



## **Forensic Interviewer at Trial**

### **A Selected Bibliography**

**November 2013**

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The preferred citation for this publication is: National Children's Advocacy Center. (2013).  
Forensic Interviewer at Trial: A Bibliography. Huntsville, AL: Author.

## **Scope**

This selected bibliography includes literature significant to the forensic interviewer and prosecutor in a trial setting. The literature covers multiple aspects of evidenced-based practice in child forensic interviewing, defensible practice and testimony, the progressions of children's experiences related to maltreatment, and aspects of disclosure. Literature commonly used as a basis of jury education regarding false allegations of abuse within custody/divorce, recantation, retaliation, and lack of physical evidence are also included. It is a selected bibliography and is not comprehensive.

## **Organization**

Publications are arranged by topic and listed alphabetically within each topic. Links to full text are provided when possible. Author abstracts are provided unless otherwise noted.

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## Forensic Interviewer at Trial

### A Selected Bibliography

#### Evidence-Based Practice In Forensic Interviewing

American Professional Society on the Abuse of Children (2012). Practice guidelines: Forensic interviewing in cases of suspected child abuse. Chicago: Author. [www.apsac.org](http://www.apsac.org)

Brubacher, S. P., Roberts, K. P., & Powell, M. (2012). Retrieval of episodic versus generic information: Does the order of recall affect the amount and accuracy of details reported by children about repeated events? *Developmental Psychology*, 48(1), 111-122.

Children (N = 157) 4 to 8 years old participated 1 time (single) or 4 times (repeated) in an interactive event. Across each condition, half were questioned a week later about the only or a specific occurrence of the event (depth first) and then about what usually happens. Half were prompted in the reverse order (breadth first). Children with repeated experience who first were asked about what usually happens reported more event-related information overall than those asked about an occurrence first. All children used episodic language when describing an occurrence; however, children with repeated-event experience used episodic language less often when describing what usually happens than did those with a single experience. Accuracy rates did not differ between conditions. Implications for theories of repeated-event memory are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Brubacher, S. P., Malloy, L. C., Lamb, M. E., & Roberts, K. P. (2013). How do interviewers and children discuss individual occurrences of alleged repeated abuse in Forensic Interviews? *Applied Cognitive Psychology*, 27(4), 443-450.

Police interviews (n = 97) with 5- to 13-year-olds alleging multiple incidents of sexual abuse were examined to determine how interviewers elicited and children recounted specific instance of abuse. Coders assessed the labels for individual occurrences that arose in interviews, recording who generated them, how they were used and other devices to aid particularisation such as the use of episodic and generic language. Interviewers used significantly more temporal

labels than did children. With age, children were more likely to generate labels themselves, and most children generated at least one label. In 66% of the cases, interviewers ignored or replaced children's labels, and when they did so, children reported proportionately fewer episodic details. Children were highly responsive to the interviewers' language style. Results indicate that appropriately trained interviewers can help children of all ages to provide the specific details often necessary to ensure successful prosecution. Copyright © 2013 John Wiley & Sons, Ltd.

Brubacher, S. P., & La Rooy, D. (2013). Witness recall across repeated interviews in a case of repeated abuse. *Child Abuse & Neglect*. In press.

In this *illustrative* case study we examine the three forensic interviews of a girl who experienced repeated sexual abuse from ages 7 to 11. She disclosed the abuse after watching a serialized television show that contained a storyline similar to her own experience. This triggered an investigation that ended in successful prosecution of the offender. Because this case involved abuse that was repeated on a weekly basis for 4 years we thus investigated the degree to which the child's narrative reflected *specific episodes* or *generic accounts*, and both the interviewer's and child's attempts to elicit and provide, respectively, specific details across the 3 interviews collected in a 1 month period. Across the 3 interviews, the child's account was largely generic, yet on a number of occasions she provided details specific to individual incidents (*episodic leads*) that could have been probed further. As predicted: earlier interviews were characterized more by episodic than generic prompts and the reverse was true for the third interview; the child often responded using the same style of language (episodic or generic) as the interviewer; and open questions yielded narrative information. We discuss the importance of adopting children's words to specify occurrences, and the potential benefits of permitting generic recall in investigative interviews on children's ability to provide episodic leads. Despite the fact that the testimony was characterized by generic information about what usually happened, rather than specific episodic details about individual occurrences, this case resulted in successful prosecution.

Davis, S. L., & Bottoms, B. L. (2002). The effects of social support on the accuracy of children's reports: Implications for the forensic interview. In M. L. Eisen, J. A. Quas, & G. S. Goodman (Eds.), *Memory and suggestibility in the forensic interview* (pp. 437-458). Mahwah, NJ: Lawrence Erlbaum Associates.

Haynes, R. B., Devereaux, P. J., & Guyatt, G. H. (2002). Physicians' and patients' choices in evidence based practice: Evidence does not make decisions, people do. *BMJ: British Medical Journal*, 324(7350), 1350.  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1123314/pdf/1350.pdf>

Hershkowitz, I. (2009). Socioemotional factors in child sexual abuse investigations. *Child Maltreatment*, 14(2), 172-181.

Two socioemotional factors were explored in association with children's production of forensic information during sexual abuse investigations: rapport building and interviewer's support. The study tested to what extent (a) the length and questioning style in the rapport-building session and (b) the level of support interviewers provided to the children, were associated with the amount of forensic details children provided in their investigation. These associations were explored for more talkative and less talkative children as well as for children of two age groups (4-6 and 7-9 years). A total of 71 forensic interviews of alleged victims of child sexual abuse were subject to a detailed psycholinguistic analysis. Results suggest that richer information in the child's responses is associated with a short and open style rapport-building session as well as with a higher level of interviewer's support. This association is especially marked for less talkative children who might be in special need of support and for whom the rapport with the interviewer might be more meaningful.

Hershkowitz, I., Lamb, M. E., Orbach, Y., Katz, C., & Horowitz, D. (2012). The development of communicative and narrative skills among preschoolers: Lessons from forensic interviews about child abuse. *Child Development*, 83(2), 611-622.

This study examined age differences in 299 preschoolers' responses to investigative interviewers' questions exploring the suspected occurrence of child abuse. Analyses focused on the children's tendencies to respond (a) at all, (b) appropriately to the issue raised by the investigator, and (c) informatively, providing previously undisclosed information. Linear

developmental trends characterized all types of responding. When the types of prompts were considered, 3- to 4-year-olds responded slightly more informatively to specific (directive) recall prompts than to open-ended prompts whereas children aged 5 and older were more responsive to open-ended recall prompts. The findings suggest that even 3-year-olds can provide information about experienced events when recall processes are activated, although the ability to provide narrative responses to open-ended recall prompts only becomes reliable later in development.

Lamb, M., La Rooy, D. J., Malloy, C., & Katz, C. (Eds), (2011). *Children's Testimony: A Handbook of Psychological Research and Forensic Practice*. West Sussex, UK: Wiley-Blackwell.

Lyon, T. D., Malloy, L. C., Quas, J. A., & Talwar, V. A. (2008). Coaching, truth induction, and young maltreated children's false allegations and false denials. *Child Development*, 79(4), 914-929. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2856485/>

This study examined the effects of coaching (encouragement and rehearsal of false reports) and truth induction (a child-friendly version of the oath or general reassurance about the consequences of disclosure) on 4- to 7-year-old maltreated children's reports ( $N = 198$ ). Children were questioned using free recall, repeated yes – no questions, and highly suggestive suppositional questions. Coaching impaired children's accuracy. For free-recall and repeated yes – no questions, the oath exhibited some positive effects, but this effect diminished in the face of highly suggestive questions. Reassurance had few positive effects and no ill effects. Neither age nor understanding of the meaning and negative consequences of lying consistently predicted accuracy. The results support the utility of truth induction in enhancing the accuracy of child witnesses' reports.

Macleod, E., Gross, J., & Hayne, H. (2013). The clinical and forensic value of information that children report while drawing. *Applied Cognitive Psychology*, 27(5), 564-573.

Drawing is commonly used in clinical interviews to help children talk about their experiences. Research has shown that drawing increases the amount of information that children report about some emotional experiences. Here, we aimed to investigate the use of drawing in interviews about other, clinically relevant emotions, and the clinical and forensic relevance of the information that children report while drawing. To do this, sixty 5- to 6- and 11- to 12-year-olds drew and told, or told, about prior experiences that had made them feel happy, angry, proud (confident), and worried (nervous). For all emotions, drawing and telling increased the amount of forensically relevant, episodic details (e.g., who was there and what happened) that children reported relative to telling alone. In contrast, drawing and telling did not alter the amount of information that children reported about clinically relevant details (e.g., thoughts and emotions). We discuss the implications of these findings for using drawing in interviews with children.

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National Children's Advocacy Center. (2010). Narrative Practice (What is it and Why is it Important?): A Research-to-Practice Summary. Huntsville, AL: Author.  
<http://www.nationalcac.org/images/pdfs/CALiO/narrative-practice-res-to-prac2.pdf>

Saywitz, K. J., & Camparo, L. B. (2009). Contemporary child forensic interviewing: Evolving consensus and innovation over twenty-five years. In B. L. Bottoms, C. J. Najdowski, & G. S. Goodman (Eds.), *Children as Victims, Witnesses, and Offenders* (pp. 102-127). New York: The Guilford Press.

Saywitz, K.J., Lyon, T. D., & Goodman, G.S. (2011). Interviewing children. In J.E.B. Myers (Ed.), *The APSAC handbook on child maltreatment* (3d ed.) (pp. 337-360). Newbury Park, CA: Sage.

Peterson, C., Dowden, C., & Tobin, J. (1999). Interviewing preschoolers: Comparisons of 'Wh' and Yes/No questions. *Law & Human Behavior*, 23(5), 539-555.

This study investigated the influence of question format on preschool-aged children's errors, their response accuracy, and their tendency to say "I don't know" when given non-misleading questions in a neutral, unbiased context. Children (3 to 5 years old) participated in a craft-making session that included a staged "accident" with two experimenters differing in gender and appearance; the environment also had several distinctive features. One week later children were interviewed about actions, participants, and environment; questions were yes/no format with the veridical response "yes" ("yes" questions), yes/no format with the veridical response "no" ("no" questions), and specific wh- format questions. Question format substantially influenced children's responses: they were most likely to make errors if asked "no" questions, and were unlikely to answer either yes/no question with "I don't know." In contrast, children spontaneously and frequently said "I don't know" to wh- questions about content they did not recall (environment), but not about content that was well recalled (actions). Implications of question format for reliability of eyewitness testimony by preschoolers are discussed.

Poole, D. A., & Bruck, M. (2012). Divining testimony? The impact of interviewing props on children's reports of touching. *Developmental Review*, 32(3), 165-180.

There is a long-held assumption that objects help bridge the gap between what children know and what they can (or are willing to) explain. In this review, we present research on the extent to which two types of objects used as props in investigative interviews of children, anatomical dolls and body (human figure) diagrams, actually help children report accurate information about autobiographical events. We explain why available research does not instill confidence that props are the best solution to interviewing challenges, and we consider practitioners' and policy-makers responses to this evidence. Finally, we discuss the types of developmental research that are necessary to advance the field of evidence-based interviewing of children.



Poole, D. A., & Dickinson, J. J. (2013). Comfort drawing during investigative interviews: Evidence of the safety of a popular practice. *Child Abuse & Neglect*. In press.

This study evaluated the impact of comfort drawing (allowing children to draw during interviews) on the quality of children's eyewitness reports. Children ( $N = 219$ , 5 to 12 years) who had participated in an earlier memory study returned 1 or 2 years later, experienced a new event, and described these events during phased, investigative-style interviews. Interviewers delivered the same prompts to children in the no drawing and drawing conditions but provided paper and markers in the drawing condition, invited these children to draw, and periodically asked if they would like to make another picture. Most children in the drawing condition were interested in using the materials, and measures of eyewitness performance were sensitive to differences in cognitive ability (i.e., age) and task difficulty (i.e., delay between the remote event and interview). Comfort drawing had no overall impact as evidenced by nonsignificant main effects of condition across 20 performance measures, although more of the younger children reported experienced touching in the drawing than no drawing condition. The children successfully divided attention between voluntary drawing and conversations about past events. Importantly, comfort drawing did not impair the amount of information recalled, the accuracy of children's answers, or even the extent to which interviewers needed to prompt for answers. Due to the large number of analyses, the benefit of drawing for younger, touched children requires replication. Comfort drawing poses no documented risks for typically-developing school-aged children, but the practice remains untested for younger children and those with cognitive impairments.

Smith, K., & Milne, R. (2011). Planning the interview. In M. E. Lamb, D. J. La Rooy, L. C. Malloy, & C. Katz (Eds.), *Children's testimony: A handbook of psychological research and forensic practice* (2nd ed.) West Sussex, UK: Wiley- Blackwell.

Sternberg, K. J., Lamb, M. E., Hershkowitz, I., Yudilevitch, L., Orbach, Y., Esplin, P. W., & Hovav, M. (1997). Effects of introductory style on children's abilities to describe experiences of sexual abuse. *Child Abuse & Neglect*, 21(11), 1133-1146.

The goal of this study was to evaluate the relative effectiveness of two rapport-building techniques for eliciting information from children who made allegations of sexual abuse.

Fourteen interviewers conducted 51 investigations of child sexual abuse with children ranging from 4.5 to 12.9 years of age. In 25 of the investigations, interviewers used a script including many open-ended utterances to establish rapport, whereas in 26 of the investigations the same interviewers used a rapport-building script involving many direct questions. Both rapport-building scripts took about 7 minutes to complete. All children were asked the same open-ended question to initiate the substantive phase of the interview. Children who had been trained in the open-ended condition provided 2 1/2 times as many details and words in response to the first substantive utterance as did children in the direct introduction condition. Children in the open-ended condition continued to respond more informatively to open-ended utterances in the later (unscripted) portion of the interview. Two-thirds of the children mentioned the core details of the incident in their responses to the first substantive utterance and a further 20% mentioned core details more vaguely. These results demonstrate that children respond more informatively to an open-ended invitation when they have previously been trained to answer such questions rather than more focused questions. These results demonstrate the sensitivity of children to the goals and expectations of forensic interviewers. Structured interview protocols also increase the amount of information provided by young interviewees

Talwar, V., Lee, K., Bala, N., & Lindsay, R. C. L. (2002). Children's conceptual knowledge of lying and its relation to their actual behaviors: Implications for court competence examinations. *Law and Human Behavior*, 26(4), 395-415.  
[http://www.talwarresearch.com/files/talwar\\_lee\\_5.pdf](http://www.talwarresearch.com/files/talwar_lee_5.pdf)

Child witnesses must undergo a competence examination in which they must show appropriate conceptual understanding of lying and truth-telling, and promise to tell the truth. Three experiments (Ns = 123, 103, 177) were conducted to address the assumptions underlying the court competence examination that (1) children who understand lying and its moral implications are less likely to lie and (2) discussing the conceptual issues concerning lying and having children promising to tell the truth promotes truth-telling. Both measures of lying and understanding of truth- and lie-telling were obtained from children between 3 and 7 years of age. Most children demonstrated appropriate conceptual knowledge of lying and truth-telling and the

obligation to tell the truth, but many of the same children lied to conceal their own transgression. Promising to tell the truth significantly reduced lying. Implications for legal systems are discussed.

## **Defensible Practice and Testimony**

Blandón-Gitlin, I., & Pezdek, K. (2009). Children's memory in forensic contexts. In B. L. Bottoms, C. J. Najdowski, & G. S. Goodman (Eds.), *Children as Victims, Witnesses, and Offenders* (pp.57-80). New York: The Guilford Press.

Bruck, M., & Ceci, S. J. (2009). Reliability of child witnesses' reports. In J. L. Skeem, K. S. Douglas, & S. O. Lilienfeld (Eds.), *Psychological Science in the Courtroom* (pp. 149-171). New York: The Guilford Press.

Bruck, M., Ceci, S. J., Francoeur, E., & Barr, R. (1995). "I hardly cried when I got my shot!" Influencing children's reports about a visit to their pediatrician. *Child Development*, 66(1), 193-208.

We examined, in 2 phases, the influence of postevent suggestions on children's reports of their visits to a pediatrician. Phase 1 examined the effect of giving one of 3 types of feedback to 5-year-old children immediately following their Diphtheria Pertussis Tetanus (DPT) inoculation. Children were given pain-affirming feedback (the shot hurt), pain-denying feedback (the shot did not hurt), or neutral feedback (the shot is over). 1 week later, they did not differ in their reports concerning how much the shot hurt or how much they cried. In Phase 2, the same children were visited approximately 1 year after their inoculation. During 3 separate visits, they were either given additional pain-denying or neutral feedback. They were also given misleading or nonmisleading information about the actions of the pediatrician and the assistant. Children given pain-denying feedback reported that they cried less and that the shot hurt less than did children given neutral feedback. Those who were given misleading information about the actions of the assistant and the pediatrician made more false allegations about their actions than did children who were not given this information. These results challenge the view that suggestibility effects are confined to peripheral, nonaction events; in this study children's reports about salient actions involving their own bodies in stressful conditions were influenced.

Ceci, S. J., Loftus, E. F., Leichtman, M. D., & Bruck, M. (1994). The possible role of source misattributions in the creation of false beliefs among preschoolers. *International Journal of Clinical and Experimental Hypnosis*, 42(4), 304-320.

In this article the authors examine one possible factor in the creation of false beliefs among preschool-aged children, namely, source misattributions. The authors present the results from an ongoing program of research which suggest that source misattributions could be a mechanism underlying children's false beliefs about having experienced fictitious events. Findings from this program of research indicate that, although all children are susceptible to making source misattributions, very young children may be disproportionately vulnerable to these kinds of errors. This vulnerability leads younger preschoolers, on occasion, to claim that they remember actually experiencing events that they only thought about or were suggested by others. These results are discussed in the context of the ongoing debate over the veracity and durability of delayed reports of early memories, repressed memories, dissociative states, and the validity risks posed by therapeutic techniques that entail repeated visually guided imagery inductions.

Cole, C. B., & Loftus, E. F. (1987). The memory of children: In S. J. Ceci, M. P. Toglia, & D. F. Ross (Eds.) *Children's Eyewitness Memory* (pp.195). New York: Springer-Verlag.

Lamb, M. E., Orbach, Y., Hershkowitz, I., Esplin, P. W., & Horowitz, D. (2007). A structured forensic interview protocol improves the quality and informativeness of investigative interviews with children: A review of research using the NICHD Investigative Interview Protocol. *Child Abuse & Neglect*, 31(11-12), 1201-1231.  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2180422/>

To show how the results of research on children's memory, communicative skills, social knowledge, and social tendencies can be translated into guidelines that improve the quality of forensic interviews of children. We review studies designed to evaluate children's capacities as witnesses, explain the development of the structured NICHD Investigative Interview Protocol, and discuss studies designed to assess whether use of the Protocol enhances the quality of investigative interviews. Controlled studies have repeatedly shown that the quality of interviewing reliably and dramatically improves when interviewers employ the NICHD Protocol. No other technique has been proven to be similarly effective. Use of the structured NICHD

Protocol improves the quality of information obtained from alleged victims by investigators, thereby increasing the likelihood that interventions will be appropriate.

Leichtman, M. D., & Ceci, S. J. (1995). The effects of stereotypes and suggestions on preschoolers' reports. *Developmental Psychology*, 31(4), 568-578.  
<http://www.psy.cmu.edu/~rakison/leichtman.pdf>

Children's (N = 176) reported memories of a strange man's visit were studied. Three- to 6-year-olds were interviewed repeatedly after the event in one of the following conditions: (a) control, in which no interviews contained suggestive questions; (b) stereotype, in which children were given previsit expectations about the stranger; (c) suggestion, in which interviews contained erroneous suggestions about misdeeds committed by the stranger; and (d) stereotype plus suggestion, in which children were given both pre- and postvisit manipulations. Results from open-ended interviews after 10 weeks indicated that control participants provided accurate reports, stereotypes resulted in a modest number of false reports, and suggestions resulted in a substantial number of false reports. Children in the stereotype-plus-suggestion group made high levels of false reports. All experimental conditions showed dramatic developmental trends favoring older children. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

London, K., Bruck, M., Ceci, S. J., & Shuman, D. W. (2005). Disclosure of child sexual abuse: What does the research tell us about the ways that children tell?. *Psychology, Public Policy, and Law*, 11(1), 194-226.

The empirical basis for the child sexual abuse accommodation syndrome (CSAAS), a theoretical model that posits that sexually abused children frequently display secrecy, tentative disclosures, and retractions of abuse statements was reviewed. Two data sources were evaluated: retrospective studies of adults' reports of having been abused as children and concurrent or chart-review studies of children undergoing evaluation or treatment for sexual abuse. The evidence indicates that the majority of abused children do not reveal abuse during childhood. However, the evidence fails to support the notion that denials, tentative disclosures, and recantations characterize the disclosure patterns of children with validated histories of sexual abuse. These results are discussed in terms of their implications governing the admissibility of expert testimony on CSAAS. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

London, K., Bruck, M., Wright, D. B., & Ceci, S. J. (2008). Review of the contemporary literature on how children report sexual abuse to others: Findings, methodological issues, and implications for forensic interviewers. *Memory*, 16(1), 29-47.

Methods used during forensic interviews with children are driven by beliefs about how children recall and report child sexual abuse (CSA) to others. Summit (1983) proposed a theory (*Child Sexual Abuse Accommodation Syndrome*) contending that, due to the specific traumatic characteristics of CSA, children will often delay disclosing abuse or altogether fail to disclose during childhood, deny abuse when asked, and often recant abuse allegations. His theory has had a tremendous impact on the field of CSA forensic evaluations, despite its dearth of empirical support. In this paper, we review and critique the contemporary literature from two main sources: retrospective accounts from adults reporting CSA experiences and studies of children under going forensic evaluation for CSA. We conclude that data support the notion that children often delay abuse disclosure, but that among valid abuse cases undergoing forensic evaluation, denial and recantation are not common. Methodological issues and implications for forensic interviewers are discussed.

Lyon, T. D. (2002). Applying suggestibility research to the real world: The case of repeated questions. *Law & Contemporary Problems*, 65, 97-126.  
<http://works.bepress.com/cgi/viewcontent.cgi?article=1006&context=thomaslyon>

Melnyk, L., & Bruck, M. (2004). Timing moderates the effects of repeated suggestive interviewing on children's eyewitness memory. *Applied Cognitive Psychology*, 18(5), 613-631.

The relative role of the timing and repetition of misinformation on the accuracy of children's recall was examined in two experiments. Kindergarten children participated in a magic show and about 40 days later had a memory test. Between the magic show and the memory test, the children were suggestively interviewed either one time in a relatively 'early' interview (temporally closer to the magic show than the memory test) or a relatively 'late' interview (closer to the memory test than the magic show), or in both suggestive interviews. The timing of the suggestive interviewing was manipulated so that the interview was temporally distant from the event or memory test or temporally close to the event or memory test. Repeated interviewing

heightened misinformation effects only when the children received the two interview sessions temporally close to the event and memory test. Copyright © 2004 John Wiley & Sons, Ltd.

Pipe, M. E., Lamb, M. E., Orbach, Y., & Esplin, P. W. (2004). Recent research on children's testimony about experienced and witnessed events. *Developmental Review*, 24(4), 440-468.

Research on memory development has increasingly moved out of the laboratory and into the real world. Whereas early researchers asked whether confusion and susceptibility to suggestion made children unreliable witnesses, furthermore, contemporary researchers are addressing a much broader range of questions about children's memory, focusing not only on children's frailties but also on their competencies. In this review, we emphasize work on factors that promote the retrieval and accurate recounting of experienced or witnessed events and the implications of these findings for forensic interview practices. Research shows that children are capable of providing accurate information about their experiences, although their ability to convey the information is affected not only by the qualities of their memories, but also by the types of retrieval mechanisms employed and the quality of the communication between them and their interlocutors. We thus discuss several characteristics of to-be-remembered events that affect memory and are relevant to children's recall in applied settings; retrieval conditions and their effects on the amount and accuracy of the information that children report; and research on investigative interviews conducted in forensic contexts. Because many of the variables that influence memory are age-related, developmental changes in children's ability to accurately report, and recount their experiences are highlighted.

Poole, D. A., & Dickinson, J. J. (2011). Evidence supporting restrictions on uses of body diagrams in forensic interviews. *Child Abuse & Neglect*, 35(9), 659-669.

This study compared two methods for questioning children about suspected abuse: standard interviewing and body-diagram-focused (BDF) interviewing, a style of interviewing in which interviewers draw on a flip board and introduce the topic of touching with a body diagram. Children ( $N = 261$ ) 4-9 years of age individually participated in science demonstrations during



which half the children were touched two times. Months later, parents read stories to their children that described accurate and inaccurate information about the demonstrations. The stories for untouched children also contained inaccurate descriptions of touching. The children completed standard or BDF interviews, followed by source-monitoring questions. Interview format did not significantly influence (a) children's performance during early interview phases, (b) the amount of contextual information children provided about the science experience, or (c) memory source monitoring. The BDF protocol had beneficial and detrimental effects on touch reports: More children in the BDF condition reported experienced touching, but at the expense of an increased number of suggested and spontaneous false reports. The two props that are characteristic of BDF interviewing have different effects on testimonial accuracy. Recording answers on a flip board during presubstantive phases does not influence the quality of information that children provide. Body diagrams, however, suggest answers to children and elicit a concerning number of false reports.

Quas, J. A., Davis, E. L., Goodman, G. S., & Myers, J. E. (2007). Repeated questions, deception, and children's true and false reports of body touch. *Child Maltreatment*, 12(1), 60-67.  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2913694/>

Four- to 7-year-olds' ability to answer repeated questions about body touch either honestly or dishonestly was examined. Children experienced a play event, during which one third of the children were touched innocuously. Two weeks later, they returned for a memory interview. Some children who had not been touched were instructed to lie during the interview and say that they had been touched. Children so instructed were consistent in maintaining the lie but performed poorly when answering repeated questions unrelated to the lie. Children who were not touched and told the truth were accurate when answering repeated questions. Of note, children who had been touched and told the truth were the most inconsistent. Results call into question the common assumption that consistency is a useful indicator of veracity in children's eyewitness accounts.

Rudy, L., & Goodman, G. S. (1991). Effects of participation on children's reports: Implications for children's testimony. *Developmental Psychology*, 27(4), 527-538.

Effects of participation on children's reports of a real-life event were examined. Same-age pairs of 4- and 7-yr-olds entered a trailer occupied by an unfamiliar man. One child participated in a set of games with the man, and the other sat and watched. 10–22 days later, children were individually questioned about the event. Free recall and answers to specific questions were related to age but unrelated to participation. However, participation lowered susceptibility to suggestion. Age differences in overall suggestibility were not found, but older compared with younger children were less suggestible about actions that took place. Regardless of age, however, children evidenced few commission errors to false suggestions about actions relevant to child abuse allegations. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Saywitz, K. J., Goodman, G. S., & Lyon, T. D. (2002). Interviewing children in and out of court. In J. E. B. Meyers, L. Berliner, J. Briere, C. T. Hendrix, C. Jenny, & T. A. Reid (Eds.), *The APSAC handbook on child maltreatment* (pp. 349-377). Thousand Oaks, CA: Sage.

Saywitz, K. J., Goodman, G. S., Nicholas, E., & Moan, S. F. (1991). Children's memories of a physical examination involving genital touch: Implications for reports of child sexual abuse. *Journal of Consulting and Clinical Psychology*, 59(5), 682-691.

Evaluation of child sexual abuse often necessitates interviewing children about genital touch, yet little scientific research exists on how best to obtain children's reports of genital contact. To examine this issue, 72 5- and 7-yr-old girls experienced a standardized medical checkup. For half of the children, the checkup included a vaginal and anal examination (genital condition); for the other half, the checkup included a scoliosis examination instead (nongenital condition). S's memories were later solicited through free recall, anatomically detailed doll demonstration, and direct and misleading questions. Majority of Ss in the genital condition revealed vaginal and anal contact only when asked directly about it. Ss in the nongenital condition never falsely reported genital touch in free recall or doll demonstration; when asked directly, the false report rate was low. Significant age differences in free recall and doll demonstration, found only in the nongenital condition, implicated socioemotional factors as suppressing the reports of older Ss who experienced genital contact. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Saywitz, K. J., & Snyder, L. (1993). Improving children's testimony with preparation. In G. S. Goodman, & B. L. Bottoms (Eds.) *Child victims, child witnesses: Understanding and improving testimony* (pp. 117-146). New York: Guilford Press.

Wright, D. B., Hanoteau, F., Parkinson, C., & Tatham, A. (2010). Perceptions about memory reliability and honesty for children of 3 to 18 years old. *Legal and Criminological Psychology*, 15(2), 195-207.

To examine the relationship between perceived memory characteristics and age.

Participants rated the reliability and honesty of children's memory for one of two events. The children's ages varied from 3- to 18-years-old. Participants ( $N = 612$ ) believed that memory reliability increased with age, but the observed effect was non-linear. Perceived reliability increased rapidly for children from 3 to 6 years. After this, male participants believed memory reliability increased, but less than in early childhood. Female participants did not think memory reliability increased in middle childhood and adolescence. Further effects involving type of event, age of participant, and the gender of the eyewitness were observed for honesty and the relationship between these attributes and beliefs in guilt. These findings stress the need for more research on development trends of memory in middle childhood and adolescence.

## **Using Your Experts in Trial: Sexual Abuse and Child Abuse Cases**

American Prosecutors Research Institute, & National Center for the Prosecution of Child Abuse. (2004). *Investigation and Prosecution of Child Abuse*. 3rd ed. Thousand Oaks, CA: Sage.

Lanning, K. V. (2002). Compliant child victims: Confronting an uncomfortable reality. *APSAC Advisor*, 14(2).

Vieth, V. (2004). Keeping the balance true: Admitting child hearsay in the wake of Crawford v. Washington. *NCPCA Update Newsletter*, 16(12). <http://tillers.net/ev-course/syllabi/update.pdf>

## **Untrue Defenses**

### ***Progression of Experiences***

Alaggia, R. (2004). Many ways of telling: Expanding conceptualizations of child sexual abuse disclosure. *Child Abuse & Neglect*, 28(11), 1213-1227.

The aim of this study was to explore influences that inhibit or promote child sexual abuse (CSA) disclosure. Face-to-face in-depth interviews of 24 female and male survivors of CSA were conducted, using the Long-Interview method to trace disclosure processes. Verbatim transcriptions of the interviews were analyzed by hand and by using a computerized data analysis system (N\*Vivo). The results of this investigation identified several patterns of disclosure. Prolonged engagement, persistent observation, negative case analysis, and peer debriefing were among the techniques used to ensure the trustworthiness of data. Through analysis of the interview data, previously undefined dimensions of disclosure emerged. First, three frequently used categories of ‘*accidental, purposeful, and prompted/elicited*’ disclosure types accounted for 42% of disclosure patterns in the study sample. However, over half the disclosure patterns described by research participants did not fit these previously established definitions. Results of the study facilitated expanding conceptualization of additional disclosure patterns to include *behavioral and indirect verbal attempts, disclosures intentionally withheld, and disclosures triggered by recovered memories*. The author concludes that these supplementary

definitions integrate complex facets of disclosure derived within the context of human development, memory and environmental influences. This expanded conceptualization provides professionals with a broader framework to understand and respond to child victims and adult survivor's disclosures more effectively.

Lyon, T. D. (2002). Scientific support for expert testimony on Child Sexual Abuse Accommodation Syndrome. In J. R. Conte (Ed.), *Critical issues in child sexual abuse* (pp. 107-138). Newbury Park, CA: Sage. <http://works.bepress.com/thomaslyon/25/>

Myers, J. E. B. Expert testimony. In J. Briere, L. Berliner, J. A. Bulkey, C. Jenny, & T. Reid (Eds.), *The APSAC handbook on child maltreatment* (pp. 319-340). Thousand Oaks, CA: Sage.

Summit, R. C. (1983). The child abuse accommodation syndrome. *Child Abuse & Neglect*, 7(2), 177-193.

Child victims of sexual abuse face secondary trauma in the crisis of discovery. Their attempts to reconcile their private experiences with the realities of the outer world are assaulted by the disbelief, blame and rejection they experience from adults. The normal coping behavior of the child contradicts the entrenched beliefs and expectations typically held by adults, stigmatizing the child with charges of lying, manipulating or imagining from parents, courts and clinicians. Such abandonment by the very adults most crucial to the child's protection and recovery drives the child deeper into self-blame, self-hate, alienation and revictimization. In contrast, the advocacy of an empathic clinician within a supportive treatment network can provide vital credibility and endorsement for the child. Evaluation of the responses of normal children to sexual assault provides clear evidence that societal definitions of “normal” victim behavior are inappropriate and procrustean, serving adults as mythic insulators against the child's pain. Within this climate of prejudice, the sequential survival options available to the victim further alienate the child from any hope of outside credibility or acceptance. Ironically, the child's inevitable choice of the “wrong” options reinforces and perpetuates the prejudicial myths. The most typical reactions of children are classified in this paper as the child sexual abuse accommodation

syndrome. The syndrome is composed of five categories, of which two define basic childhood vulnerability and three are sequentially contingent on sexual assault: (1) secrecy, (2) helplessness, (3) entrapment and accommodation, (4) delayed, unconvincing disclosure, and (5) retraction. The accommodation syndrome is proposed as a simple and logical model for use by clinicians to improve understanding and acceptance of the child's position in the complex and controversial dynamics of sexual victimization. Application of the syndrome tends to challenge entrenched myths and prejudice, providing credibility and advocacy for the child within the home, the courts, and throughout the treatment process. The paper also provides discussion of the child's coping strategies as analogs for subsequent behavioral and psychological problems, including implications for specific modalities of treatment.

Summit, R. C. (1992). Abuse of the child abuse accommodation syndrome. *Journal of Child Sexual Abuse, 1*(4), 153-163.

Weiss, K. J., & Alexander, J. C. (2013). Sex, lies, and statistics: Inferences from the child sexual abuse accommodation syndrome. *Journal of American Academy of Psychiatry and the Law, 41*(3), 412-420. <http://jaapl.org/content/41/3/412.full>

Victims of child sexual abuse often recant their complaints or do not report incidents, making prosecution of offenders difficult. The child with sexual abuse accommodation syndrome (CSAAS) has been used to explain this phenomenon by identifying common behavioral responses. Unlike PTSD but like rape trauma syndrome, CSAAS is not an official diagnostic term and should not be used as evidence of a defendant's guilt or to imply probative value in prosecutions. Courts have grappled with the ideal use of CSAAS in the evaluation of child witness testimony. Expert testimony should be helpful to the jurors without prejudicing them. The New Jersey Supreme Court ruled recently that statistical evidence about CSAAS implying the probability that a child is truthful runs the risk of confusing jury members and biasing them against the defendant. We review the parameters of expert testimony and its admissibility in this area, concluding that statistics about CSAAS should not be used to draw inferences about the victim's credibility or the defendant's guilt.

### *Predictors of Disclosure/Impediments to Disclosure*

Crisma, M., Bascelli, E., Paci, D., & Romito, P. (2004). Adolescents who experience sexual abuse: Fears, needs and impediments to disclosure. *Child Abuse & Neglect*, 28(10), 1035-1048.

Understanding the impediments that prevented sexually abused adolescents from disclosure to their family or to professionals, and analyzing the responses they received when they did disclose. In depth anonymous interviews were conducted in Italy through a toll-free telephone line with 36 young people who experienced sexual abuse in adolescence. A qualitative analysis was carried out of the adolescents' feelings, fears and needs, and of the help received, if any. The main impediments to disclose to a family member were fear of not being believed, shame, and fear of causing trouble to the family. The main impediments for not seeking services were ignorance of the existence/functioning of protective agencies, wish to keep the secret, lack of awareness of being abused, mistrust of adults and professionals, and fear of the consequences of disclosure. When they did disclose to professionals, the teens received very limited support. Adolescents need to receive proper information about the risk of being sexually abused and about the help they can receive from their social network and protective agencies. There is a crucial need for appropriate training of professionals.

Goodman-Brown, T. B., Edelstein, R. S., Goodman, G. S., Jones, D. P. H., & Gordon, D. S. (2003). Why children tell: A model of children's disclosure of sexual abuse. *Child Abuse & Neglect*, 27(5), 525-540.

The present study investigated variables associated with delay of disclosure of child sexual abuse and tested a model of time to disclosure. Data were obtained for 218 alleged child sexual abuse victims whose cases had been referred to District Attorneys' Offices. Five variables were posited to influence the delay between an abusive event and children's disclosure of that event to a reporting adult: child's age, gender, type of abuse experienced (intrafamilial or extrafamilial), perceived responsibility for the abuse, and fear of negative consequences of disclosure. These variables were used to create a model of factors influencing children's disclosure of sexual abuse. Results indicated that age, type of abuse, fear of negative consequences, and perceived responsibility all contributed to predicting time to disclosure. There was significant support for the model, suggesting that children who were older, came from incestuous families, felt greater

responsibility for the abuse, and feared negative consequences of disclosure took longer to disclose. Childrens' cognitive appraisal of others' tolerance of disclosure of child sexual abuse, and their own perceptions of responsibility for the abuse, are crucial to the decision to disclose. When evaluating children for possible sexual abuse, developmental, cognitive, and socio-emotional factors need to be taken into consideration.

Hunter, S. V. (2011). Disclosure of child sexual abuse as a life-long process: Implications for health professionals. *The Australian and New Zealand Journal of Family Therapy*, 32(2), 159-172.

One of the aims of this research project was to develop a fuller understanding of the process of disclosure of child sexual abuse. Face-to-face in-depth interviews were conducted with 22 men and women aged 25 to 70 years old, who had an early sexual experience at the age of 15 or under with someone of 18 or over. Narrative inquiry methodology was used and data was analysed using Rosenthal and Fischer-Rosenthal's (2004) process of data analysis. Disclosure can be conceptualised as a complex and life-long process, and most participants did not make a selective disclosure until adulthood. The findings extend Alaggia's (2004) model of disclosure to include the life stage and the person to whom the disclosure is being made. The main barriers to disclosure and possible gender differences are discussed. Family therapists need to manage the challenges inherent in disclosure of child sexual abuse at any age.

Lippert, T., Cross, T. P., Jones, L., & Walsh, W. (2009). Telling interviewers about sexual abuse predictors of child disclosure at forensic interviews. *Child Maltreatment*, 14(1), 100-113. <https://www.unh.edu/ccrc/pdf/CV180.pdf>

This study aims to identify characteristics that predict full disclosure by victims of sexual abuse during a forensic interview. Data came from agency files for 987 cases of sexual abuse between December 2001 and December 2003 from Children's Advocacy Centers (CACs) and comparison communities within four U.S. states. Cases of children fully disclosing abuse when interviewed were compared to cases of children believed to be victims who gave no or partial disclosures. The likelihood of disclosure increased when victims were girls, a primary caregiver was supportive, and a child's disclosure instigated the investigation. The likelihood of disclosure was



higher for children who were older at abuse onset and at forensic interview (each age variable having an independent effect). Communities differed on disclosure rate, with no difference associated with having a CAC. Findings suggest factors deserving consideration prior to a forensic interview, including organizational and community factors affecting disclosure rates.

London, K., Bruck, M., Ceci, S. J., & Shuman, D. W. (2005). Disclosure of child sexual abuse: What does the research tell us about the ways that children tell? *Psychology, Public Policy, and Law*, 11(1), 194-226.

The empirical basis for the child sexual abuse accommodation syndrome (CSAAS), a theoretical model that posits that sexually abused children frequently display secrecy, tentative disclosures, and retractions of abuse statements was reviewed. Two data sources were evaluated: retrospective studies of adults' reports of having been abused as children and concurrent or chart-review studies of children undergoing evaluation or treatment for sexual abuse. The evidence indicates that the majority of abused children do not reveal abuse during childhood. However, the evidence fails to support the notion that denials, tentative disclosures, and recantations characterize the disclosure patterns of children with validated histories of sexual abuse. These results are discussed in terms of their implications governing the admissibility of expert testimony on CSAAS. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Pipe, M. E., Lamb, M. E., Orbach, Y., & Cederborg, A. (Eds.). (2007). *Child sexual abuse: Disclosure, delay, and denial*. Mahway, NJ: Lawrence Erlbaum.

Priebe, G., & Svedin, C. G. (2008). Child sexual abuse is largely hidden from the adult society: An epidemiological study of adolescents' disclosure. *Child Abuse & Neglect*, 32(12), 1095-1108.

The aim of this study was to investigate disclosure rates and disclosure patterns and to examine predictors of non-disclosure in a sample of male and female adolescents with self-reported experiences of sexual abuse. A sample of 4,339 high school seniors (2,324 girls, 2,015 boys) was examined with a questionnaire concerning sexual experiences in this study with a focus on disclosure of sexual abuse (non-contact, contact or penetrating abuse, and including peer abuse).

Of the sample, 1,505 girls (65%) and 457 boys (23%) reported experience of sexual abuse. The disclosure rate was 81% (girls) and 69% (boys). Girls and boys disclosed most often to a friend of their own age. Few had disclosed to professionals. Even fewer said that the incident had been reported to the authorities. Logistic regression showed that it was less likely for girls to disclose if they had experienced contact sexual abuse with or without penetration, abuse by a family member, only a single abuse occasion or if they had perceived their parents as non-caring. Boys were less likely to disclose if they studied a vocational program, lived with both parents or had perceived their parents as either caring and overprotective or non-caring and not overprotective. Disclosing sexual abuse is a complex process. Much is hidden from the adult society, especially from professionals and the legal system. Since peers are the most common receivers of abuse information, programs for supporting peers ought to be developed. Differences in disclosure patterns for girls and boys indicate that a gender perspective is helpful when developing guidelines for professionals.

Schaeffer, P., Leventhal, J. M., & Asnes, A. G. (2011). Children's disclosures of sexual abuse: Learning from direct inquiry. *Child Abuse & Neglect*, 35(5), 343-352.

Published protocols for forensic interviewing for child sexual abuse do not include specific questions about what prompted children to tell about sexual abuse or what made them wait to tell. We, therefore, aimed to: (1) add direct inquiry about the process of a child's disclosure to a forensic interview protocol; (2) determine if children will, in fact, discuss the process that led them to tell about sexual abuse; and (3) describe the factors that children identify as either having led them to tell about sexual abuse or caused them to delay a disclosure. Forensic interviewers were asked to incorporate questions about telling into an existing forensic interview protocol. Over a 1-year period, 191 consecutive forensic interviews of child sexual abuse victims aged 3-18 years old in which children spoke about the reasons they told about abuse or waited to tell about abuse were reviewed. Interview content related to the children's reasons for telling or for waiting to tell about abuse was extracted and analyzed using a qualitative methodology in order to capture themes directly from the children's words. Forensic interviewers asked children about how they came to tell about sexual abuse and if children waited to tell about abuse, and the children gave specific answers to these questions. The reasons children identified for why they

chose to tell were classified into three domains: (1) disclosure as a result of internal stimuli (e.g., the child had nightmares), (2) disclosure facilitated by outside influences (e.g., the child was questioned), and (3) disclosure due to direct evidence of abuse (e.g., the child's abuse was witnessed). The barriers to disclosure identified by the children were categorized into five groups: (1) threats made by the perpetrator (e.g., the child was told (s)he would get in trouble if (s)he told), (2) fears (e.g., the child was afraid something bad would happen if (s)he told), (3) lack of opportunity (e.g., the child felt the opportunity to disclose never presented), (4) lack of understanding (e.g., the child failed to recognize abusive behavior as unacceptable), and (5) relationship with the perpetrator (e.g., the child thought the perpetrator was a friend). Specific reasons that individual children identify for why they told and why they waited to tell about sexual abuse can be obtained by direct inquiry during forensic interviews for suspected child sexual abuse. When asked, children identified the first person they told and offered varied and specific reasons for why they told and why they waited to tell about sexual abuse. Understanding why children disclose their abuse and why they wait to disclose will assist both professionals and families. Investigators and those who care for sexually abused children will gain insight into the specific barrier that the sexually abused child overcame to disclose. Prosecutors will be able to use this information to explain to juries why the child may have delayed his or her disclosure. Parents who struggle to understand why their child disclosed to someone else or waited to disclose will have a better understanding of their child's decisions.

Schonbucher, V., Maier, T., Mohler-Kuo, M., Schnyder, U., & Landolt, M. (2012). Disclosure of child sexual abuse by adolescents: A qualitative in-depth study. *Journal of Interpersonal Violence*, 27(17), 3486-3513.

This qualitative study aimed to study the process of disclosure by examining adolescents from the general population who had experienced child sexual abuse (CSA). Twenty-six sexually victimized adolescents (23 girls, 3 boys; age: 15-18 years) participated in a qualitative face-to-face in-depth interview on different aspects of disclosure. A qualitative content analysis was conducted following Mayring and using the qualitative data analysis program Atlas.ti. In addition, quantitative correlation analyses were calculated to identify factors associated with disclosure. Less than one third of participants immediately disclosed CSA to another person. In most cases, recipients of both immediate and delayed disclosure were peers. More than one third

of participants had never disclosed the abuse to a parent. Main motives for nondisclosure to parents were lack of trust or not wanting to burden the parents. Factors that correlated positively with disclosure were extrafamilial CSA, single CSA, age of victim at CSA, and having parents who were still living together. Negative associations with disclosure were found for feelings of guilt and shame and the perpetrator's age. Many adolescent survivors of CSA have serious concerns about disclosure to their parents and consider friends as more reliable confidants. These findings have two main implications for prevention: (1) In order to facilitate disclosure to parents, the strengthening of the child–parent relationship should be given specific attention in prevention programs, and (2) prevention programs should aim at teaching adolescents how they can help a victim if they become a recipient of disclosure.

### ***Recantation***

Hurst, T. E. (2010). Prevention of recantations of child sexual abuse allegations. *Center Piece: The official newsletter of the National Child Protection Training Center*, 2(1), 1-4.  
<http://www.ncptc.org/vertical/Sites/%7B8634A6E1-FAD2-4381-9C0D-5DC7E93C9410%7D/uploads/%7BEDA13E5A-2350-408C-B673-34CAEB3FD7E7%7D.PDF>

London, K., Bruck, M., Wright, D. B., & Ceci, S. J. (2008). Review of the contemporary literature on how children report sexual abuse to others: Findings, methodological issues, and implications for forensic interviewers. *Memory*, 16(1), 29-47.

Methods used during forensic interviews with children are driven by beliefs about how children recall and report child sexual abuse (CSA) to others. Summit (1983) proposed a theory (*Child Sexual Abuse Accommodation Syndrome*) contending that, due to the specific traumatic characteristics of CSA, children will often delay disclosing abuse or altogether fail to disclose during childhood, deny abuse when asked, and often recant abuse allegations. His theory has had a tremendous impact on the field of CSA forensic evaluations, despite its dearth of empirical support. In this paper, we review and critique the contemporary literature from two main sources: retrospective accounts from adults reporting CSA experiences and studies of children undergoing forensic evaluation for CSA. We conclude that data support the notion that children often delay

abuse disclosure, but that among valid abuse cases undergoing forensic evaluation, denial and recantation are not common. Methodological issues and implications for forensic interviewers are discussed.

Lyon, T. D., & Ahern, E. C. (2011). Disclosure of child sexual abuse: Implications for Interviewing. In J. E. B. Meyers (Ed.), *The APSAC handbook on child maltreatment 3<sup>rd</sup> ed.*, (pp. 233-252). Thousand Oaks, CA: Sage.

Malloy, L. C., Lyon, T. D., & Quas, J. A. (2007). Filial dependency and recantation of child sexual abuse allegations. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46(2), 162-170.

Controversy abounds regarding the process by which child sexual abuse victims disclose their experiences, particularly the extent to which and the reasons why some children, once having disclosed abuse, later recant their allegations. This study examined the prevalence and predictors of recantation among 2- to 17-year-old child sexual abuse victims. Case files ( $n = 257$ ) were randomly selected from all substantiated cases resulting in a dependency court filing in a large urban county between 1999 and 2000. Recantation (i.e., denial of abuse postdisclosure) was scored across formal and informal interviews. Cases were also coded for characteristics of the child, family, and abuse. A 23.1% recantation rate was observed. Multivariate analyses supported a filial dependency model of recantation, whereby abuse victims who were more vulnerable to familial adult influences (i.e., younger children, those abused by a parent figure and who lacked support from the nonoffending caregiver) were more likely to recant. An alternative hypothesis, that recantations resulted from potential inclusion of cases involving false allegations, was not supported. Results provide new insight into the process by which children reveal interpersonal trauma and have implications for debates concerning the credibility of child sexual abuse allegations and treatment in dependency samples.

Olafson, E., & Lederman, C. S. (2006). The state of the debate about children's disclosure patterns in child sexual abuse cases. *Juvenile and Family Court Journal*, 57(1), 27-40. [http://www.nctsnet.org/nctsn\\_assets/pdfs/edu\\_materials/Winter%2006\\_Olafson\\_Lederman.pdf](http://www.nctsnet.org/nctsn_assets/pdfs/edu_materials/Winter%2006_Olafson_Lederman.pdf)

In current research studies about the disclosure patterns of sexually abused children, experts agree that most victims delay disclosure for years, often until adulthood. Researchers disagree about disclosure rates and recantation rates among children during formal interviews. Studies of children who had not previously disclosed but are known through corroborative evidence to have been sexually abused show lower rates of disclosure than do studies of children who had disclosed prior to the formal interview. Gradual disclosures among children are common, and more than a single interview may be necessary in some cases. Prior disclosure, level of support by non-offending parents, developmental level, and relationship to perpetrator affect children's rates of disclosure and their disclosure patterns. More research is necessary to clarify children's post-disclosure recantation rates and predictors.

### *Custody/Divorce/False Allegations*

American Prosecutors Research Institute, & National Center for the Prosecution of Child Abuse. (2004). *Investigation and Prosecution of Child Abuse*. Thousand Oaks, CA: Sage.

Bala, N., Mitnick, M., Trocme, N., & Houston, C. (2007). Sexual abuse allegations and parental separation: Smokescreen or fire? *Journal of Family Studies*, 13(1), 26-56.

If allegations of sexual abuse of a child are made after parents separate, the challenges of resolving custody and visitation issues are greatly increased, with the abuse allegations overshadowing other considerations. These are high conflict cases, and settlement may be very difficult (or inappropriate) to arrange. The involvement of a number of agencies and professionals, with overlapping responsibilities and potentially conflicting opinions, may complicate the resolution of these cases. A significant proportion of allegations of child abuse made in the context of parental separation are true, but this is a context with a relatively high rate of unfounded allegations. While some cases of untrue allegations are due to fabrication, more commonly unfounded allegations are made in good faith. Preexisting distrust or hostility may

result in misunderstandings and unfounded allegations, especially in cases where the children involved are young and the allegations are reported through a parent. Some cases of unfounded allegations may be the product of the emotional disturbance of the accusing parent. This paper discusses how parental separation affects the making of child sexual abuse allegations, with particular emphasis on how separation may contribute to unfounded allegations. Recent research is reviewed, and national data from Canada on allegations of abuse and neglect when parents have separated is presented. Legal issues that arise in these cases are discussed in the context of American and Canadian case law. The authors discuss factors that can help distinguish founded from unfounded cases. The paper concludes by offering some practical advice about the handling of this type of case by mental health professional, judges, and lawyers.

Brown, T., Frederico, M., Hewitt, L., & Sheehan, R. (2000). Revealing the existence of child abuse in the context of marital breakdown and custody and access disputes. *Child Abuse & Neglect*, 24(6), 849-859.

Child abuse in the context of legal and de facto marital breakdown has received little attention internationally. Many believe it does not exist in this context and regard it as just a “gambit in the divorce wars.” Recently, however, family courts in a number of countries have become concerned over the management of child abuse allegations in custody and access cases, known more commonly now as residence and contact cases. This article presents a unique research study, which investigated how the Family Court of Australia dealt with such cases. The study, covering all forms of child abuse, sought to discover who were the families bringing these problems to family courts, what precisely the abuse was and how the courts dealt with it. The study reviewed court records of some 200 families where child abuse allegations had been made in custody and access disputes in jurisdictions in two states, observed court proceedings and interviewed court and related services’ staff. The findings showed that these cases had become a core component of the court’s workload without any public or professional awareness of this change, that the abuse was real, that it was severe and serious, and that the courts and child protection services did not provide appropriate services to the families. A new specialized intervention system was developed based on the research and it is now being trialed and

evaluated. The new intervention system contains features derived from the research findings that may be suitable internationally for implementation.

Brown, T., Frederico, M., Hewitt, L., & Sheehan, R. (2001). The child abuse and divorce myth. *Child Abuse Review*, 10(2), 113-124.

When the authors of this article undertook a study into the way the Australian legal process managed child abuse allegations in custody and access disputes following partnership breakdown in de facto and legal marriages, they encountered what they came to think of as ‘the child abuse and divorce myth’. The myth centred around a belief that child abuse allegations made during or after partnership breakdown were weapons fashioned to gain advantage in the marital war. Therefore, they were not real; therefore, they should not be taken seriously. Despite little previous research, these views were strongly held by both families and professionals. The article examines the myth, believed to be an international phenomenon, and shows, in detail, how the study's findings do not support it. In fact, the findings from this unique study contradict the myth in its totality and in its specific aspects. Thus, it is argued that the myth should be abandoned and a new knowledge base for professional intervention that recognizes the reality of this problem be adopted instead. As a result of the study, a new specialized intervention program for children involved in residence and contact disputes where child abuse was alleged is being trialed in the Family Court of Australia. Hopefully, the introduction of further intervention programmes based on the reality of child abuse in these circumstances rather than on the myth will follow.

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Davies, G. M.(2004). Coping with suggestion and deception in children’s accounts. In P. Granhag, & L. Stromwall (Eds.), *The detection of deception in forensic contexts* (pp. 148-171). New York: Cambridge University Press.



Johnson, T. C. (2005). Young children's problematic sexual behaviors, unsubstantiated allegations of child sexual abuse, and family boundaries in child custody disputes. *Journal of Child Custody*, 2(4), 111-126.

Allegations of child sexual abuse are sometimes alleged based on a child's problematic sexual behaviors. When the allegations are unsubstantiated, child custody evaluators are asked to make recommendations regarding custody. Historically, it has been believed that if a child engages in problematic sexual behaviors it is strong evidence of child sexual abuse. Recent research finds that there are many reasons, other than overt sexual abuse, for children to engage in problematic sexual behaviors. This article outlines these reasons and provides a methodology for the evaluation of the boundaries in both parents' homes to assist in determining the possible etiology of the problematic sexual behaviors of the child. Suggestions are made regarding visitation and reunification if boundary concerns are found.

Johnson, J. R., Lee, S., Olesen, N. W., & Walters, M. G. (2005). Allegations and substantiations of abuse in custody-disputing families. *Family Court Review*, 43(2), 283-294.

In this study of 120 divorced families referred for child custody evaluations and custody counseling, multiple allegations of child abuse, neglect, and family violence were raised in the majority of cases. About half of the alleged abuse was substantiated in some way with one fourth involving abuse perpetrated by both parents. Different kinds of allegations were raised against mothers compared with fathers. Implications of these findings for social policy, family court interventions, and the provision of coordinated services within the community are discussed.

Thoennes, N., & Tjade, P. G. (1990). The extent, nature, and validity of sexual abuse allegations in custody/visitation disputes. *Child Abuse & Neglect*, 14(2), 151-163.

Using information from mail and telephone surveys and personal interviews with legal and mental health professionals who deal with child abuse cases, and empirical data from 12 domestic relations courts throughout the United States, the study concludes that only a small proportion of contested custody and visitation cases involve sexual abuse allegations. Records maintained by family court workers place the figure at less than 2%. A sample of 169 cases for which data were gathered from court counselors, family court, and CPS agency files also found

that accusations were brought by mothers (67%) and fathers (28%) and third parties (11%). Fathers were accused in 51% of all cases, but allegations were also made against mothers, mothers' new partners, and extended family members. In the 129 cases for which a determination of the validity of the allegation was available, 50% were found to involve abuse, 33% were found to involve no abuse, and 17% resulted in an indeterminate ruling. Four factors were significantly associated with the perceived validity of the abuse report: age of the victim, frequency of the alleged abuse, prior abuse/neglect reports, and the amount of time elapsing between filing for divorce and the emergence of the allegation.

Tonmyr, L., Ouimet, C., Ugnat, A. (2012). A review of findings from the Canadian Incidence study of reported child abuse and neglect (CIS). *Canadian Journal of Public Health*, 103(2), 103-112.

This article critically assesses and reviews analyses derived from three cycles of the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) published between 2001 and October 2011. Articles were retrieved from the Public Health Agency of Canada's data request records, which tracked database access and ensuing publications. The included articles were reviewed and appraised independently by the authors. Overall, 37 peer-reviewed articles using CIS data were included in the review. These articles revealed an increased likelihood of substantiation or placement if investigations 1) uncovered the presence of emotional or physical harm in a child, 2) involved older children, 3) identified the presence of risk indicators in caregivers, or 4) documented unstable or unsafe housing. A similar proportion of articles used a descriptive or multivariate approach to analyze CIS data, and strengths and limitations were identified. Researchers have analyzed and interpreted the CIS extensively, although several issues are understudied – such as neglect and emotional maltreatment – especially using multivariate approaches. We hope this review will contribute to helping address gaps in the CIS literature.

Trocme, N., & Bala, N. (2005). False allegations of abuse and neglect when parents separate. *Child Abuse & Neglect*, 29(12), 1333-1345.

The 1998 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-98) is the first national study to document the rate of intentionally false allegations of abuse and neglect investigated by child welfare services in Canada. This paper provides a detailed summary of the characteristics associated with intentionally false reports of child abuse and neglect within the context of parental separation. A multistage sampling design was used, first to select a representative sample of 51 child welfare service areas across Canada. Child maltreatment investigations conducted in the selected sites during the months of October-December 1998 were tracked, yielding a final sample of 7,672 child maltreatment investigations reported to child welfare authorities because of suspected child abuse or neglect. Consistent with other national studies of reported child maltreatment, CIS-98 data indicate that more than one-third of maltreatment investigations are unsubstantiated, but only 4% of all cases are considered to be intentionally fabricated. Within the subsample of cases wherein a custody or access dispute has occurred, the rate of intentionally false allegations is higher: 12%. Results of this analysis show that neglect is the most common form of intentionally fabricated maltreatment, while anonymous reporters and noncustodial parents (usually fathers) most frequently make intentionally false reports. Of the intentionally false allegations of maltreatment tracked by the CIS-98, custodial parents (usually mothers) and children were least likely to fabricate reports of abuse or neglect. While the CIS-98 documents that the rate of intentionally false allegations is relatively low, these results raise important clinical and legal issues, which require further consideration.

### ***Retaliation***

Boat, B. W., & Everson, M. D. (1989). False allegations of sexual abuse by children and adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 28(2), 230-235.

The frequency of false allegations of sexual abuse by children and adolescents is of significant legal and clinical importance. The rate of false allegations of sexual abuse is examined in a large sample of Child Protective Services (CPS) cases. The criteria used by CPS workers in judging the validity of allegations are considered, and the relationship between substantiation rates and

attitudes about the trustworthiness of child reports of abuse is explored. Many professionals in the field of child sexual abuse are more skeptical of child and adolescent claims of sexual abuse than available research suggests is warranted.

Lonsway, K. A., Archambault, J., & Lisak, D. (2009). False reports: Moving beyond the issue to successfully investigate and prosecute non-stranger sexual assault. *The Voice*, 3(1), 1-11. (A publication of The National Center for the Prosecution of Violence Against Women) [http://www.ndaa.org/pdf/the\\_voice\\_vol\\_3\\_no\\_1\\_2009.pdf](http://www.ndaa.org/pdf/the_voice_vol_3_no_1_2009.pdf)

The issue of false reporting may be one of the most important barriers to successfully investigating and prosecuting sexual assault, especially with cases involving non-strangers. In this article, we will begin by reviewing the research on the percentage of false reports, and then go on to discuss some of the complex issues underlying societal beliefs and attitudes in this area.

Oates, R. K., Jones, D. P., Denson, D., Sirotnak, A., Gary, N., & Krugman, R. (2000). Erroneous concerns about child sexual abuse. *Child Abuse & Neglect*, 24(1), 149-157.

To assess the incidence and nature of concerns about sexual abuse, with particular reference to erroneous concerns of sexual abuse made by children. A review of case notes of all child sexual abuse reports to the Denver Department of Social Services over 12 months. Cases were put into four groups: substantiated, not sexual abuse, inconclusive and erroneous accounts by children. 551 cases were reviewed. Forty-three percent were substantiated, 21% were inconclusive and 34% were not considered to be abuse cases. There were 14 (2.5%) erroneous concerns emanating from children. They comprised three cases of allegations made in collusion with a parent, three cases where an innocent event was misinterpreted as sexual abuse and eight cases (1.5%) of false allegations of sexual abuse. Erroneous concern of sexual abuse from children are uncommon. The four categories of concern in this study, in contrast to the simple classification of substantiated and unsubstantiated, provide a means of encouraging open minded assessments of the typical concerns which a child protection agency receives.

### *Train-Wrecked Teenager*

National Children's Advocacy Center (2013). As a matter of fact: The relationship between child maltreatment and child/adolescent well-being. Huntsville, AL. Author.  
<http://www.nationalcac.org/images/pdfs/CALiO/child-mal-child-adolescent-well-being.pdf>

### *Fantasy*

Carrick, N., Quas, J. A., & Lyon, T. (2010). Maltreated and nonmaltreated children's evaluations of emotional fantasy. *Child Abuse & Neglect*, 34(2), 129-134.  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2933139/>

Dalenberg, C. J., Hyland, K. Z., & Cuevas, C. A. (2002). Sources of fantastic elements in allegations of abuse by adults and children. In M. L. Eisen, J. A. Quas, & Goodman, G. S. (Eds.) *Memory and Suggestibility in the Forensic Interview* (pp.185-200). Mahwah, NJ: Lawrence Erlbaum.

Everson, M. D. (1997). Understanding bizarre, improbable, and fantastic elements in children's accounts of abuse. *Child Maltreatment*, 2(2), 134-149.

Children's accounts of abuse sometimes contain descriptions of events that seem bizarre, improbable, or even impossible. This article contributes to an objective analysis of child allegations of abuse by offering 24 possible explanations (with illustrative case examples) for such statements. The central thesis of this discussion is that the existence of improbable or fantastic elements in a child's account should not result in an automatic dismissal of the child's report without consideration of the possible mechanisms underlying the fantastic material.

Lamb, M. E., Malloy, L. C., & La Rooy, D. J. (2011). Setting realistic expectations: Developmental characteristics, capacities and limitations. In M. E. Lamb, D. J. La Rooy, L. C. Malloy, & C. Katz (Eds.) *Children's Testimony: A handbook of psychological research and forensic practice* (pp. 15-48). Chichester, West Sussex, United Kingdom: John Wiley & Sons, Ltd.

Lukas Miller, A. (2008). Bizarre & fantastic elements: A forensic interviewer's response, Parts I-III. *Update*, 21(2-4). [http://www.ndaa.org/pdf/update\\_vol\\_21\\_no\\_2\\_2008.pdf](http://www.ndaa.org/pdf/update_vol_21_no_2_2008.pdf)  
[http://www.ndaa.org/pdf/update\\_vol\\_21\\_no\\_3\\_2008.pdf](http://www.ndaa.org/pdf/update_vol_21_no_3_2008.pdf)  
[http://www.ndaa.org/pdf/update\\_vol\\_21\\_no\\_4\\_2008.pdf](http://www.ndaa.org/pdf/update_vol_21_no_4_2008.pdf)

Woolley, J. D., & Ghossainy, M. E. (2013). Revisiting the fantasy-reality distinction: Children as naïve skeptics. *Child Development*, 84(5), 1496-1510.

Far from being the uncritical believers young children have been portrayed as, children often exhibit skepticism toward the reality status of novel entities and events. This article reviews research on children's reality status judgments, testimony use, understanding of possibility, and religious cognition. When viewed from this new perspective it becomes apparent that when assessing reality status, children are as likely to doubt as they are to believe. It is suggested that immature metacognitive abilities are at the root of children's skepticism, specifically that an insufficient ability to evaluate the scope and relevance of one's knowledge leads to an overreliance on it in evaluating reality status. With development comes increasing ability to utilize a wider range of sources to inform reality status judgments.

### ***Lack of Physical Evidence***

Anderst, J., Kellogg, N., & Jung, I. (2009). Reports of repetitive penile-genital penetration often have no definitive evidence of penetration. *Pediatrics*, 124(3), 403-409.  
<http://www.pediatricsdigest.mobi/content/124/3/e403.full>

The goals were to evaluate the association of definitive hymenal findings with the number of reported episodes of penile-genital penetration, pain, bleeding, dysuria, and time since assault for girls presenting for nonacute, sexual assault examinations. Charts of all girls 5 to 17 of age who provided a history of nonacute, penile-genital, penetrative abuse were reviewed. Interviews and examinations occurred over a 4-year period at a children's advocacy center. Characteristics of the histories provided by the subjects were examined for associations with definitive findings of penetrative trauma. Five hundred six patients were included in the study. Of the 56 children with definitive examination results, 52 had no history of consensual penile-vaginal intercourse and all were  $\geq 10$  years of age. Analysis was unable to detect an association between the number of reported penile-genital penetrative events and definitive genital findings. Eighty-seven percent of

victims who provided a history of >10 penetrative events had no definitive evidence of penetration. A history of bleeding with abuse was more than twice as likely for subjects with definitive findings. Children <10 years of age were twice as likely to report >10 penetrative events, although none had definitive findings on examination. Most victims who reported repetitive penile-genital contact that involved some degree of perceived penetration had no definitive evidence of penetration on examination of the hymen. Similar results were seen for victims of repetitive assaults involving perceived penetration over long periods of time, as well as victims with a history of consensual sex.

Berkoff, M. C., Zolotor, A. J., Makoroff, K. L., Thackeray, J. D., Shapiro, R. A., & Runyan, D. K. (2008). Has this prepubertal girl been sexually abused?. *JAMA: The Journal of the American Medical Association*, 300(23), 2779-2792.

To determine the diagnostic utility of the genital examination in prepubertal girls for identifying nonacute sexual abuse. Published articles (1966-October 2008) that appeared in the MEDLINE database and were indexed under the search terms of *child abuse*, *sexual* or *child abuse* and either *physical examination*; *genitalia*; *female*, *diagnosis*; or *sensitivity and specificity*; and bibliographies of retrieved articles and textbooks. Three of the authors independently reviewed titles of articles obtained from MEDLINE and selected articles for full-text review. Two authors independently abstracted data to calculate sensitivity, specificity, and likelihood ratios for the diagnosis of nonacute genital trauma caused by sexual abuse in prepubertal girls. Data were not pooled due to study heterogeneity. The presence of vaginal discharge (positive likelihood ratio, 2.7; 95% confidence interval, 1.2-6.0) indicates an increased likelihood of sexual abuse. In the posterior hymen, hymenal transections, deep notches, and perforations prompt concerns for genital trauma from sexual abuse, but the sensitivity is unknown. Without a history of genital trauma from sexual abuse, the majority of prepubertal girls will not have a hymenal transection (specificity close to 100%). Vaginal discharge as well as posterior hymenal transections, deep notches, and perforations raise the suspicion for sexual abuse in a prepubertal girl, but the findings do not independently confirm the diagnosis. Given the broad 95% confidence intervals around the likelihood ratios for the presence of findings along with the low or unknown sensitivity of all physical examination findings evaluated, the physical examination cannot

independently confirm or exclude nonacute sexual abuse as the cause of genital trauma in prepubertal girls.

Heger, A., Ticson, L., Velasquez, O., & Bernier, R. (2002). Children referred for possible sexual abuse: Medical findings in 2384 children. *Child Abuse & Neglect*, 26(6), 645-659.

The goal of this study was to compare rates of positive medical findings in a 5-year prospective study of 2384 children, referred for evaluation of possible sexual abuse, with two decades of research. The prospective study summarizes demographic information, clinical history, relationship of perpetrators, nature of abuse, and clinical findings. The study reports on the results by patterns of referral and the medical examination. There were 2384 children evaluated in a tertiary referral center between 1985 and 1990 for possible sexual abuse. Children were referred after they disclosed sexual abuse, because of behavioral changes or exposure to an abusive environment, and because of possible medical conditions. A total of 96.3% of all children referred for evaluation had a normal medical examination; 95.6% of children reporting abuse were normal, 99.8% who were referred for behavioral changes or exposure to abuse were also normal. Of the 182 children referred for evaluation of medical conditions, 92% were found to be normal at the time of examination by the Child Advocacy Center. The remaining 15/182 (8%) that were found to be abnormal were diagnosed with sexually transmitted diseases, acute or healed genital injuries, and were 17% (15/88) of the total cases found to have medical findings diagnostic of abuse. Interviews of the children indicated that 68% of the girls and 70% of the boys reported severe abuse, defined as penetration of vagina or anus. Penetration was associated with a higher percentage of abnormal findings in girls (6%) compared to 1% of the boys. The relationship of the abuser impacted on the severity of the abuse. Research indicates that medical, social, and legal professionals have relied too heavily on the medical examination in diagnosing child sexual abuse. History from the child remains the single most important diagnostic feature in coming to the conclusion that a child has been sexually abused. Only 4% of all children referred for medical evaluation of sexual abuse have abnormal examinations at the time of evaluation. Even with a history of severe abuse such as vaginal or anal penetration, the rate of abnormal medical findings is only 5.5%. Biological parents are less likely to engage in severe abuse than parental substitutes, extended family members, or strangers.



Hornor, G. (2010). A normal ano-genital exam: sexual abuse or not?. *Journal of Pediatric Health Care*, 24(3), 145-151.

Sexual abuse is a problem of epidemic proportions in the United States. Pediatric nurse practitioners (PNPs) are at the forefront of providing care to children and families. The PNP is in a unique position to educate patients and families regarding sexual abuse and dispel common myths associated with sexual abuse. One such myth is that a normal ano-genital examination is synonymous with the absence of sexual abuse. This article will provide primary care providers, including PNPs, with a framework for understanding why a normal ano-genital examination does not negate the possibility of sexual abuse/assault. Normal ano-genital anatomy, changes that occur with puberty, and physical properties related to the genitalia and anus will be discussed. Photos will provide visualization of both normal variants of the pre-pubertal hymen and genitalia as well as changes that occur with puberty. Implications for practice for PNPs will be discussed.

Kellogg, N. D., Menard, S. W., & Santos, A. (2004). Genital anatomy in pregnant adolescents: "Normal" does not mean "nothing happened". *Pediatrics*, 113(1), e67-e69. <http://www.pediatricsdigest.mobi/content/113/1/e67.full>

Many clinicians expect that a history of penile-vaginal penetration will be associated with examination findings of penetrating trauma. A retrospective case review of 36 pregnant adolescent girls who presented for sexual abuse evaluations was performed to determine the presence or absence of genital findings that indicate penetrating trauma. Historical information and photograph documentation were reviewed. Only 2 of the 36 subjects had definitive findings of penetration. This study may be helpful in assisting clinicians and juries to understand that vaginal penetration generally does not result in observable evidence of healed injury to perihymenal tissues.