

Why Forensic Balance Should Be Recognized as a Foundational Best Practice Standard - A Commentary on the State of Child Forensic Interviewing

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Forensic Balance Defined

Sensitivity and specificity are statistical indices of diagnostic accuracy. Applied to the field of child forensic interviewing, sensitivity emphasizes minimizing false negative errors or errors of undercalling abuse, while specificity focuses on preventing false positive errors or errors of overcalling abuse (Everson & Sandoval, 2011). High sensitivity and high specificity are both desirable diagnostic goals, but increasing one often requires a tradeoff from the other. Sensitivity and specificity can be viewed as representing two competing interests: the protection of child victims from abuse and the protection of innocent adults from false allegations. Forensic balance is defined as giving equal priority to sensitivity and child protection and to specificity and adult protection in interview design, instruction, and practice.

Historical Roots of Forensic Bias (a.k.a. “You Had to Be There.”)

Sensitivity and specificity each reflect compelling moral and ethical values. Both sets of values command our respect. It is troubling that in our 40+ year history, our field has not only failed to recognize forensic balance as a foundational best practice standard, but also failed to emphasize interview methodology to accommodate the objectives of both sensitivity and

specificity. Instead of pursuing the middle path of forensic balance, our field veered into forensic bias. First, it embraced sensitivity bias for much of the 1980s before pivoting sharply in the 1990s to become mired, ever since, in specificity bias (Everson, 2012).

The birth of the current field of child forensic interviewing occurred soon after recognition in the mid-1970s that child sexual abuse (CSA) was a serious societal problem (Faller, 2015). Dating back to the influence of Freud in the early 1900s, CSA had been dismissed or ignored for decades because of widespread professional and public skepticism (Olafson, Corwin, & Summit, 1993). As a result, for decades, a substantial percentage of CSA victims were likely abandoned to ongoing abuse, despite their outcries for help. In addition, the development of interview methodology or protocols for child abuse assessment was given little priority.

A personal anecdote from the first author’s postdoctoral training in the early 1980s is illustrative: “A senior faculty advisor learned of my interest in pursuing a specialization in the field of child sexual abuse and called me into his office in hopes of deterring me from making a regrettable career decision. With utmost sincerity, he explained: ‘I have been a child clinician for over 30 years and in that time I have seen at most five true cases of sexual abuse. The cases are overwhelmingly false. There just aren’t enough true cases of child sexual abuse to build a

career.” Such blanket denials of the scale of CSA were not uncommon among our more senior mentors. It was therefore not surprising that young professionals in the new field of child sexual abuse often shared a “not on my watch” sentiment as well as notable sensitivity bias.

With little precedent to draw upon, the pioneers of the infant field of child forensic interviewing often breeched today’s norms of accepted practice (e.g., sometimes interviewing suspected child victims together).

Nonetheless, the first class of forensic interviewers correctly realized the disclosure process often included phases of denial, delay, and incremental disclosure (e.g., Summit, 1983). This insight led to the development of child-sensitive interview methodology that included: A) an emphasis on rapport building to promote a sense of trust and safety, B) attempts to identify and remove psychological barriers impeding the disclosure process, and C) interviewer flexibility to conduct multiple sessions as needed.

Interviewers were initially given significant leeway in questioning strategies to ensure that no CSA victim was missed—before suggestibility concerns imposed more limits by mid-decade. Since interview strategies for eliciting the child’s account were not well developed, interview guidelines often advocated the use of anatomical dolls so the child could “show” rather than “tell” what happened. Child-sensitive interview guidelines from this era included Jones and McQuiston (1985), Boat and Everson (1986), and MacFarlane and Feldmeth (1988).

The early-to-mid-1990s represent a critical inflection point in the field of forensic interviewing. In large part due to the “daycare disasters” of the 1980s, our field pivoted sharply from a focus on sensitivity and child protection to a sustained embrace of specificity and adult protection. The “daycare disasters” consisted of a series of high-profile, multivictim cases, primarily involving preschool-age children, that came to be widely viewed as false allegations of sexual abuse against innocent adults. Research psychologists (e.g., Ceci & Bruck, 1995) joined with critics of our field (e.g., Nathan & Snedeker, 1995) to argue that

overzealous child interviewers using highly suggestive interview techniques had to be reined in to prevent further miscarriages of justice.

The daycare cases of the 1980s had a profound and pervasive impact on our field. Although Cheit (2014) published a comprehensive analysis demonstrating that most of the daycare cases in question were likely true cases of abuse, the damage had been done. By the mid-1990s, the child-sensitive interview methodology of the 1980s had been seen as thoroughly discredited. Extended rapport building was viewed as unnecessary coddling. Multiple interview sessions were all but outlawed. Professional insights about the disclosure process (e.g., Perpetrator threats can deter victim disclosures.) were derided as unproven “clinical lore” (Ceci & Bruck, 1995). Interview protocols became more structured, if not scripted, to reduce room for interviewer error. To overgeneralize only slightly, the implicit attitude in interview methodology changed from “Tell me if you have a secret, so I can help.” to “Convince me, if you say you were abused.”

The specificity era witnessed not only the wholesale rejection of everything “clinical” from the sensitivity era but also produced a number of significant and lasting research advances in interview methodology. The development of narrative interview strategies, in particular, provided forensic interviewers with an indispensable tool for eliciting a comprehensive and detailed account from the child. Other research on interview design has completely reshaped the interview process (e.g., Lamb, Hershkowitz, Orbach, & Esplin, 2008).

Never-Ending Era of Specificity Bias

Since the early 2000s, there has been substantial reconsideration of previously discarded child-sensitive interview methodology (e.g., Pipe, Lamb, Orbach, & Cederborg, 2007). Examples include a greater appreciation for the importance of enhanced rapport (Cordisco-Steele, 2015) and interviewer emotional support (Saywitz, Wells, Larson, & Hobbs, 2015) as well as rapport refinements in the revised National Institute of Childhood Health and Human Development (NICHD) Interview Protocol (Hershkowitz, Lamb, Katz, & Malloy, 2013).

Also relevant is the growing corpus of research documenting the benefits of more than one forensic interview session (e.g., Faller, Cordisco-Steele, & Nelson-Gardell, 2010; Hershkowitz & Terner, 2007; La Rooy, Lamb, & Pipe, 2008).

However, despite the increased emphasis on sensitivity issues in research and literature, relatively little has changed in day-to-day interview practice. As a result, the authors of this commentary contend that our field at-large continues to implicitly, if not intentionally, prioritize specificity and adult protection over sensitivity and child protection. More substantial and explicit efforts will likely be required to bring about meaningful balance in interview practice.

In her comprehensive overview of forensic interview practice, Kathleen Faller reached a similar conclusion about the ongoing lack of forensic balance in our field: “Much of the research and practical advice has been driven by the concern that forensic interview practice might elicit false reports of sexual abuse and thereby jeopardize the lives of adults” (2015, p. 57). Faller also raises concerns that current interview methodology may jeopardize the lives of children by not providing sufficient opportunity for fearful and reluctant children to disclose their abuse.

The imbalance of specificity over sensitivity can be seen in the relative emphasis placed in interview design, instruction, and practice on preventing interviewer suggestion while virtually ignoring the effect of perpetrator “suggestion.” The interviewer’s access to the child is most often limited to a single, one-hour, videotaped interview. In contrast, the perpetrator may have 24/7 access to the child for years to manipulate, threaten, and intimidate the child into silence. Moreover, family members may also subtly or overtly influence a child prior to and after the interview, as the subsequent negative effects of the allegation (e.g., financial pressure, loss of a caregiver) become manifest.

Yet overwhelmingly, the research, commentary, instruction, and general angst in the field is centered on how to wring every last syllable of suggestion from interviewer questions. Comparatively little attention is given to the psychological barriers that the perpetrator

and potentially other family members may erect to ensure the child’s silence.

The bias in favor of specificity and adult protection is also evident in the selection of the single-session, stranger interview format (SSSI) as a best practice interview format for the last 25+ years. A one-session interview format, conducted by an individual unfamiliar to the child, flies in the face of what is known about the disclosure process. The disclosure process, especially in CSA cases, is often “painful, incremental, and protracted” (Faller, 2020). Yet, interviewer flexibility to conduct a follow-up session to meet the needs of the child victim or the exigencies of the case is often severely restricted by others (e.g., multidisciplinary team (MDT) agreement, center policy, or jurisdictional constraints).

Three rationales are offered to justify the near-universal reliance on the SSSI format in child forensic interviews, regardless of *case characteristics* (e.g., no prior disclosure, close family member as suspected perpetrator); *child characteristics* (e.g., young age, rapport issues), or *interview outcomes* (e.g., denial by child despite compelling external evidence of abuse).

The primary rationale is concern that more than one interview session significantly increases the risk of interviewer contamination of the child’s memory, especially through the use of repetitive and suggestive questioning. However, this concern is a training/practice issue, not a design flaw inherent in multiple session formats. The literature is clear that the risk of contamination of the child’s memory is minimal when the interviewer follows best practice guidelines that emphasize open questions and free memory recall (Malloy & Quas, 2009). For example, La Rooy, Katz, Malloy, and Lamb (2010) found little evidence to support the notion that inaccuracy increased with multiple interviews with the same interviewer. In fact, La Rooy et al. (2010) have recommended more frequent use of follow-up interview sessions based on research that a second session provides the child an opportunity to recall more details and thus provide a more comprehensive account.

The second rationale for a one-session interview format is the belief that multiple interview sessions are

inherently traumatizing to CSA victims. This concern is likely derived from practice in the 1980s when a child might be interviewed by multiple professionals, each with a different role (Faller, 2020). However, the authors contend that the roots of apprehension regarding multiple *interviewers* grew into concern for multiple interview sessions by the *same interviewer*. Nor does research support the view that more than one interview by the same interviewer is traumatizing (La Rooy et al., 2008). Children often experience emotional discomfort or distress during the disclosure process, but this differs from psychological trauma in which the child's coping abilities are overwhelmed with potential long-term negative effects. Interviewers employ a number of interview strategies to provide support and reassurance as needed, such as taking a break from difficult topics.

This discussion raises two practical questions for interviewers with concerns about the trauma of a follow-up interview. First: Which is potentially more distressing to the child—having to examine every difficult detail in a single session, or the flexibility to titrate upsetting topics over the course of two or more sessions? Second: Who is best able to determine whether a follow-up session is likely to be traumatizing or emotionally upsetting—the researcher, the protocol developer, or the interviewer in the room with the child? Taking a child-centered approach, the individual child's needs should dictate whether additional interview sessions are needed, rather than reliance on a rigid, one-session policy for all children.

The third rationale for selecting a one-session over a multiple-session format is the issue of cost and convenience. A second interview session, even for a small subset of children, may not be realistic given existing resources, personnel limitations, and the availability of MDT professionals to observe follow-up interview sessions. The savings in program costs from a standardized, one-session interview format must be weighed against the costs of the one-session interview format to the safety and well-being of abuse victims who fail to disclose in a single session.

Research Related to Specificity Bias

A comprehensive review of research on the disclosure process is beyond the scope of this article. However, there are two publications offering appraisals of the SSSI format that must be considered. Lyon (2007) reviewed 16 studies of children age 3 or above who were identified as CSA victims on the basis of having been diagnosed with sexually transmitted diseases. Among 437 children across the 16 studies, only 185 or 42% disclosed sexual contact in the initial forensic interview. The false negative or disclosure failure rate using the SSSI interview format was therefore 58%. This error rate fell substantially when additional interview sessions were conducted (Lyon, 2007).

Hershkowitz, Lamb, and Katz (2014) compared the disclosure rates in the standard NICHD interview and the revised NICHD protocol, both of which are single-session formats. The sample included 426 Israeli children, ages 4 to 13, for whom there was substantial independent corroborative evidence of either physical or sexual abuse. Interviewers used the standard NICHD protocol in interviewing 165 of the children and the revised protocol in interviewing 261 of the children.

As expected, the revised protocol, which included more emphasis on rapport building than did the standard protocol, elicited a significantly higher disclosure rate (59.3% vs. 50.3%). However, the most noteworthy findings are the false negative or disclosure failure rates of 40.7% and 49.7% respectively for the revised and standard NICHD protocol.

These unacceptably high rates of disclosure failure from two of the premier forensic interview protocols in the field should raise alarms for all interview protocols and agencies relying on the single-session, stranger interview format. The Lyon (2007) and Hershkowitz et al. (2014) findings suggest that child victims of sexual and physical abuse are bearing a disproportionate cost to keep adults safe from false suspicions of abuse. Up to 50% of true cases of abuse may fail to disclose their abuse in the forensic interview process because of interview methodology that has prioritized specificity over forensic balance for at least the last 25+ years.

Such statistics are quite troubling, but there is other,

encouraging research to suggest that our field may be outgrowing its specificity bias. Fessinger and McAuliff (2020) recently published the results of a national survey of 781 forensic interviewers representing all 50 states. The survey included an assessment of interviewer's level of concern for the occurrence of false denials (i.e., sensitivity) vs. false allegations (i.e., specificity). By an overwhelming rate of 83% to 11%, forensic interviewers described themselves as more concerned about false denials than false allegations.

Interestingly, interviewers newer to the field reported higher levels of concern for false denials than more experienced interviewers. Fessinger and McAuliff (2020) speculate that interviewers with more years of experience are likely to be more familiar with and impacted by the highly publicized daycare cases of the 1980s than interviewers with less time in the field. If so, the leadership in our field, including protocol developers and senior trainers, may be more prone to specificity bias and less receptive to needed interview changes than most frontline forensic interviewers.

Model for Operationalizing Forensic Balance

Our objective in writing this paper is to call for revisions in child forensic interview guidelines to recognize forensic balance as a foundational best practice standard. In this section, we propose four standards of practice as an initial model for operationalizing forensic balance as best practice. We derived these standards of practice from melding best practice methods of the 1980s with best practice methods introduced since the 1990s. We designed the resulting model to increase the accuracy of case decisions by combining interview strategies intended to reduce false positive errors with those that reduce false negative errors. The first two of the following practice standards focus primarily on maximizing sensitivity, while the second two are intended to maximize specificity:

A. Interviewers should have the flexibility to conduct more than one interview session, as needed. *All* interviewers should be trained to determine when follow-up sessions are justified and how to conduct such sessions.

Disclosure is a process. "Just ask, they'll tell" is not a reliable interview strategy. Before "telling," many children require time over more than one session to develop rapport, overcome their embarrassment, or muster the courage to provide a full disclosure to the interviewer stranger. For many victims, the disclosure process is painful and protracted and may include phases of denial, minimization, incremental disclosure, and/or recantation. It is therefore essential that forensic interviewers have the flexibility to conduct more than one interview session as needed. As a matter of due diligence, a follow-up session may also be necessary to address inconsistencies and contradictions in the child's account relative to other evidence in the case. In addition, a follow-up interview provides more opportunity to explore alternative hypotheses that might better explain the abuse suspicion.

All forensic interviewers should be trained *when* and *how* to conduct follow-up sessions, not just the select few who attend specialized trainings on extended interviewing. The goal is to equip and empower *all* interviewers to make the decision of whether an additional session is needed and, if so, to conduct the session, building on existing rapport with the child.

B. The interview should include assessment of potential psychological barriers that may deter the child from communicating openly and accurately.

Psychological barriers may take several forms but, at their core, they generally involve issues such as fear, anxiety, mistrust, embarrassment, shame, guilt, and/or attachment to the perpetrator. Barriers can be instilled through perpetrator intimidation and manipulation, cultivated by unsupportive or blaming family members, or derived from the victim's own limited understanding of appropriate versus abusive relationships.

Often, the child directly reveals the presence of a barrier verbally or by demeanor. In other cases, interviewers can infer the existence of a barrier through a child's denials or omissions of known facts (e.g., denying a prior report of abuse to the school guidance counselor). Some barriers can be mitigated as the child's level of safety and comfort increases

during the rapport process, though most require more direct interventions such as targeted reassurances (e.g., “Let’s ask your mom if it’s okay for you to talk with me today.”)

C. The primary goal of the interview should be to elicit a detailed, free-narrative account of the child’s experiences, in the child’s own words.

The child’s account typically serves as an essential component in assessing the validity of the abuse suspicion. Ideally, the investigation of the abuse suspicion includes details or leads in the account that others can potentially corroborate (or refute). Eliciting a complete and detailed account typically requires the effective use of narrative interview methodology. The elements of narrative interview methodology include building rapport using open-ended, narrative questions; formal narrative practice; use of narrative invitations and follow-ups; and delays in the use of follow-up ‘wh’ and specific questions until the narrative is complete.

In addition, frequent peer- and self-review, especially using tools such as Advanced Interview Mapping (Everson, Snider, & Rodriguez, 2020, this issue), are recommended to prevent interviewer drift to less effective questioning strategies.

D. Interviewers should avoid questioning errors that can undermine the goal of eliciting a complete and accurate account from the child. Such questioning errors include, but are not limited to, leading and overly suggestive questioning.

Our field has historically obsessed over the degree of suggestiveness in the interviewer’s questions. However, there are other questioning errors that equally undermine efforts to obtain a complete and untainted account from the child. These questioning errors include:

- Escalating to substantive questions before rapport and a level of comfort has been achieved
- Failure to elicit and encourage a full sequential narrative account using narrative prompts
- Failure to elicit a complete narrative from

child before interrupting with ‘wh’ and specific questions

- Focusing exclusively on the abuse act(s) without obtaining corroborative details of what may have occurred before and after the abusive event
- Failure to address gaps, inconsistencies, and contradictions in child’s account

Avoiding these error types will require training specific to each error type, as opposed to general guidelines on how to avoid leading and highly suggestive questioning. Reducing a broad range of interviewer errors, and thereby improving overall interview quality, is a critical component in achieving forensic balance.

Conclusions

In their efforts to seek personal safety, child and adolescent victims of sexual abuse have traditionally faced a headwind from an unexpected direction. By our count, professionals charged with investigating or evaluating suspicions of child sexual abuse have, on average, prioritized adult protection over child protection for all but 15 of the last 120 years. (The 15-year gap includes the sensitivity era of the 1980s, give or take a few years at either end of the decade.) For the reasons summarized below, we are hopeful that the leadership of our field will take the steps necessary to end a century-long injustice:

1. Current standards of interview practice reflect an unacceptable bias against child victims by prioritizing specificity and adult protection over sensitivity and child protection.
2. A forensically balanced interview will likely increase the accuracy of case decisions by combining both sensitivity and specificity methodology to elicit a full and detailed account from the child.
3. A rigid, one-session interview policy is grossly in conflict with what is known about the disclosure process.
4. Research by Lyon (2007) and Hershkowitz et al. (2014) suggest that interview protocols based on a single-session, stranger interview format, likely produce a high level of disclosure failures.

5. A growing body of research suggests that follow-up interview sessions offer a number of benefits for case disposition, even for children who have made a disclosure in the first session (e.g., Faller et al., 2010; Hershkowitz & Terner, 2007; La Rooy et al., 2008)

Going forward, it is imperative that we in the field of child maltreatment recognize that the goals of protecting innocent adults from false allegations and protecting child victims from sexual exploitation are neither mutually exclusive nor incompatible. Investigations of abuse allegations center on the question, “What, if anything, happened?” We cannot justify addressing a question of such import with what we know to be biased and inferior interview methodology. Ethically, we can no longer justify business as usual.

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