanced courses that states bring to their local communities.

ChildFirst® EX

ChildFirst® EX is an expanded forensic interview process for conducting interviews with children who may not succeed in a standard, single interview due to trauma, special needs, developmental considerations such as attention span, polyvictimization, or other factors. This training details an expanded interview process as well as research supporting multiple, non-duplicative interviews with child victims and witnesses. *ChildFirst*® EX can be utilized with any forensic interview protocol and includes not only lecture but practice for participants in conducting an expanded forensic interview.

Forensic Interviewer at Trial

This is a 2 ½ day course in which teams of forensic interviewers and prosecutors participate in a mock trial. The teams participate in mock direct examinations and cross examinations. A defense expert critiques each team's forensic interview and the team must respond to this critique in court. Zero Abuse Project faculty and consultants provide concrete suggestions to improve the skills of each participant. Students also receive a workshop on the legal standards for testifying as an expert witness on the subject of forensic interviewing (Vieth, 2009b).

ChildFirst® Forensic Interview Protocol

Foundations for the Protocol

ChildFirst® joined representatives from other major forensic interview training programs (APSAC, CornerHouse, NCAC, NICHD) and produced a guide that reflects "generally accepted best practices of those conducting forensic interviews of children in cases of alleged abuse or exposure to violence" (Newlin et al., 2015, p. 2). The Office of Juvenile Justice and Delinquency Prevention (OJJDP) published the guide, entitled *Child Forensic Interviewing: Best Practices* (Newlin et al., 2015). This guide is required reading

for *ChildFirst*® students and is foundational for the protocol.

Ethical Considerations in the Protocol

The overriding ethical principles of the *ChildFirst*® protocol are prioritizing the best interests of the child and interviewing the boy or girl in a manner that is sensitive to the child's cognitive, physical, emotional, and psychological needs and abilities. These overriding principles often prove critical when MDTs face ethical challenges such as showing a potentially traumatic image to a child.

The Forensic Interview Does Not Stand Alone

A forensic interview is one component of an entire child abuse investigation. Accordingly, we believe a forensic interview should be conducted as part of a multi-disciplinary response that includes not only forensic interviewers but also law enforcement officers, child protection workers, prosecutors, and medical and mental health professionals. *ChildFirst*® places a strong emphasis on MDTs working collaboratively to obtain corroborating evidence (Vieth, 2010b), which includes routinely photographing the crime scene (Vieth, 2009a). The interrogation of a suspect, the interview of a nonoffending caretaker and other household members, the photographing of a crime scene, and interviews with teachers, neighbors, and other potential witnesses are critical in determining what may have happened to a child. Corroborating evidence also plays a significant role in whether or not a case gets accepted for prosecution or results in a guilty plea (Cross & Whitcomb, 2017).

General Principles for the Protocol

ChildFirst® does not have a checklist or “check-the-box” approach to forensic interviewing. Instead, we allow the individual needs of the child to stand at the forefront of every decision the forensic interviewer and team make. It is our belief that everything a forensic interviewer does must have a purpose and must be legally defensible. Each phase of the protocol is designed to reflect best practices and to allow local jurisdictions to adapt the process to meet the needs of the child. *ChildFirst*® emphasizes the use of open-ended

questioning techniques and supports an hourglass approach to questioning a child (Newlin et al., 2015).

Development of the Protocol

The *ChildFirst*® protocol was developed by representatives from our state and international programs who reviewed the protocols of all of the major forensic interviewing training programs (Faller, 2015). The protocol incorporates features that are common to all of the major models and includes a polyvictimization screen, which explores for all forms of maltreatment including sexual abuse, physical abuse, emotional maltreatment, neglect, witnessing violence, and torture (Knox et al., 2014). A “decision tree” method of interviewing adapted from that utilized in the Recognizing Abuse Disclosure Types and Responding (RADAR) forensic interview training protocol aids in the exploration of multiple forms of abuse or neglect.

Four Phases of the *ChildFirst*® Protocol

Rapport

The purpose of rapport is to orient the child to the forensic interview and to encourage narratives. During rapport, the interviewer will introduce him or herself and orient the child to the setting. The interviewer then engages in narrative practice, which is also known as “episodic memory training.” This involves discussing a neutral topic from the beginning, middle, and end while gathering sensory information about sights, smells, sounds, and taste. Rapport often includes a discussion as to who the child lives with and what activities the child engages in with her/his family or others.

ChildFirst® teaches students the research and recommended practices for incorporating interview instructions, promises to tell the truth, truth/lie discussions, and other techniques that a jurisdiction may require. Teams make decisions as to which, if any, of these components to add to their interviews.

ChildFirst® makes it clear to attendees that rapport is not something to be employed during one stage of the protocol but needs to be maintained throughout the

entire interview.

Transition to Topic of Concern

The purpose of this phase of the protocol is to provide the structure to communicate about possible maltreatment. During this phase of the protocol, a fluid “decision tree” allows the interviewer to explore an open invitation with every child and utilize verbal open-ended questioning in which the child is asked questions such as, “What do you know about being here today?” The interviewer also typically asks the child what, if anything, someone may have said to them about the process. In addition, the “decision tree” allows for additional explorations about family relationships, names for body parts, and discussion about experiences or conduct that are “OK” and “not OK” with the child. This is a much broader conversation than simply an inquiry about touches because children can be maltreated without being touched. During this phase of the interview, children have disclosed being scared at home, that they have witnessed mommy being hit, and that there is a lot of yelling, and one child said, “My tummy hurts when I don’t have food so that’s not OK.” A child growing up in a home functioning as a meth lab said, “Good cooking is OK but bad cooking is not OK.” As part of the decision tree process, a child’s answers may lead to a discussion of these or other types of maltreatment a child has experienced or witnessed.

Explore Details

The purpose of this phase is to elaborate on what the interviewer learned from the episodic memory training/narrative practice and explore and gather the details verbally from the child about his or her experience. During and after the gathering of details, the interviewer should explore alternative hypotheses and other explanations for the report. This phase provides another opportunity to explore the possibility a child has experienced other types of abuse beyond what was initially reported or previously disclosed in the interview. The interviewer conducts a safety screening or polyvictimization screening before moving to closure, and *ChildFirst*® training gives students sample language for this screening.

When screening for the possibility that a child has been depicted in sexually exploitive images, a forensic

interviewer might ask, “Has someone taken/shown you pictures, computers, or movies of people with no clothes on?” When screening for physical abuse, one option may be to ask, “Do people get in trouble in your house?” With respect to domestic or interpersonal violence, an interviewer may ask, “Do adults fight in your house?” One possibility in exploring emotional abuse may be to inquire, “Do people/adults call you names or say mean things to you?” In assessing the possibility of neglect or risk of harm, an interviewer may ask, “Do people drink alcohol (or do drugs) in your house?”

The interviewer only asks these questions if the child has not already indicated these additional forms of abuse earlier in the interview. If the child indicates additional forms of abuse or neglect are taking place, the interviewer simply asks the child to “tell me more about that.”

During this phase interviewers can use drawings, which may assist the child in giving details about the location or type of abuse endured, as well as anatomical diagrams or dolls, which may assist a child in clarifying the location of touches or the manner in which maltreatment occurred. Diagrams and dolls, though, never replace the child’s verbal account but rather aid the child in clarifying or providing additional details about a disclosure.

Closure

The purpose of closure is to provide a respectful ending to the interview and ask if the child has any questions or concerns. Interviewers often do this by simply bringing the child back to a neutral topic. The interviewer does not provide the child with a personal safety lecture during closure because the child may not be aware that abuse is wrong. However, the interviewer asks the child whether they feel safe at home and asks him/her to identify safe people in and outside of their family to whom they can reach out.

The Adaptability of the Model for All Forms of Abuse

Although *ChildFirst*® has always been a model that can be used with multiple forms of abuse, the program incorporated a polyvictimization screen

(or safety screening) beginning in 2013. This means that irrespective of the nature of the report or any initial disclosure in the interview of one type of abuse, practitioners screen each child for the possibility of other forms of abuse.

Interviewers may do this when exploring family relationships, when exploring details of a child's disclosure, or prior to closure. As previously noted, *ChildFirst*® incorporates a decision tree that provides for a fluid process and allows the forensic interviewer to consider and explore all forms of maltreatment as needed and at any point in the interview.

The reason *ChildFirst*® includes a screening for multiple forms of maltreatment is because children experiencing one form of abuse often experience multiple forms of abuse or neglect (Turner, Finkelhor, & Omrod, 2010; Finkelhor, Omrod, & Turner, 2007). Determining the full extent of a child's maltreatment is also critical in selecting services to address the needs of the child and the family.

Interviewing Special Populations and Extended Assessments or Multiple Interviews

ChildFirst® concurs with the conclusion contained in APSAC's forensic interviewing guidelines which state in part:

A policy that limits the investigative or fact-finding process to a single interview is not recommended.... The number of interviews should be governed by the number necessary to elicit complete and accurate information from the child. One interview is sometimes sufficient, but multiple interviews may produce additional relevant information, as long as they are open-ended and non-leading (APSAC Taskforce, 2012, p. 9).

ChildFirst® has developed a 2 ½ day training course to meet the needs of children who require additional, non-duplicative sessions with a forensic interviewer. *ChildFirst*® EX is a purposeful and defensible process for conducting interviews with children who may

not succeed in a standard, single interview due to trauma, reluctance, multiple victimizations, or other complicating factors including polyvictimization. Victims of human trafficking, preschool children, or children with developmental, linguistic, or cognitive challenges often require an expanded interview process.

When interviewers separate leading, suggestive, or coercive questions from repeated interviews, studies demonstrate that repeated interviews have some advantages (Hershkowitz & Terner, 2007). Research supporting multiple, non-duplicative interviews with child victims and witnesses is part of the training course (Faller, Cordisco Steele, & Nelson-Gardell, 2010; La Rooy, Katz, Malloy, & Lamb, 2010; La Rooy, Lamb, & Pipe, 2009).

ChildFirst® EX can be utilized with any forensic interview protocol model and includes not only lecture but practice for participants in conducting an expanded forensic interview.

ChildFirst® Position on the Use of Media in the Forensic Interview

Although adults strongly prefer that children verbally recount their experiences, some children may have limited verbal abilities and may communicate in multiple ways. Dr. Kathleen Coulborn Faller notes six "empirically and practically sound advantages of using media" (Faller, 2007, p. 11). These advantages are:

1. Children, particularly young children, may be better at demonstrating an event or experience than describing it.
2. Using media gives the forensic interviewer and, more importantly, the child two means of communication—verbal and actions.
3. The use of media may, in some instances, limit the number of leading questions. This is because instead of an interviewer probing for details with a series of direct questions, a child may be able to demonstrate his or her experience with the use of dolls or by drawing.
4. Some media may provide "cues" that triggers a child's memory.
5. Media may overcome the reluctance of children to disclose abuse (Dickinson & Poole, 2017).

6. Even if a child is willing to share an experience of abuse, it may simply be less stressful to show than to tell.

ChildFirst® supports the use of anatomical dolls when appropriate and when used consistent with research and applicable guidelines (Gundersen National Child Protection Training Center, 2016; Faller, 2005; Faller, 2007; APSAC Taskforce, 1995; Everson & Boat, 1994). This means there needs to be a legitimate purpose for introducing the dolls, the child needs to be able to make a representational shift, and the tools need to be properly introduced and utilized. The dolls are only used as a demonstration aid (Hlavka, Olinger, & Lashley, 2010) and only after the child has verbally disclosed maltreatment. The *ChildFirst*® international, national and state programs have published a detailed literature review on the research on dolls and their appropriate and inappropriate use (Gundersen, 2016).

ChildFirst® teaches the utilization of anatomical diagrams in two ways. First, with certain ages of children, used only after an open invitation, to see what the child calls different parts of a body. Second, at any age, the diagrams can be used for clarification purposes after a child has disclosed or communicated a touch or other activity concerning a body part.

Unlike anatomical dolls, there are comparatively few studies on anatomical diagrams and the applicability of these studies to actual usage of diagrams in the field is debatable (Gundersen, 2016; Lyon, 2012). According to the OJJDP *Best Practices Guide*, “Ongoing research is necessary to shed further light on the influence of various types of media on children’s verbal descriptions of remembered events” (Newlin et al., 2015, p. 7). *ChildFirst*® has called for more research, better research, neutral research, the direct involvement of frontline professionals in the design of future studies, and studying the possible usage of media not only in sexual abuse cases but also cases of physical abuse, emotional abuse, neglect, torture, and polyvictimization (Gundersen, 2016, pp. 21-22).

Use of Physical Evidence in Forensic Interviews

Introducing physical evidence in forensic interviews has

been a topic of discussion and debate for many years. *ChildFirst*® believes that we should be very thoughtful before we introduce physical evidence to a child in a forensic interview or, for that matter, in a court of law or any other phase of an investigation or prosecution. In most cases, introducing evidence to a child is not necessary in obtaining the information needed to protect a child or secure justice.

Although introducing evidence may expedite a disclosure or the arrest of a suspect, some physical evidence may be traumatic for a child and this trauma may extend long into the future (Gewirtz-Meydan, Walsh, Wolak, & Finkelhor, 2018). Introducing evidence may also weaken the case by focusing only on the evidence already in the possession of law enforcement as opposed to learning all the details of a child’s experience—details that often involve multiple forms of abuse (Turner, Finkelhor, & Omrod, 2010; Finkelhor, Omrod, & Turner, 2007). Stated differently, focusing on the evidence already obtained may bring confirmation from a child concerning the tip of the iceberg but may result in the MDT missing the iceberg itself.

Introducing evidence requires advanced training, and whether or not to do this is a decision best made by a multidisciplinary team that includes, if at all possible, input from a mental health professional. Forensic interviewers and teams should consider and prioritize the child’s health, welfare, and safety (National Children’s Advocacy Center, 2013, APSAC Taskforce, 2012).

Summary

Although *ChildFirst*® has undergone many modifications over the past twenty years, the program has steadfastly maintained that the needs of children must outweigh the needs of professionals. *ChildFirst*® has also unreservedly continued our commitment to making high quality forensic interview training available at the local and state levels. If high quality training is not available or affordable, MDTs are ill-equipped to properly assess allegations of abuse and are severely hampered in their ability to pursue justice and secure critical services for a child or family. Simply stated, quality training is the foundation of our nation’s

child protection system.

We believe that every jurisdiction has professionals capable of teaching the complexities of properly conducting a forensic interview as one part of an MDT investigation. Indeed, we believe that local professionals can teach the course more effectively because they are better equipped to take into account differences in state laws and the nuances of local judges, and they have a deeper understanding of local cultures and communities. Twenty years of ongoing teaching of the course in states throughout the United States, as well as the nations of Colombia and Japan, indicate our trust in frontline professionals is well placed.

About the Authors

Rita Farrell, BS, is Director of ChildFirst® of the Zero Abuse Project. She has been in the field for more than 20 years and manages the ChildFirst® Forensic Interview Training Program, the ChildFirst® Arkansas state program, and the development of advanced training courses and programs for forensic interviewers.

Victor Vieth, JD, MA, is Director of Education and Research of the Zero Abuse Project. He previously served as executive director of the National Center for the Prosecution of Child Abuse, as well as past President of the Academy on Violence and Abuse.

References

ChildFirst® Forensic Interview Training Program

- APSAC Taskforce. (1995). *Practice Guidelines: Use of Anatomical Dolls in Child Sexual Abuse Assessments*. APSAC Practice Guidelines. Retrieved from [apsac.org/guidelines](https://www.apsac.org/guidelines)
- APSAC Taskforce. (2012). *Practice Guidelines: Forensic Interviewing in Cases of Suspected Child Abuse*. APSAC Practice Guidelines. Retrieved from [apsac.org/guidelines](https://www.apsac.org/guidelines)
- Cross, T.P., & Whitcomb, D. (2017). The practice of prosecuting child maltreatment: Results of an online survey of prosecutors. *Child Abuse & Neglect*, 69, 20–28.
- Dickinson, J., & Poole, D.A. (2017). The influence of disclosure history and body diagrams on children's reports of inappropriate touching: Evidence from a new analog paradigm. *Law and Human Behavior*, 42, 1–12.
- Everson, M., & Boat, B. (1994). Putting the anatomical doll controversy in perspective: An examination of the major uses and criticisms of the dolls in child sexual abuse evaluations. *Child Abuse and Neglect*, 18(2), 113–129.
- Faller, K.C. (2005). Anatomical dolls: Their use in assessment of children who may have been sexually abused. *Journal of Child Sexual Abuse*, 14(3), 1–21.
- Faller, K.C. (2007). *Interviewing children about sexual abuse: Controversies and best practice*. Oxford University Press.
- Faller, K.C. (2015). Forty years of forensic interviewing of children suspected of sexual abuse, 1974-2014: Historical benchmarks. *Social Sciences*, 4, 34–65.
- Faller, K.C., Cordisco Steele, L., & Nelson-Gardell, D. (2010). Allegations of sexual abuse of a child: What to do when a single forensic interview isn't enough. *Journal of Child Sexual Abuse*, 19(5), 572–589.
- Finkelhor, D., Omrod, R.K., & Turner, H.A. (2007). Poly-victimization: A neglected component in child victimization. *Child Abuse & Neglect*, 31, 7–26.
- Gewirtz-Meydan, A., Walsh, W., Wolak, J., & Finkelhor, D. (2018). The complex experience of child pornography survivors. *Child Abuse and Neglect*, 80, 238–248.
- Gundersen National Child Protection Training Center and the ChildFirst/Finding Words Forensic Interview Training Programs. (2016). *Anatomical Dolls and Diagrams*. La Crosse, WI: GNCPTC.

References

- Hershkowitz, I., & Terner, A. (2007). The effects of repeated interviewing on children's forensic statements of sexual abuse. *Applied Cognitive Psychology, 21*(9), 1131-1143.
- Hlavka, A., Olinger, S.D., & Lashley, J. (2010). The use of anatomical dolls as a demonstration aid in child sexual abuse interviews: A study of forensic interviewers' perceptions. *Journal of Child Sexual Abuse, 19*(5), 519-553.
- Knox, B.L., Starling, S.P., Feldman, K.W., Kellogg, N.D., Fraiser, L.D., & Tiapula, S. (2014). Torture as a form of child abuse. *Journal of Child and Adolescent Trauma, 7*, 37-49.
- La Rooy, D., Katz, C., Malloy, L., & Lamb, M. (2010). Do we need to rethink guidance on repeated interviews? *Psychology, Public Policy and Law, 16*(4), 373-392.
- La Rooy, D., Lamb, M., & Pipe, M.E. (2009). Repeated interviewing: A critical evaluation of risks and potential benefits. In K. Kuehnle & M. Connell (Eds.), *The Evaluation of Child Sexual Abuse Allegations* (pp. 327-361). Hoboken, NJ: Wiley.
- Lyon, T.D. (2012). Twenty-five years of interviewing research and practice: Dolls, diagrams, and the dynamics of abuse disclosure. *APSAC Advisor, 24*, 14-19.
- National Children's Advocacy Center. (2013). Position paper on the introduction of evidence in forensic interviews of children. Huntsville, AL: Author.
- National Children's Alliance. (2017). Standards for accredited members. Alexandria, VA: Author.
- Newlin, C., Cordisco-Steele, L., Chamberlin, A., Anderson, J., Kenniston, J., Russell, A., Stewart, H., & Vaughan-Eden, V. (2015). Child forensic interviewing: Best practices. *OJJDP Juvenile Justice Bulletin*, September 2015, 1-17.
- Russell, A. (2018). The spiritual impact of child abuse and exploitation: What research tells us. *Currents in Mission and Theology, 45*, 14-19.
- Shabazz, R., & Vieth, V.I. (2001). The National Center for Prosecution of Child Abuse, *OJJDP Fact Sheet, August 2001*.
- Tishelman, A.C., & Fontes, L.A. (2017). Religion in child sexual abuse forensic interviews. *Child Abuse & Neglect, 63*, 120-130.
- Turner, H.A., Finkelhor, D., & Omrod, R. (2010). Poly-victimization in a national sample of children and youth. *American Journal of Preventive Medicine, 38*(3), 323-330.
- Vieth, V.I. (2006). Unto the third generation: A call to end child abuse in the United States within 120 years (revised and expanded). *Hamline Journal of Public Law and Policy, 28*(1), 1-74.
- Vieth, V.I. (2009a). Picture this: Photographing a child abuse crime scene. *CenterPiece, 1*(5), 1-4.
- Vieth, V.I. (2009b). The Forensic interviewer at trial: Guidelines for the admission and scope of expert witness testimony concerning an investigative interview in a case of child abuse. *William Mitchell Law Review, 36*(1), 186-219.
- Vieth, V.I. (2010a). When faith hurts: Overcoming spirituality-based blocks and problems before, during and after the forensic interview. *CenterPiece, 2*(10), 1-6.
- Vieth, V.I. (2010b). When the child has spoken: Corroborating the forensic interview. *CenterPiece, 2*(5), 1-6.
- Vieth, V.I., & Singer, P. (2019). Wounded souls: The need for child protection professionals and faith leaders to recognize and respond to the spiritual impact of child abuse. *Mitchell Hamline Law Review, 45*(4), 1213-1234.
- Walker, D.F., Reid, H.W., O'Neill, T., & Brown, L. (2012). Changes in personal religion/spirituality during and after childhood abuse: A review and synthesis. *Psychological Trauma: Theory, Research, Practice, and Policy, 1*(2), 130-145.