

Gender Differences in Children's Disclosures
and Legal Narratives of Sexual Abuse

by

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A Dissertation Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

Approved April 2011 by the
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May 2011

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ABSTRACT

Legal narratives obtained from forensic interviews of twenty sexually abused children were analyzed concerning gender differences in disclosure patterns and narrative elaboration. Quantitative analysis of the children's disclosure of sexual abuse revealed that boys made prompted disclosures to caretakers, primarily mothers. Girls more often made purposeful disclosures, and revealed the abuse to caretakers as well as other supportive individuals. Quantitative analysis of the children's forensic interviews revealed that girls provided more coherent, elaborate, structured, and contextually detailed narratives than boys did. Children's accounts of their disclosures were qualitatively analyzed. Results indicated that fear was the primary reason children delayed abuse disclosure. Qualitative analysis also found that the children's narratives revealed several common themes including themes of force and resistance. Implications for legal interventions on behalf of children and the effectiveness of abuse prevention programs were discussed.

To my Parents

Harriet, Allen, MaryAnn and William

ACKNOWLEDGEMENTS

This Dissertation would never have been written if not for the help of the following:

My Committee, Madelaine Adelman, Judy Krysik, Dominique Roe-Sepowitz, and Alesha Durfee, whose guidance, critique, and support made this project possible.

My support team at St. Joseph's Hospital and Medical Center: Gifford Loda, David Allen, Sue Putzier, and Kim Hedden, thank you for supporting this effort, and assistance with the Institutional Review Board approval process.

My colleagues at the Child Abuse Assessment Center—Cynthia Nelson and Jacqueline Hess. Thank you for all your hard work and dedication in coding the transcripts.

My friends and colleagues who served as a sounding board and supported me in seeing this project through to completion: Elisabeth Dutton, Rachel Mitchell, Alisa Chatinsky, Carl Lindquist, and Lisa Poupart.

To my partner, Paul Bussey, thank you for your unwavering support, encouragement, and understanding of the demands of this project.

And finally, to all the children I have interviewed, who told me their stories of abuse—thank you for all you taught me. I am in awe of your courage.

TABLE OF CONTENTS

	Page
LIST OF TABLES	viii
CHAPTER	
1 INTRODUCTION	1
Framework for Understanding Children’s Responses	3
Challenges to the CSAAS Framework	6
Children’s Sexual Abuse Narratives	8
Gender and Child Sexual Abuse Narratives	8
Research Questions	9
2 LITERATURE REVIEW	12
Introduction	12
Prevalence of Child Sexual Abuse	12
Characteristics of Child Sexual Abuse	15
Disclosure of Child Sexual Abuse	20
Adult Retrospective Research	21
Research on Children’s Disclosures	24
Qualitative Research	28
Social Construction of CSA Disclosure	31
Children’s Memory and Suggestibility	33
Research Informed Interview Protocols	40
Children’s Narratives	41
Gender Differences in Children’s Narratives	43

CHAPTER	Page
Children's Sexual Abuse Narratives.....	47
Summary and Limitations.....	50
3 METHODS	53
Research Site.....	53
Informed Consent and Human Subjects	55
Case Selection and Sampling.....	55
Sources of Data.....	58
Methods of Data Analysis.....	62
Coding Procedure.....	72
Validity and Generalizability	75
Ethical Issues	77
Insider Status of Primary Researcher.....	78
Conclusion	80
4 DISCLOSURE OF SEXUAL ABUSE.....	82
Subjects.....	83
Quantitative Analysis of Children's Disclosures.....	84
Discussion	92
Qualitative Analysis of Disclosure	93
Conclusion	125
5 CHILDREN'S NARRATIVES OF SEXUAL ABUSE	131
Levels of Narrative Elaborations	132
Quantitative Analysis of Narrative Scores.....	138

CHAPTER	Page
Qualitative Analysis of Narrative Themes.....	142
Conclusion	162
6 DISCUSSION	166
Research Questions Revisited.....	166
Implications.....	168
Strengths of the Study	172
Limitations	173
Suggestions for Future Research	174
REFERENCES	175
APPENDIX	
A EXERPTS OF ARIZONA REVISED STATUTES 2008.....	189
B REVISED NICHD PROTOCOL.....	192
C CASE SUMMARIES OF SUBJECTS	198
D MEDICAL RECORD DATA COLLECTION FORM.....	203
E FORENSIC INTERVIEW CODING FORM	206
F HUMAN SUBJECTS APPROVAL	208

LIST OF TABLES

Table	Page
1 Disclosure Characteristics.....	85
2 Gender and Disclosure Recipients	86
3 Gender and Type of Disclosure	88
4 Number of Acts Reported by Victim during Initial Disclosure, Forensic Interview, and Additional Documented Acts.....	89
5 Question Type Used to Elicit Disclosure of Sexual Act in Forensic Interview	91
6 Narrative Scores.....	139
7 Ordered Logit Coefficients and Predicted Probabilities: Narrative Score by Gender.....	140

CHAPTER 1

Introduction

A 15-year-old girl told her high school guidance counselor that her father had been molesting her for the past seven years, both in their current home and in the state where she previously lived. She described many episodes of abuse during her investigative interview. The prosecutor in the county where she lived declined to file charges, believing no jury would convict her father because the girl was sexually active with her boyfriend. The prosecutor in the state where she previously lived filed charges for the acts that occurred in his jurisdiction, and the girl's father was found guilty at trial.

A law enforcement officer was arrested for smuggling drugs across the border into the U.S. When a search of his home was conducted, several videotapes were discovered--depicting the officer molesting his 8-year-old daughter. His daughter denied that the sexual abuse ever occurred when she was interviewed and when she testified in her father's trial. He was convicted and was sentenced to over 100 years in prison.

A 13-year-old boy was caught by his mother forcing his younger sister to perform fellatio. When she confronted him, he disclosed that he had been molested many times by his mother's former boyfriend. The boy was adjudicated as delinquent, and the judge ordered that he participate in a hospital-based evaluation and treatment. During the evaluation, the boy admitted to molesting two other young family members. His abuser was never charged.

These children's stories are far from unique. Child sexual abuse (CSA) has been recognized as a significant social problem, with a widespread prevalence (Pereda, Guilera, Forns, & Gomez-Benito, 2009). David Finkelhor (1994b) conducted a review of the prevalence studies on CSA from the 1970s through the 1990s. Finkelhor (1994b) found that 27% of females and 16% of males in the United States reported a history of sexual abuse in childhood. Finkelhor (1994b) reported that intrafamilial incidence of CSA was 29% for women, and 11% for men. Pereda et al. (2009) examined the prevalence data published since Finkelhor's (1994b) review. These authors conducted a meta-analysis of 11 prevalence studies, and reported a sexual abuse rate of between 16.5% and 51% for women and between 4% and 14% for men. The variations in rates were

attributable to differences in populations sampled, and how broadly or narrowly CSA was defined in each study (Pereda et al., 2009).

Normal adaptive responses children have to stressful or traumatic events, such as alarm (fight or flight) or numbing (dissociative) reactions, can occur in sexual abuse situations (Perry, 2001). When children experience chronic sexual abuse, or experience other types of maltreatment in conjunction with CSA, these adaptive responses are activated often. This can result in changes in brain chemistry and function (Perry 2001) and can lead to associated maladaptive behaviors and symptoms (Beitchman, Sucker, Hood, daCosta, & Cassavia, 1992; Kendall-Tackett, Williams, & Finkelhor, 1993). A wide range of symptoms are reported in children who seek treatment for sexual abuse. Kendall-Tackett and her colleagues (1993) conducted a meta-analysis of 45 research studies that examined the symptoms and behaviors of sexually abused children. Some of the studies included in the analysis compared sexually abused children to non-abused counterparts. Results indicated that for almost every symptom reported, sexually abused children were more symptomatic when compared with non-clinical, non-abused children. Sexually abused children exhibited a wide range of symptoms including anxiety, fear, depression, somatic complaints, aggression, learning problems, and self-destructive or suicidal behavior (Kendall-Tackett et al., 1993). However, for many of the symptoms measured, sexually abused children were less symptomatic than clinical samples of non-abused children—with the exception of two—post-traumatic stress disorder (PTSD) and sexualized behavior. Pre-school children were more likely to exhibit nightmares, anxiety,

and inappropriate sexual behavior. Common symptoms in school-aged children included fear, aggression, nightmares, school problems, hyperactivity, and regressive behavior. Adolescents were more likely to report depression, suicidal or self-injurious acts, somatic complaints, delinquent acts, substance abuse, and running away from home (Kendall-Tackett et al., 1993).

Chronic sexual abuse has also been associated with early onset of sexually aggressive behavior and the development of paraphilias (sexual deviance) among adolescent males (Abel & Harlow, 2001). The sequelae of childhood sexual abuse has been found to persist in some individuals, and has led to problems such as substance abuse, physical and mental health problems, and criminality in adulthood (Beitchman et al., 1992; Briere, 1992). Factors such as the severity, duration, and frequency of abuse have been associated with increased risk of developing both short and long-term physical, behavioral and psychological problems (Beitchman et al., 1992). Early detection of abuse and appropriate supportive responses to sexually abused children are therefore important in prevention of further abuse and ameliorating its aftereffects.

Framework for Understanding Children's Responses to Sexual Abuse

In 1983, Roland Summit, a psychiatrist, published a seminal article entitled, "The Child Sexual Abuse Accommodation Syndrome." This article has been regarded as one of the most influential treatises in the field of child sexual abuse (Oates & Donnelly, 1997). In the introduction, Summit explained his purpose for writing the article:

“Clinical awareness of the sexual abuse accommodation syndrome is essential to provide a counterprejudicial explanation to the otherwise self-camouflaging and self-stigmatizing behavior of the victim. The purpose of this paper then, is to provide a vehicle for a more sensitive, more therapeutic response to legitimate victims of child sexual abuse and to invite more active, more effective clinical advocacy for the child within the family and within the systems of child protection and criminal justice.” (Summit, 1983, pp. 179-180).

Summit’s framework for understanding of common behavior patterns of child sexual abuse victims emerged from his review of the published peer reviewed research available at that time (Summit, 1983; 1992). In addition, his ideas were based on his experiences working as a clinician with his patients, and as a consultant to other professionals who worked in child abuse treatment programs (Summit, 1983, 1992). Summit also explained that the Child Sexual Abuse Accommodation Syndrome (CSAAS) was not a framework for diagnosing CSA, but rather provided a context for understanding children’s reactions to abuse:

“A syndrome should not be viewed as a procrustean bed which defines and dictates a narrow perception of something as complex as child sexual abuse. Just as the choice to sexualize the relationship with a child includes a broad spectrum of adults acting under widely diverse motivations and rationalizations, the options for the child are also variable. A child who seeks help immediately or who gains effective intervention should not be discarded as contradictory, any more than the syndrome should be discarded (sic) if it fails to include every possible variant. The syndrome represents a common denominator of the most frequently observed victim behaviors.” (Summit, 1983, p. 180).

Summit further argued that use of the CSAAS as a template for determining the validity of abuse claims in clinical or legal settings was inappropriate (Summit, 1992).

Summit’s (1983) context for understanding of common victim behaviors included two preconditions of CSA. The first precondition, secrecy, referred to

children's lack of preparedness for abuse, especially when perpetrated by a loved and trusted adult. Children were often told to be wary of strangers; however, children were encouraged to be compliant and obedient with trusted adults. Summit's concept of secrecy also focused on how perpetrators frequently manipulated or threatened children to not disclose, or altered the reality of the abuse. For example, the abuser distorted the meaning of abuse for the child as normal, loving, educational, or something that must be kept hidden. The second precondition, helplessness, referred to the lack of power children have in relation to adults, especially those who have authority over them. Because of their subordinate position and perpetrators' encouragement to remain silent, children were not likely to resist or disclose abuse.

Children's helplessness and the prohibitions against disclosure set the stage for "sequential contingencies which take on increasing variability and complexity." (Summit, 1983, p. 181). These contingencies were described by Summit as entrapment and accommodation, delayed, conflicted and unconvincing disclosure, and retraction. A normal reaction for children caught in a situation from which there are no perceived options for escape was to learn to adapt and accommodate the abusive situation. These adaptations can include assuming responsibility, suppression of memories, adopting the perpetrator's rationale for the abuse, or dissociation (Briere, 1992; Summit, 1983). Summit (1983) conceptualized disclosure as typically occurring within the context of family discord, accidental discovery, or as a result of children receiving support in disclosure or education about CSA. If disclosures of sexual abuse resulted in

family chaos, lack of support by caretakers, or accusations of lying, children were prone to deny or retract their admissions of abuse.

The framework for the CSAAS has received empirical support and general acceptance in the child abuse professional community over the years since its publication (Lyon, 2002). The concepts articulated by the CSAAS have been useful in both the therapeutic and legal arenas to improve treatment and advocacy for child victims. Presentation of expert testimony concerning the CSAAS in criminal, child dependency, and family court proceedings has been offered to educate judges and jurors concerning the dynamics of CSA (Myers, Diedrich, Lee, Fincher, & Stern, 2002).

Challenges to the CSAAS Framework

The validity of the CSAAS has been challenged by both legal defense advocates and scholars (Pipe, Orbach, Lamb & Cederborg, 2007; Summit, 1992). One of the most influential recent scholarly challenges was raised by London, Bruck, Ceci, & Shuman (2005) in a meta-analysis of 28 CSA disclosure studies conducted with adults and children published between 1990 and 2002. These authors cited methodological concerns in many of the research studies they analyzed. These concerns included the lack of definitive corroborating evidence of abuse in the adult and child populations studied, and the use of suggestive or coercive interview methods by investigators to obtain abuse disclosures from children. In spite of these methodological flaws, the conclusions of this meta-analysis supported the validity of Summit's concepts of secrecy and delayed disclosure. However, the authors challenged the rigor of scientific evidence to

validate the concepts of conflicted disclosures, denial of abuse, and retractions as occurring commonly.¹ London and her colleagues argued that CSAAS did not meet the standards of reliability necessary for admission as expert evidence in legal proceedings.² In their conclusion, the authors stated,

“According to these testimonial standards, the only component of The CSAAS that has empirical support is that delay of abuse disclosure is very common. However, the probative value of expert testimony on delayed disclosure, whether for evidentiary or rehabilitative reasons, is undetermined; . . . In summary, there is no convincing evidence that CSAAS testimony on denial or recantation provides relevant or reliable assistance to the fact finder to assess allegations of CSA.” (London et al., 2005, p. 220).

This challenge to the validity of the CSAAS has since stimulated new debate and additional inquiry into the nature of children’s disclosures and reactions to sexual abuse (Pipe et al., 2007). In this vein, the current study sought to expand and clarify knowledge about the characteristics of children’s disclosures of sexual abuse, and addressed validity concerns such as abuse corroboration and use of suggestive questioning. In addition, the current study sought to focus on qualitative analysis children’s lived experiences with disclosure. This qualitative analysis sought to focus specifically on children’s perceptions of the influences which led to their disclosures, and complement the knowledge obtained from quantitative studies of disclosure (Jones, 2000).

¹ Summit’s concepts of helplessness and entrapment/accommodation were not addressed by London et al., (2005).

² London et al., (2005) were referring to the case law establishing federal standards of admissibility of expert testimony exemplified by *Daubert v. Merrell Dow Pharmaceuticals, Inc* (1993). These standards direct trial judges to serve as gatekeepers to the admission of expert testimony and consider issues of reliability—such as general acceptance in the scientific community, publication, peer review, falsifiability and error rates.

Children's Sexual Abuse Narratives

Discovery of CSA is one factor that may assist in stopping the abuse. Disclosure may result in social service or criminal interventions, which may prevent further victimization. A child's ability to accurately remember and articulate his or her abuse experiences is a crucial first step in the investigative process (Myers, 1992). The likelihood of further investigation and criminal prosecution is greater when children provided detailed information about their abuse experiences (Myers et al., 2002). Researchers have stressed the importance of eliciting narrative accounts as a way to improve the accuracy of children's statements of abuse in criminal investigations (Orbach & Lamb, 2000). A considerable body of research has examined how children provided narratives about various life experiences (Fivush, 1998; Habermas & Paha, 2001). However, only one qualitative research study to date has attempted to examine how children narrated their experiences of sexual abuse (Mossige, Jensen, Gulbrandsen, Reichelt, & Tjersland, 2005). However, the findings of this study were limited because only four of the 10 children studied were willing to discuss sexual abuse experiences in detail. The current study was proposed to expand this area of knowledge, and further examine how children narrated their sexual abuse experiences.

Gender and Child Sexual Abuse Narratives

Researchers have argued that males' experiences of CSA have not received same level of inquiry as those of females (Sorsoli, Kia-Keating, & Grossman, 2008). These authors remarked that qualitative inquiry into adults'

experiences of abuse disclosure have primarily studied female abuse survivors. A few qualitative research studies have addressed how men who were sexually abused as children described or made sense of their experiences (Alaggia, 2005; Grossman, Sorsoli, & Kia-Keating, 2006; Kia-Keating, Grossman, Sorsoli, & Epstein, 2005; Sorsoli et al., 2008). These researchers reported that the barriers to disclosure may be different for men in comparison to those women experience. However, no qualitative research studies to date have examined gender differences in children's sexual abuse narratives. The current study was proposed assist in filling this gap in knowledge.

Recent research has found that sexual abuse cases involving male victims were less likely to be prosecuted (Edelston & Joa, 2010; Stroud, Martens, & Barker, 2000; Tjaden & Thoennes, 1992). Criminal cases involving boys were also less likely to have favorable legal outcomes for the victims (Edelston & Joa, 2010). Defendants were less likely to accept plea agreements, which therefore required testimony from boys in criminal trials (Edelston & Joa, 2010). Detailed accounts of sexual abuse are often necessary in order to pursue legal and protective remedies for children. Given the disparities in prosecution rates for male and female victims, it is important to examine possible factors that may explain these findings. Study of whether gender differences exist in children's legal narratives of sexual abuse was therefore important to undertake.

Research Questions

The current study sought to re-examine the usefulness of the CSAAS framework for understanding of the dynamics of disclosure in a group of children

whose sexual abuse was confirmed. The overall goal of this research was to gain a greater understanding of the process of disclosure through examination of children's narratives provided shortly after discover of sexual abuse. The body of data used for this study included recorded forensic interviews of children conducted during police investigations—children's narratives of abuse intended for legal purposes. In an effort to improve the understanding of how and why children disclosed sexual abuse, the current study examined how children described their abuse experiences in their legal narratives. This study sought to answer the following questions using both quantitative and qualitative methods:

1. When did children disclose CSA?
2. What precluded and encouraged children to disclose CSA?
3. What sorts of narratives did children create when they disclosed CSA during investigative interviews?
4. Were children's narratives gendered?

The CSAAS (Summit, 1983) was utilized as a framework from which to initiate the qualitative analysis children's statements of abuse. The children's statements concerning their perceptions of secrecy and their degree of control over the abusive situations were of particular interest. Children's descriptions of their perpetrators' abusive behaviors and their responses to the abuse were examined. Analysis focused on children's descriptions of the discovery or disclosure of their abuse, as well as how they described their abuse experiences in the forensic interviews. Narrative themes were suggested by the children's

statements. Lastly, children's narratives were examined for gender differences both in narrative quality and content.

The next chapter reviewed the research literature relevant to the CSAAS framework, including the study of CSA characteristics and the study of children's disclosures of sexual abuse. In addition, literature concerning children's memory and suggestibility was reviewed. This research served as the supportive base from which the interview method used to elicit legal narratives was chosen. Finally, the relevant research on children's narratives of life experiences was discussed.

CHAPTER 2

Literature Review

Introduction

The review of literature presented here focused on several general research topics related to CSA. The first sections addressed the research on the prevalence and the common characteristics and dynamics of CSA. This review then summarized the research concerning disclosure of CSA, with particular emphasis placed on the review of qualitative research on children's disclosures of sexual abuse. These two areas of inquiry included studies that supported the CSAAS framework for understanding children's responses to CSA. The research concerning children's memory and suggestibility—the degree to which the accuracy of children's accounts of abuse can be influenced by the way they are questioned or interviewed—was also reviewed. This body of research has served as a knowledge base from which investigators have developed interview protocols for use in legal settings. Finally, research on children's narrative abilities was reviewed, and specifically focused on literature related to children's narratives of stressful events and sexual abuse experiences. Research on gender differences in children's narratives was also discussed.

Prevalence of Child Sexual Abuse

The precise incidence of CSA in the United States general population is not known. Determining prevalence of CSA accurately has presented significant challenges to researchers primarily because sexual abuse has often not been reported at the time of occurrence (Finkelhor, Hotaling, Lewis, & Smith, 1990).

For example, Hanson, Resnick, Saunders, Kilpatrick and Best (1999) surveyed 4009 randomly selected women. These authors administered an anonymous questionnaire concerning childhood abuse. The authors found that 341 women reported 437 incidents of childhood rape, and that only 12.9% of these women reported the incidents of rape to authorities while they were still children. This finding indicated that official crime and child protection prevalence rates may not reflect the true incidence of CSA due to under-reporting to authorities.

Another reason for the difficulty to accurately ascertain the prevalence of CSA based on official crime and child abuse statistics is largely due to the lack of uniformity in reporting procedures and systems nationally, and variations in state definitions and criteria for substantiation of CSA (Finkelhor, 1994a). For example, recent systematic data analysis indicated that in 2009, 65,964 children were sexually abused as substantiated by child protection agencies in the U.S. (U.S. Department of Health and Human Services, 2009). However, this number did not reflect the true prevalence of CSA, because child protection agencies primarily investigated cases in which perpetrators were children's parents (80.9% of cases), or other caretakers (6.3% cases). In addition, these national data showed wide variations of substantiation rates of CSA between states. For example, two states with similarly sized populations, Arizona and Tennessee (U.S. Census, 2010), had wide a disparity in the number of substantiated CSA cases, 347 and 2752 respectively (U.S. Department of Health and Human Services, 2009). While it is possible that Tennessee harbors more incest offenders than Arizona does, this explanation is unlikely. These differences in the numbers

of substantiated cases could be better explained by variations in the states' criteria for screening reports for investigation or the degree of proof required for establishing substantiation.

One of the best methods for approximating the scope of CSA has been retrospective surveys of randomly selected adult populations. However, the surveys conducted to date show considerable variability, best explained by differences in research methodology (London et al., 2005). The survey population, the method of administration, questions asked, and definitions of sexual abuse appeared to influence the incidence data reported (Finkelhor, 1994a). The accuracy of survey research has also been impacted by the ability or willingness of individuals to truthfully report their sexual abuse histories (Finkelhor, 1994a). For example, Williams (1994) interviewed women who had received emergency medical services for CSA when they were children. When interviewed several years later, many of these women did not disclose, or reported that they did not remember the events that precipitated their admission to the hospital.

Several retrospective research studies have established that CSA is not an uncommon occurrence. Wyatt (1985) and Russell (1984) surveyed probability samples of women. These authors found, respectively, 45% and 38% of women reporting CSA experiences. When non-contact offenses such as indecent exposure were included, women reported 62% and 54% victimization rates respectively. Wyatt, Loeb, Solis, Carmona and Romero (1999) repeated a previous prevalence study (Wyatt, 1985) and found similar victimization rates

among women as in the earlier study. Bottoms, Rudnicki, and Epstein (2007) administered anonymous questionnaires to an ethnically diverse sample of 1,411 college women. Forty four percent of the sample (619 women) reported experiencing sexual, physical or emotional abuse in childhood. Results indicated that 22.6% of the entire sample of women reported at least one incident of CSA. Finkelhor and his colleagues (1990) conducted a national telephone survey of 2,626 randomly selected adults, 1145 men and 1481 women. Results indicated that 27% of women and 16% of men reported a contact sexual offense prior to age 18. Elliott & Briere (1995) conducted a stratified random sample of 505 adults (55% women and 45% men) using a written questionnaire distributed by mail. Results indicated that 32% of women and 13% of men reported a contact sex offense prior to age 18.

In spite of methodological difficulties in gathering data, research has indicated that CSA is not uncommon in the United States. Given these difficulties, the true base rate of CSA in the general population has been impossible to determine. The incidence of CSA is likely to be under-represented by official crime and child protection statistics. Adult retrospective research was also likely to under-report the true incidence of CSA. To date, no studies have shown that the incidence of CSA is over-reported in research based on official statistics or surveys of random or selected sample populations of adults.

Characteristics of Child Sexual Abuse

Prevalence research on CSA has reported the nature of the relationships between perpetrators of child sexual abuse and victims. The reported

characteristics of these relationships vary depending on the source of the data (clinical or general population) (Elliott & Briere, 1995; Finkelhor et al., 1990). For example, data obtained from child protection agencies and clinical samples tend to reflect the intra-familial incidence of CSA. In 2009, parents or parent figures were the perpetrators of child maltreatment in 80.9% of substantiated cases reported to child protection agencies (U.S. Department of Health and Human Services, 2009). Parents or parent surrogates comprised about one third of sexual abuse perpetrators, and all relatives accounted for about one half of victim/perpetrator relationships (Elliott & Briere, 1995; Gomes-Schwartz, Horowitz, & Cardarelli, 1990). However, general population surveys estimated that abuse by parents and stepparents accounted for between 6% and 16% of all CSA cases, and abuse by any relative reportedly occurred in approximately 43% of cases (Finkelhor et al., 1990; Smith, Letourneau, Saunders, Kilpatrick, Resnick & Best, 2000). Sexual abuse perpetrated by friends or acquaintances comprised about 44% of cases, and stranger assaults accounted for a minority of cases, between 5% and 15% (Finkelhor et al., 1990; Smith et al., 2000). In short, children were more likely to be sexually abused by a known and trusted individual.

Research on CSA has also reflected the gendered nature of sexual abuse. In both clinical and general population samples, a significant majority of offenders were male (Elliott & Briere, 1995; Finkelhor et al., 1990; Smith et al., 2000). Abel and Harlow (2001) evaluated a national sample of 5,321 individuals who admitted to molesting a child. Only 103 of these individuals were females—

55 of whom had molested children under the age of 14. Female offenders were more likely to target male victims. Adult males reported a greater incidence of sexual abuse by female perpetrators than women did—17% vs. 2% (Finkelhor et al., 1990).

Gender differences were also reported in the dynamics of CSA. Female offenders have been classified differently than male offenders (Barbaree, Hudson, & Seto, 1993). Jennings (1994) found that women who molested children were generally classified into three categories. Some women targeted their own children, and tended to be more likely to have psychological disturbances or a history of victimization. Other women offenders acted only in conjunction with male offenders, who coerced women to engage in sexually abusive behavior with children. Still other women abused adolescents with whom they had a mentoring role, and considered the victims as consenting partners (Jennings, 1994).

Typologies of male perpetrators have centered on different factors such as deviant sexual interests, social competence, or character traits. For example, male perpetrators have been classified based on the nature and persistence of sexual interests such as pedophilia, exhibitionism, or sadism (Knight & Prentky, 1990). Male offenders have also been classified based on mental disabilities or lack or social skills that impair the development of sexual relationship with adults (Knight & Prentky, 1990). Further, male perpetrators have been classified based on stable psychological characteristics, such as antisocial personality disorder and history of other criminal acts (Abel & Harlow, 2001).

The main dynamic characteristic of CSA is the perpetrator's goal of sexual gratification through exertion of power and control over a child victim (Pryor, 1996; Salter, 2003). Several researchers have conducted studies of male perpetrators of CSA as to how they selected, gained access to, and established control over victims before engaging in sexual contact (Budin & Johnson, 1989; Conte, Wolf, & Smith, 1989; Kaufman, Holmberg, Orts, McCrady, Rotzien, & Daleiden, 1998; Pryor, 1996; Salter, 2003; Ward, Loudon, Hudson, & Marshall, 1995). Perpetrators reported that they most often targeted children they knew through social or family relationships, or through their employment (Berliner & Conte, 1990; Conte et al., 1989). Some men reported seeking jobs or volunteer work that involved children (Leclerc, Proulx, & McKibben, 2005). Many men reported that they sought certain physical characteristics in potential victims such as hair and eye color, attractiveness, or a particular age or gender (Conte et al., 1989). Some men reported looking for particular personality attributes such as friendliness, curiosity or low-self esteem (Conte et al., 1989; Pryor, 1996). Once identified, perpetrators have been found to establish control over victims in a variety of ways. Seductive or manipulative tactics included compliments, gifts, or offering assistance to the children's families (Berliner & Conte, 1990; Salter, 2003). Perpetrators reported using strategies involving overt exertion of power through verbal or physical abuse or withholding of privileges (Budin & Johnson, 1989; Lang & Frenzel, 1988; Pryor, 1996).

Researchers found that perpetrators introduced sexuality gradually through the use of non-sexual touch, such as cuddling, horseplay or tickling (Kaufman et

al., 1998; Lang & Frenzel, 1988). For example, Lang and Frenzel (1988) conducted clinical interviews with 102 incarcerated incest and pedophilic offenders. Fifty five percent of the incest offenders and 32% of the non-incest offenders reported that they initiated sexual abuse by cuddling with their victims. Other common strategies reported by the men studied included seemingly accidental touching of the child's genitals, and sexual touching during horseplay. Perpetrators progressed to overt sexual acts under the guise of sex education, through sexual talk or jokes, and exposure to nudity or pornography (Conte et al., 1989; Kaufman et al., 1998). Over time, many perpetrators progressed in their assault behaviors, and engaged in more intrusive sexual acts such as intercourse or oral-genital contact (Pryor, 1996; Salter, 2003).

During and after the first act of sexual abuse, perpetrators encouraged victims' silence (Berliner & Conte, 1990). Some perpetrators reported that they made no overt statements concerning secrecy, and relied upon children's inexperience or loyalty to assure silence (Conte et al., 1990). However, many perpetrators reported that they told children to keep the sexual acts secret, and that both the child and the perpetrator would be in trouble if the abuse was discovered (Conte et al., 1989; Kaufman et al., 1998; Lang & Frenzel, 1988). For example, Lang and Frenzel (1988) reported that 85% of the offenders in their study told victims not to tell, and that the abuse was their "special secret" (p. 312). Other perpetrators often made social threats, such as children would not be believed or would be responsible for the dissolution of his or her family. Male victims were more likely to be threatened with discovery and social stigma of homosexual

behavior (Lang & Frenzel, 1988). Perpetrators threatened harm to the child or to the child's family or pets if discovered (Budin & Johnson, 1989; Kaufman et al., 1998; Pryor, 1996; Salter, 2003).

Disclosure of Child Sexual Abuse

Disclosure of CSA is a socially-embedded act, not only involving the child, but also the individuals and systems receiving the disclosure, including family members, the child protection system, the criminal justice system, and the perpetrator (Myers et al., 2002). In the past, the credibility of children who made delayed disclosures of abuse was suspect. Conventional wisdom suggested that if a child were truly molested, he or she would make an immediate outcry, and give a clear, consistent account of the abuse (Quas, Thompson, & Clarke-Stewart, 2005; Summit, 1983). Children who delayed disclosure or made inconsistent statements about abuse were considered unreliable reporters. As a result, many victims did not receive the assistance of family members, mental health practitioners, or the legal system to protect them from abusers (Olafson, Corwin, & Summit, 1993; Summit, 1983). Disclosure research has served to dispel the common myths about how children reacted to sexual abuse, and has facilitated intervention to protect children from further maltreatment (Summit, 1992). In addition, legal interventions have improved as a result of better understanding of CSA disclosure. Research has shown that potential jurors were unaware of the dynamics of CSA disclosure and have benefited from expert witness testimony concerning these dynamics. Quas and her colleagues (2005) surveyed 169 college students and 148 individuals who were recently released from jury duty

concerning their knowledge of child abuse dynamics and research concerning suggestibility of child witnesses. These authors found that potential jurors lacked accurate knowledge about many characteristics of CSA. In particular, these subjects lacked accurate knowledge about suggestibility, common medical findings, and symptoms of CSA. In addition, these subjects had misconceptions concerning children's denial of abuse—they believed that children would not deny abuse when questioned by a trusted adult.

Researchers have studied CSA disclosure in a variety of ways. Some researchers have conducted retrospective surveys of adults in clinical or random samples (Finkelhor et al., 1990; Hanson, Resnick, Saunders, Kilpatrick & Best, 1999; Smith et al., 2000; Somer & Szwarcberg, 2001). Others have studied disclosures children made during therapy, in child abuse assessments, or in review of child protective service (CPS) records (Bradley & Wood, 1996; Elliott & Briere, 1994; Sorensen & Snow, 1991). Other researchers reported the disclosure dynamics of children presenting with sexually transmitted diseases to medical professionals (Lawson & Chaffin, 1992; Lyon, 2007). Studies using each of these types of sample populations will be discussed.

Adult Retrospective Research

Researchers have conducted several studies concerning the incidence of delayed disclosure of CSA with adults. Study subjects were selected in a variety of ways—probability samples, (Finkelhor et al., 1990; Hanson et al., 1999; Smith et al., 2000), college student samples (Arata, 1998; Tang, 2002), recruitment through media (Lamb & Edgar-Smith, 1994, and clinical populations (Roesler &

Wind, 1994; Somer & Szwarcberg, 2001). Overall, results of these studies showed that it was common for subjects to delay disclosure of CSA—roughly two-thirds of individuals did not disclose until they were adults. Many of the individuals surveyed made their first disclosures to the researchers. Consistency in rates of delayed disclosure, given differences in sample selection, methodology (questionnaire vs. interviews) and definitions of abuse, suggested the strength of these findings (London et al., 2005).

Adults reported several reasons why they did not disclose CSA immediately. The most common reasons women delayed disclosure included confusion as to who was responsible for the abuse, concern about how disclosure could impact other family members, and fears of not being believed (Alaggia, 2005; Smith et al., 2000). Men delayed disclosure because of reluctance of being identified as a victim, and concerns about being regarded as homosexual, or becoming an abuser, especially when they were abused by male perpetrators (Alaggia, 2005; Sorsoli, Kia-Keating, & Grossman, 2008). Men who were molested by female perpetrators often lacked awareness that the sexual contact was abuse, and interpreted the experience as desirable and as normal sexual initiation (Pryor, 1996).

Two retrospective research studies have reported the impetus for disclosure among adult survivors of CSA (Lamb & Edgar-Smith, 1994; Roesler & Wind, 1994). Lamb & Edgar-Smith (1994) conducted in depth telephone interviews of 45 women and 12 men who responded to a newspaper advertisement. Two-thirds of these adults initially disclosed abuse in adulthood.

Adults who disclosed in childhood reported that they did so in an effort to stop the abuse (47.4% of the subjects), or to obtain support or help (21.1%). Those who initially disclosed in adulthood did so because of an evocative experience, such as viewing a television show about abuse (45.7%), or to obtain emotional support (31.4%), or because they were asked or confronted (11.4%). These authors did not report whether they examined gender differences with regard to their subjects' reasons for disclosure (Lamb & Edgar-Smith, 1994). Roesler and Wind, (1994) administered questionnaires concerning disclosure characteristics to 228 women who contacted a sexual abuse treatment and research center to obtain services. Two-thirds of this sample initially disclosed abuse after turning 18 years of age. Women reported several reasons for delaying disclosure. These reasons included fear for their safety, feelings of guilt or shame, repression of abuse memories, and concern for the impact of abuse discovery on their families. These authors also asked subjects about their decisions to disclose abuse. The most common reasons women gave for their disclosures were: the desire to heal (19.2%), because they felt safe in a relationship (14.3%), retrieval of memories (12.9%), protection from further abuse (8.9%), and because someone asked the right question (8.5%). Some women (8.9%) disclosed because the abuse interfered in their ability to engage in sexual intimacy with their partners. Still other women disclosed because they were angry, or because they could not keep it secret any longer. However, the authors of this study did not distinguish the differences in the reasons given for disclosures occurring in childhood versus those occurring in adulthood. Studies of adult male survivors indicated that men disclosed in an

effort to resolve the experience or because they experienced an emotional breakdown (Sorsoli et al., 2008). Alaggia (2005) found that concerns over becoming an abuser prompted disclosure by male survivors.

Research on Children's Disclosures

Researchers have studied children who presented for assessment, investigation or treatment of CSA. These studies examined children's disclosures to mental health professionals (Elliott & Briere, 1994; Sorenson & Snow, 1991), medical professionals (Lawson & Chaffin, 1992), law enforcement or CPS investigators (Bradley & Wood, 1996; Faller & Henry, 2000; Hershkowitz, Horowitz, & Lamb, 2007), or child abuse assessment teams (Carnes, Nelson-Gardell, Wilson, & Orgassa, 2001; DeVoe & Faller, 1999; Gries, Goh, & Cavanaugh, 1996; Keary & Fitzpatrick, 1994; Stroud, Martens, & Barker, 2000). Meta-analysis of the results of many studies in this body of research indicated that it was common for children to delay disclosure of CSA (London et al., 2005).

Researchers have identified several factors associated with delays in disclosure of CSA. The relationship between the victim and the offender was significant. Children who were abused by immediate family members were more likely to delay longer than those molested by extended family, acquaintances, or strangers (DiPietro, Runyan, & Fredrickson, 1997; Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003). Hershkowitz, Horowitz, and Lamb (2007) evaluated a sample of 26,325 children, ages three to fourteen, interviewed during investigations of maltreatment in Israel over a twelve year period. Results indicated that children were less likely to disclose allegations against parents or

parent figures than other victim/perpetrator relationships, especially when the allegations involved sexual abuse.

Research studies have suggested gender differences in disclosure of CSA during formal investigations. Devoe and Faller (1999) evaluated corroborated cases of sexual abuse in a sample of 76 children, 47 girls and 29 boys. Results indicated that girls were more likely than boys (68% vs. 41%) to disclose abuse in the initial investigative interview. Gries and his colleagues (1996) evaluated 96 children (47 girls and 49 boys) who were placed in foster care due to abuse by caretakers. These authors reported that girls were more likely to disclose sexual abuse than boys were. Stroud, Martens and Barker (2000) evaluated records of 1043 children (769 girls and 274 boys) who were interviewed during formal investigations. Stroud and her colleagues found that girls were more likely than boys (70% vs. 52%) to disclose sexual abuse. Hershkowitz, Horowitz, and Lamb (2007) also observed gender differences in disclosure. Boys were more likely than girls were to not disclose abuse in investigative interviews (36.9% vs. 32.9%), even when abuse was strongly suspected (Hershkowitz, Horowitz, et al., 2007). However, other researchers found no gender differences in disclosure patterns (DiPietro et al., 1997; Keary & Fitzpatrick, 1994). DiPietro, Runyan and Fredrickson (1997) reviewed 165 medical records of confirmed cases of sexual abuse of children (82% females) who were referred to a child abuse clinic for evaluation. Disclosure was defined as the child disclosing to an interviewer or a medical examiner during the course of the evaluation. No gender differences concerning disclosure were found. However, these researchers reported that

children who made disclosures of abuse prior to the evaluation were more likely to disclose during the evaluation. Keary and Fitzpatrick (1994) studied 262 children (66% female) who were referred for sexual abuse evaluations. These authors reported that girls were more likely to have reported sexual abuse than boys were (52% vs. 44%) prior to the formal evaluation. However, likelihood of disclosure during the formal investigation was not related to gender; however disclosures during the evaluation was closely correlated with prior disclosure.

A few studies have examined the influence of culture and race on CSA disclosure. Hispanic and Asian girls delayed longer than African-American girls did (Rao, DiClemente, & Ponton, 1992; Shaw, Lewis, Loeb, Rosado, & Rodriguez, 2001). One explanation for these findings was that African American children reported that they received more maternal support during and after their disclosures than Hispanic children received. Asian children may have delayed longer due to cultural values that emphasized collectivism and family cohesion and preservation (Rao et al., 1992).

Children disclosed CSA in a variety of ways. Disclosure has been described as a process by some researchers (Sorenson & Snow, 1991). For example, children may have denied sexual abuse when questioned by medical professionals, even when definitive medical evidence was present (Lawson & Chaffin, 1992; Lyon, 2007; Sorensen & Snow, 1991). Some children made tentative or vague disclosures initially, but discussed the abuse in more detail over time and when provided with social support (Alaggia, 2004, DeVoe & Faller, 1999; Gordon & Jaudes, 1996; Sorensen & Snow, 1991). Other researchers have

described disclosure as an event, and that most children made a clear disclosure initially and remained consistent in their accounts over time (Bradley & Wood, 1996). However, these authors conducted chart reviews of closed CPS cases, which may not have reported children's disclosures of additional acts of abuse to parents, counselors, or other confidantes.

Alaggia (2004) characterized children's disclosures as occurring in three ways—accidental, prompted, and purposeful. Accidental disclosures occurred when the victim had no intention to disclose, but the abuse is discovered through medical diagnosis, witness observation, or perpetrator confession. For example, a perpetrator photographed his abuse of a child, and the photographs were later discovered by a third party. Prompted disclosures occurred when children disclosed after they received sexual abuse prevention education, counseling, watched a television show concerning abuse, or when questioned directly (Alaggia, 2004; DeVoe & Faller, 1999; Sorensen & Snow, 1991). A purposeful disclosure was defined as a verbal statement to a trusted individual initiated by the victim (Alaggia, 2004). For example, a child disclosed CSA in an effort to prevent the abuse from happening again (Sorenson & Snow, 1991).

Children were found to have disclosed to individuals whom they believed would be protective and supportive (Goodman-Brown, et al., 2003). Children's choices as to whom they disclosed varied with age (Faller & Henry, 2000). Younger children were more likely to disclose to primary caretakers, especially mothers. Older children, particularly adolescents, were more likely to disclose to

friends or intimate partners (Faller & Henry, 2000; Fontanella, Harrington, & Zuravin, 2000).

Qualitative Research: How and Why Children Disclose CSA

To date, only a handful of qualitative studies have been conducted that specifically addressed the motivating factors present when CSA victims disclosed during childhood. Sorensen & Snow (1991) studied the disclosure patterns of 116 children, 3- to 17- years of age, evaluated or treated in their private clinical practice. The authors reported that the abuse of the children included in this study was confirmed by medical evidence, confession by the perpetrator, or a finding of guilt in judicial proceedings. The authors classified disclosures as accidental or purposeful, encompassing prompted disclosures in the purposeful category. The abuse of the majority of children in this study was discovered accidentally. The impetus for these disclosures included exposure to a known perpetrator, inappropriate sexual behavior or statements, medical evidence of abuse, or offender confession. Only 29 children in the study disclosed purposefully. Children reported that they disclosed due to raised awareness through educational programs about sexual abuse prevention, or because they were concerned that other children may be harmed. Adolescents reported that they disclosed because they were angry with the perpetrator. However, this study has been sharply criticized concerning the lack of documentation of the interview and therapy methods used to elicit disclosures from children (London et al., 2005). Concerns have been raised that the authors of this study may have used suggestive

techniques, thereby raising doubts about the reliability and validity of the information children disclosed (Bradley & Wood, 1996; London et al., 2005).

Jensen, Gulbrandsen, Mossige, Reichelt, & Tjersland (2005) conducted a qualitative study of 22 children, 15 girls and seven boys, between 3- and 16- years of age. The children in this sample received psychological treatment for sexual abuse at a university based clinic. Children and their caretakers were interviewed by researchers after therapeutic interventions were completed. Therapeutic sessions and research interviews were video and audio recorded. Researchers evaluated the children's interviews to identify reasons why children delayed disclosing CSA, and what factors facilitated their disclosures. Children reported that they feared the consequences of telling, in particular, that disclosure would negatively impact their mothers. Children were concerned that disclosures would negatively impact themselves, their siblings, or the perpetrator. Children were also concerned that they would not be believed or supported if they disclosed. Children stated that it was difficult to find the right time or opportunity to disclose. Common triggers for disclosure included potential exposure to the perpetrator, exposure to abuse-prevention media, or someone questioning them directly about concerning behaviors or emotional problems. As compelling as these findings were, the authors reported that there were significant limitations in this study. For example, corroboration of abuse was present for only four children involved in the study. In addition, caretakers and siblings were included in the children's therapeutic sessions and interviews. Therapists or the children's family

members may have influenced or shaped children's interpretations and accounts of their experiences.

Crisma, Bascelli, Paci, and Romito (2004) conducted a qualitative analysis of in-depth interviews of 36 adolescent girls, 12 to 17 years of age, who called an anonymous toll-free line advertised in a youth oriented magazine. The advertisement recruited sexually abused adolescents and specified the purpose of the research. Results indicated that the girls did not report the abuse to their parents due to fear of not being believed, shame, and the negative consequences their disclosures could have on their families. The researchers did not report data concerning what prompted the girls to call. The authors did not include interviews that lacked credible accounts of abuse in their analyses; however, no corroborative evidence of abuse was available.

Staller and Nelson-Gardell (2005) analyzed interviews conducted in focus groups of 34 pre-adolescent and adolescent female survivors of CSA, ages 10 to 18. Many of the girls reported feelings shame and responsibility for the abuse, which were barriers to disclosure. Girls were also concerned about the impact of their disclosure on their families. Many reported that it was difficult to choose the time, place and person to tell, and that their confidants' reactions of disbelief or hostility were difficult to endure. The focus groups were conducted after the girls had completed treatment for abuse. Their responses may have been influenced by therapists, peers, or family members. The authors did not report whether they sought independent corroboration of abuse.

Social Construction of CSA Disclosure

A child's initial disclosure of sexual abuse is socially mediated by the individual he or she tells. The disclosure may be initiated by a questioner, as in a prompted or accidental disclosure, or by the child, as in a purposeful disclosure. Regardless, the disclosure process takes place within the context of a conversation or discourse. As such, the amount and nature of the information the child discloses is co-produced by the child and the receiver. Research has indicated that anticipated or actual reactions of the listener significantly influenced the likelihood of children's disclosure of CSA (Hershkowitz, Horowitz & Lamb, 2007; Lawson & Chaffin, 1992; Staller & Nelson-Gardell, 2005). Similarly, the responses and questions asked by adults have shaped the amount and nature of information provided by children in conversation (Crossley, 2000; Orbach & Lamb, 2000; Peterson & Bell, 1996).

When a child's outcry of CSA is reported and responded to by a law enforcement or child protection agency, the child enters an unfamiliar social sphere governed by legal discourse (Cooper, Wallin, Quas, & Lyon, 2010). Children enter into conversations with investigators or interviewers. It is the investigator's task to ask questions and receive answers to determine whether a crime occurred, and if so, establish the elements of that crime. These elements include not only the acts that occurred, but also the context surrounding the acts such the location and time frame of the incidents. Children may also be asked questions concerning the intent of the perpetrator. What constitutes an act of CSA

is codified in state laws and statutes.³ In order to establish the elements of the crime, a child must provide detailed information about individual abusive incidents. In addition, investigators are obligated to question children to obtain information to corroborate or prove that the crime occurred. Children are asked to provide information that may lead to the discovery of physical evidence, such as location of pornography or sexual paraphernalia. Children may be asked to provide information about how the perpetrator established a relationship and control over them, and the process of disclosure. Young children have been shown to be unaware of the requirements of legal charges, evidence, and processes (Cooper et al., 2010; Saywitz, Jaenicke, & Comparo, 1990). They may not provide necessary information in spontaneous statements or narratives to establish the elements, context or provide corroboration of the crime unless directly asked by an interviewer (Orbach & Lamb, 2000). The result of this co-production becomes a legal narrative meant for consumption in settings such as criminal trials, juvenile dependency hearings or custody disputes in family court.

Social science inquiry into the accuracy of information children provided during investigative interviews and other legal settings increased as a result of the investigation and prosecution of several highly publicized sexual abuse cases involving day care facilities in the 1980s. These cases were notable due to seriousness of the allegations that emerged, and the highly suggestive, coercive and controversial methods investigators employed in their interviews of pre-school aged children (Ceci & Bruck, 1995). Among these cases, two have been

³ See definitions of criminal sexual contact from the Arizona Revised Statutes (2008) in Appendix A.

influential in public, professional, and legal discourse (Ceci & Bruck, 1995). The **McMartin Preschool** case (People v. Buckey, 1990) and **St. v. Kelly Michaels** (1988), have highlighted how investigators' use of leading, suggestive or coercive questions can result in children providing false or inaccurate accounts of abuse, resulting in serious adverse consequences for the accused.⁴ These cases illustrated that children acquiesced to more powerful adults in discursive contexts, and that it was highly likely that abuse narratives were produced as a result of influence by the interviewers (Ceci & Bruck, 1993; 1995). Social science researchers have subsequently focused on social and discursive factors that can enhance or compromise the accuracy of children's recall for past events.

Children's Memory and Suggestibility

Researchers have studied children's abilities to recall and relate past events. Children as young as three years of age are capable of providing accurate detailed accounts of events they experienced many times, as well as distinctive

⁴ In 1983, seven teachers at the McMartin Preschool in Manhattan Beach, CA were accused of ritualistically sexually abusing many children. Charges were dropped against five of the teachers, but the owner of the daycare, Peggy McMartin Buckey and her son, Raymond Buckey were tried. Peggy McMartin was acquitted, and Raymond Buckey was acquitted on most of the charges, and the jury was unable to reach a verdict on the remaining charges. Investigative interviewers used highly leading, suggestive, coercive, and reinforcing interview techniques during interviews with alleged victimss. Jurors expressed concern about the reliability of the information obtained from the child witnesses. Prosecutors dropped the remaining charges against Raymond Buckey in 1990. Raymond Buckey spent five years and Peggy Buckey spent two years in the Los Angeles County Jail awaiting trial, due to their inability to pay a release bond.

In 1988, Kelly Michaels, a 26-year- old teacher at the Wee Care Daycare in Maplewood, NJ was convicted of ritualistically sexually abusing 20 preschool aged children. She was sentenced to 47 years in prison. The New Jersey Appeals Court overturned Michaels' conviction in 1994, and ruled that the highly leading and suggestive techniques used during investigative interviews rendered the children's statements unreliable.

one-time events (Fivush, 1998). Children between the ages of 4- and 6- years old were able to recall details of family vacations that took place as long as 18 months in the past (Hammond & Fivush, 1990). Fivush & Schwarzmueeller (1998) demonstrated that 8-year-old children were able to accurately recall events that occurred between two and five years in the past. Fivush (1993) found that older children provided more information in response to narrative invitations than younger children did. However, younger children provided as much information when asked specific questions by the interviewer.

Researchers have also examined the effects of stress and trauma on children's recall. Goodman, Hirschman, Hepps & Rudy (1991) and Merritt, Ornstein, & Spiker (1994) studied children who underwent painful medical procedures involving urinary catheterization. These studies indicated that children have accurate recall of the procedures, and that accuracy improves with age and discussion with parents. Ornstein (1995) found that children recalled more detail about painful medical procedures than did another group of children who recalled a routine visit to the doctor. Peterson and Bell (1996) found that children who received treatment for traumatic injuries were able to give clear detailed accounts of the event that led to their emergency room visits, even after a period of two years (Peterson, 1999).

Memory researchers have also focused on the accuracy of children's memories for past events, and the degree to which their recollections or accounts can be altered by suggested information. Several studies have illustrated the strength of children's recall for events, in spite of the use of suggestive or leading

questions (Goodman, Sharma, Thomas, & Considine, 1995; Rudy & Goodman 1991). Laboratory studies have also indicated that given the right conditions, inaccurate reports or false memories are relatively easy to create in young children, especially children under the age of five (Ceci, Huffman, Smith, & Loftus, 1994; Ceci, Loftus, Leichtman, & Bruck, 1994; Leichtman & Ceci, 1995).

Rudy and Goodman (1991) studied 4- and 7-year old children's recall of their interaction with an unfamiliar male. Pairs of children were sent into a trailer and interacted with a male research assistant who was dressed as a clown. The children were interviewed, and were asked specific and misleading questions about their interactions. Some of these questions falsely suggested abuse, such as, "He took your clothes off, didn't he?" Both age groups of children were highly resistant to suggestions of abuse. However, they were more likely to make errors in response to suggestive questions unrelated to abuse.

Goodman and her colleagues (1995) studied the effect of interviewer status and preconceived bias on the accuracy of recall by four-year-old children about a staged event. In this laboratory study, 40 children engaged in play activities with an unfamiliar female adult. The children were randomly assigned to one of four interview conditions. The children were interviewed about the activities by either their mothers or by an unfamiliar female interviewer. The mothers and the unfamiliar interviewer conducted the interviews in one of two conditions--either uninformed, or they were given misleading or biased information by the researcher about what occurred during the play activities. Children provided less accurate information when questioned by misinformed

strangers. Children were found to be more accurate, resistant to misleading suggestive questions about abuse-related topics when asked by their mothers. Overall, children's free recall accuracy was diminished by biased interviewers. Children provided less information, or made more errors with regard to the order of events when questioned by misinformed interviewers.

In 1994, Stephen Ceci and his colleagues published seminal studies in which they demonstrated how false memories can be implanted in preschool aged children (Ceci, Huffman, Smith, & Loftus, 1994; Ceci, Loftus, Leichtman, & Bruck, 1994). These studies have come to be known as the "mousetrap" studies, both in the research community and popular media. In the first study, (Ceci & Huffman, et al., 1994), the researchers asked children's parents about events that had actually occurred in children's lives. The researchers then instructed children that they were going to read a list of events that may have happened to them, based on conversations that the interviewer had with their parents. The interviewer warned that not all of the events really happened. The fictitious events included a description of the child getting his or her finger caught in a mousetrap and having to go to the hospital for treatment. During the first session, children were told to think about the event and were asked if they could remember it. The children were interviewed seven to ten times with a several day interval in between over a ten-week period. Results indicated that by the final interview, 34% of the children assented to the fictitious events, and some provided elaborate narrative accounts of the false event. Ceci & Loftus et al., (1994), repeated this experiment with some key differences. The children were told that the fictitious

events had actually occurred, and the time span of the study was increased to 12 weeks, with children undergoing seven to ten interviews. Results indicated that false assents increased from an initial 34% to 45% among the three- and four-year old subjects and from 25% to 40% for the five- and six year olds over the course of the study.

Researchers have also studied whether children can incorporate false details into their memories for an event (Leichtman & Ceci, 1995; Poole & Lindsay, 2001). These studies have been conducted in controlled laboratory experiments in which researchers either staged an event or presented media depictions of an event. Subjects were then interviewed several times about the event, using leading or suggestive techniques. A final interview was conducted using open-ended techniques. The degree to which suggested information was incorporated into the subjects' accounts was then evaluated.

One of the most well known of these laboratory studies is the "Sam Stone" study, conducted by Leichtman & Ceci (1995). Children were exposed to stereotypic inductions—a statement about Sam Stone indicating that he was clumsy but well-meaning by their preschool teacher. These statements were made once a week for four weeks. Another group of children was used as a comparison and were not exposed to the stereotypic inductions. A research confederate posing as Sam Stone made a brief visit to the classroom of both groups of children, during which no adverse events occurred. The two groups of children then interviewed four times over a 10-week period. The comparison group was interviewed using no suggestive techniques. The experimental group was

interviewed using suggestive questions indicating that Sam Stone tore a book and soiled a teddy bear. One month after the interviews, the children were interviewed again by a new interviewer in a non-suggestive manner. In the comparison group, none of the five- and six year olds and only 10% of the three- and four- year olds reported that Sam Stone ripped a book or soiled the teddy bear. In the experimental group, the results were different---44% of the younger children and 11% of the older ones reported that they actually witnessed Sam Stone do one or both of the fictitious misdeeds.

Other authors have focused on the effect of post-event information on children's memories and abilities of children to distinguish the source of their knowledge (Poole & Lindsay, 2001). One of the most often cited laboratory studies is known as "Mr. Science" (Poole & Lindsay, 2001). The subjects in this study were children ranging from 3 to 8 years of age. The children participated in a science demonstration that included four different activities. Immediately after the demonstration, children were interviewed about what they observed using open-ended invitations. Three months later, the researchers sent books entitled "A Visit to Mr. Science" to the children's parents. Parents were instructed to read the book, which included their child's name, once a day for three consecutive days. The story was similar to the events the children experienced earlier, including two descriptions of the science activities they observed and two descriptions of science activities that were not part of the original demonstration. Children were then questioned about their visit to Mr. Science by different interviewers at the children's homes. Results indicated that many of the children

had difficulty distinguishing between events they actually witnessed during the science experiments and those that were depicted in the book.

Garven, Wood, Malpass, and Shaw (1998) conducted a laboratory study to examine the effects of interview techniques used by interviewers in the McMartin Preschool investigation. These techniques included suggestive questions, introducing information obtained from other witnesses, praising or criticizing answers, repeated questions and inviting speculation. Preschool children were exposed to a staged event in their classroom. The event consisted of a male research assistant introduced as “Manny Morales” reading a story in an animated way while wearing a large, colorful hat. One week later, the children were interviewed using one (suggestive questions only) or combination (suggestive questions, social influence, reinforcement and speculation) of these problematic techniques. The authors found that use of these combined techniques resulted in increased reporting of false allegations of the research assistant committing a misdeed such as stealing a pen or bumping the teacher.

Overall, laboratory studies have demonstrated that many factors can enhance or negatively influence children’s accuracy. Interviewer variables such as bias, high status, emotional tone or friendliness have been shown to have effects on children’s accuracy (Goodman, 2006). Interviewers who have a friendly demeanor and make supportive statements have been shown to increase children’s narrative production and accuracy (Goodman, 2006). Interview techniques, such as repeated questions, repeating misinformation, social pressure, and stereotypic induction, have been shown to be detrimental (Garven et al.,

1998). Bribes, rewards, and threats have significantly altered children's reports and accuracy as well (Ceci & Bruck, 1995). The overall body of memory and suggestibility research stressed the importance of minimizing the amount of information and conversational control introduced by the interviewer, while simultaneously providing support for children to maximize narrative information about their experiences (Goodman, 2006).

Research Informed Interview Protocols

In response to and informed by the body of research findings on children's memory and suggestibility, several interview protocols have been designed in an effort to enhance the accuracy of children's statements. These protocols include the **Cognitive Interview** (Fisher & McCauley, 1995), the Step-wise Interview (Yuille, Hunter, Joffe, & Zaparniuk, 1993), and the National Institute of Child Health and Human Development (NICHD) Protocol (Lamb, Sternberg, & Esplin, 1998). There are many similarities among these protocols. For example, all of them stress the importance of obtaining as much information as possible through requests for narrative and use of open-ended questions, and restricting the use of leading and suggestive questions. Use of coercive techniques is strongly discouraged.

The NICHD Protocol⁵ has been the most thoroughly researched protocol and has received the most empirical support. It is the only protocol that has been evaluated in actual abuse investigations (Orbach, Hershkowitz, Lamb, Sternberg, Esplin, & Horowitz, 2000; Orbach & Lamb, 2000; Pipe, Lamb, Orbach, & Esplin,

⁵ See Appendix A for the form of the NICHD Protocol used in this study.

2004; Sternberg, Lamb, Esplin, Orbach & Hershkowitz, 2002). The NICHD protocol has been field tested in two jurisdictions, Salt Lake City, Utah and in Israel (Orbach et al., 2000; Sternberg, Lamb, Orbach, Esplin & Mitchell, 2001). In these studies, investigators were trained in the use of the NICHD Protocol and provided with scripts to follow during interviews with alleged child victims. Transcripts and videotapes of these interviews were compared to interviews the investigators conducted prior to their training. The interviews were matched for children's age, developmental level and abuse characteristics. Researchers reported that use of this protocol can significantly increase the amount of information and forensically relevant details provided by children in their initial narratives.

Children's Narratives

Children's ability to narrate stories and their life experiences develops early. Children as young as six years old have been found to be competent storytellers. Children were also able to provide narratives about everyday events, and impart to the listener the meaning of their experiences (Peterson & McCabe, 1983). Children attempted to report motives for their actions and those of others (McCabe & Peterson, 1985). They were also able to structure narratives around a central point, followed by an evaluation and resolution (Peterson & McCabe, 1983). Trabasso & Stein (1997) reported that children's narratives often included information about when and where events occurred, who was involved, and described the actions and reactions of the people involved.

Narratives are collaboratively constructed by both the narrator and the listener (Mossige, Jensen, Gulbrandsen, Reichelt, & Tjersland, 2005). Narratives often take place in dialogues, and may be motivated both by the narrator's intent to create meaning, and the listener's desire to understand. In this way, the teller and the listener co-create meaning (Gergen & Gergen, 1988). The ways in which children organize and narrate their experiences may provide insight into their understanding of events. As children narrate events in their lives, they are creating ways of understanding their environment and themselves, and assist in the development of identity (Bruner, 1987, Mossige et al., 2005).

Study of children's narratives of traumatic events has focused on how children present their recollections for past events. A few studies have focused on the way in which children narrated stressful life experiences. Fivush, Hazzard, Sales, Sarfati and Brown (2003) studied the way children who live in a violent community narrated memories for positive and negative events. Fivush and her colleagues interviewed 29 children 5- to 12- years of age living in inner city Atlanta, Georgia. The interviewer asked children to describe emotionally positive experiences, such as a trip to an amusement park, and negative experiences, such as witnessing violence. Results indicated that children were able to report a great deal of information about both types of events. However, there were differences in how they reported the positive and negative events. Children reported more objects and people, and provided more descriptive detail in their narratives of positive events. Children included more information about emotions and cognitions in their narratives of negative experiences. Girls

reported more information about activities, whether positive or negative. Older children and children with better language skills described the negative events more coherently than the positive events. The authors inferred children attempted to create meaning from the stressful events they experienced, and that focusing on thoughts and feelings may assist children in making sense of chaotic events.

Gender Differences in Children's Narratives

Gilligan (1982) observed that adolescent and adult males and females have different cognitive styles, representing masculine and feminine voices. Females' voices were concerned with social inclusion, interdependence within a social network, maintaining relationships, and a moral imperative to care about others. By contrast, males' voices stressed the importance of individuality and special accomplishments and skills that make them distinct. Female self-concept focused on intimacy and social cohesion, whereas separation and individuation defined the male identity. Other researchers have observed that these differences in social-cognitive styles emerged quite early in children's development in terms of story narratives (Nicolopoulou, Scales, & Weintraub, 1994) and in communication styles (Leaper, 1991; Tannen, 1990).

Research has indicated that not only are there gender differences in narrative content, but also in organization. The personal narratives of females were longer, contain more detail, and were more accurate than those of males (Friedman & Pines, 1991). Fivush, Haden & Adams (1995) conducted a longitudinal study examining gender differences in autobiographical narratives of young children, from age three through the age of six. Gender differences

emerged as early as three years of age. By age three-and-a-half, girls' narratives were longer and more detailed than boys' narratives. Girls also provided more information about emotions and cognitions that boys did.

Buckner and Fivush (1998) studied the content and structure of narratives about personally meaningful events of 22 white, middle class eight-year-old boys and girls. Results indicated significant gender differences. In terms of organization, girls provided longer, more detailed, and more temporally-causally connected narratives than boys did. Both boys and girls stressed the importance of their social world and interpersonal relationships in their narratives. However, the girls' narratives included more themes of affiliation, more descriptions of emotion, and more specific references to other individuals than those of boys.

Davis (1999) studied the autobiographical narratives involving emotions of 213 boys and girls between the ages of 8 and 16. Children were asked to remember and relate times that they felt happy, sad, angry, anxious, fearful, scared, shy, self-conscious and embarrassed. Significant gender differences were found. Across all age groups and emotions, girls recalled more memories than boys did. Girls retrieved memories more quickly, and were better able to recall memories of events that occurred at earlier ages. The author concluded that girls were better able to access autobiographical memories related to emotions than boys did.

Researchers have examined the co-produced narratives of parents and their children as they discussed life experiences (Adams, Kuebli, Boyle, & Fivush, 1995; Buckner & Fivish, 2000). Adams et al. (1995) conducted a

longitudinal study examining how mothers and fathers spoke about past events with their children when they were 40 and 70 months of age. Mothers and fathers mentioned emotions with the same frequency when reminiscing, regardless of the gender of their children. However, mothers and fathers talked about emotions differently with daughters than they did with sons—elaborating on emotional experiences more with girls than with boys. The researchers found no significant gender differences in the 40 month old children with regard to discussing emotions. However, when children's narratives were examined again when they were 70 months of age, significant gender differences were observed. Girls of this age mentioned emotions three times more often in their discussions with parents than boys did.

Buckner & Fivush (2000) studied mothers and fathers discussing past events with their children. The authors found that both fathers and mothers referred to their daughters more often than their sons when reminiscing about past events, and parents discussed social events more often with girls than boys. Themes of autonomy were discussed more often with boys, and social themes were more often discussed with girls. Fivush et al. (1995) reported that boys and girls provided similar emotional content in their narratives when they talked with their parents. However, boys provided significantly less emotional information when talking with strangers. Girls provided consistent emotional information, regardless of whether their conversational partners were parents or strangers (Fivush & Buckner, 2003).

Thorne and McLean (2003) examined the themes of autobiographical narratives of traumatic events of older adolescent males and females. These researchers identified three dominant emotional themes in these narratives—concern for the feelings of others, a preoccupation with fear or sadness, and descriptions of bravery or courage. Results indicated that girls were significantly more likely to produce narratives indicative of empathy and concern for others. Girls and boys were equally likely to produce emotional themes of fear or sadness as well as reports of their own courage or bravado.

Overall, research has shown that children's narrative abilities began to develop in early childhood, and are influenced initially by reminiscing about past events with parents (Adams et al., 1995). Storytelling assists children in creating meaning and understanding of their lived experiences. Gender differences in narrative structure and content emerges early in childhood. Girls tend to provide greater detail, and more social and emotional references in their narratives than boys do (Buckner & Fivush, 1998). These differences may be due to implied learning from the differences in the ways parents discuss life experiences with children based on their gender. Research has suggested that children provided more coherent narratives, with more emotional references, when discussing traumatic or stressful events (Fivush et al., 2003). This finding may have reflected children's attempts to find meaning and order in events that are senseless and unpredictable. What remains to be explored is how children narrate confusing acts such as sexual abuse.

Children's Sexual Abuse Narratives

Children's disclosures and narratives of CSA during investigative interviews have been studied using various methods. Early researchers attempted to approximate conditions similar to CSA in laboratory studies. Saywitz, Goodman, Nicholas and Moan (1991) interviewed young girls who received a genital examination by a doctor. Seventy eight percent of girls failed to report genital touch and 89% failed to report anal touch when asked open-ended questions about what the doctor did during the medical examination. The girls were more likely to disclose genital contact in response to a direct question such as, "Did the doctor touch your peepee?" The authors concluded that children may have been embarrassed or self-conscious about disclosing genital and anal touch in response to narrative invitations.

Other studies have compared children's accounts of CSA with documented evidence of their abuse (Bidrose & Goodman, 2000; Cederborg, Lamb, & Laurell, 2007; Emerick & Dutton, 1993; Leander, Granhag, & Christianson, 2005). These studies had the advantage of conclusive evidence that the children had been sexually abused. Cederborg et al. (2007) compared videotapes of sexual abuse acts perpetrated by one male perpetrator against ten female victims, whose accounts of abuse were obtained from investigative interviews. Results indicated that the children denied or minimized the extent of the abuse. Bidrose and Goodman (2000) compared photographic evidence of sexual abuse perpetrated by several men with girls' accounts in interviews and courtroom testimony. The girls under-reported the extent of the abuse, and did not

disclose additional incidents that were not documented or corroborated. Leander et al. (2005) compared documentation made by the perpetrator of obscene phone calls with accounts provided by 64 children (51 girls and 13 boys) in police interviews. Results indicated that children provided detailed and accurate descriptions about the non-sexual aspects of the calls. However, children were more likely to under-report details concerning the sexual content of the calls. No gender differences were observed concerning the number of details children reported. Emerick and Dutton (1993) compared children's statements made during police interviews with their adolescent male perpetrators' admissions confirmed by polygraph. Results indicated that children tended to under-report acts that involved oral-genital, penile-anal contact, and use of force. Gender differences in victims' reports of abuse were not part of this analysis.

Quantitative studies of investigative interviews of alleged child victims have indicated that children provided narratives and detailed information about their abuse experiences (Cross, Jones, Walsh, Simone & Kolko, 2007; Lippert, Cross, Jones, & Walsh, 2009). Orbach et al. (2000) reported that the NICHD interview protocol assisted children in providing detailed information concerning their sexual abuse experiences. No differences were reported with regard to the amount of information provided based on the gender of the child. The authors measured the length of narratives and number of salient details provided by children, rather than the way that salient information emerged (Orbach et al., 2000). Different results were obtained by Hershkowitz, Orbach, et al. (2007). In this study, researchers compared the utterances made by alleged victims and

investigators during forensic interviews using the NICHD Protocol. The authors compared interviews with children who disclosed physical or sexual abuse with those of children who did not disclose, but abuse was strongly suspected. Results indicated that for children who disclosed, girls provided more details in their accounts than boys did. However, interviewers asked more directive questions and provided fewer supportive statements in interviews with non-disclosing boys than they did with non-disclosing girls.

To date, only one qualitative study has examined characteristics of children's narratives of sexual abuse. Mossige et al. (2005) studied eight girls and two boys between the ages of 7 and 16 years of age who attended therapy to treat sexual abuse issues. The central aim of the therapeutic intervention was to help children narrate their CSA experiences. Abuse was independently confirmed for four of the children. Results indicated that open-ended questions posed by the therapists did not lead to any narratives about the sexual abuse, and direct or focused questioning was needed. Only four of the children were able to say anything specific about their sexual abuse experiences in narrative form. However, these children more readily provided narratives about other traumatic events in their lives such as witnessing domestic violence, physical abuse, or parental substance abuse. The narratives of non-sexual traumatic events were generally more detailed and structured, and contextually embedded than sexual abuse narratives were. While the number of boys in this study was small, some gender differences did emerge. One boy expressed concerns about homosexuality. The other boy expressed the desire to physically punish his

offender himself, and spoke of his desire for power and control over the offender. Girls, by contrast, expressed a desire for the perpetrator to be held accountable and punished by means of incarceration.

Summary and Limitations

Delayed disclosure of sexual abuse is common. Adult retrospective research has indicated that two-thirds of abuse victims do not disclose until after age 18 (Lamb & Edgar-Smith, 1994; Roesler & Wind, 1994). Factors related to children's delays in disclosure have been associated with close relationships between the victims and perpetrators, and confusion as to who was at fault for the abuse (Goodman-Brown et al., 2003). Boys delay disclosure longer than girls (DeVoe & Faller, 1999; Stroud et al., 2000). Some researchers reported that boys were less likely to disclose during formal investigations (Hershkowitz, Horowitz & Lamb, 2007), contradicting the findings of prior research (DiPietro et al., 1997; Keary & Fitzpatrick, 1994). Children reported several concerns that precluded disclosure such as fears of not being believed, or that disclosure would negatively impact them or their families (Jensen et al., 2005; Staller & Nelson-Gardell (2005). Children reported that common reasons for disclosure included accidental discovery (Sorensen & Snow, 1991), or being questioned directly about abuse (Jensen et al., 2005).

Children begin to relate detailed autobiographical narratives at a young age, and attempt to impart meanings and make sense of their lived experiences (Fivish & Buckner, 2003; Peterson & McCabe, 1983). Children learn to narrate their experiences, and impart meaning in conversation with other individuals,

especially parents (Fivush et al., 1995). Gender differences in the way children describe memories have been shown to develop early in life, especially with regard to emotion and social relatedness (Adams et al., 2000; Buckner & Fivush, 1998). Boys were more likely to relate emotional experiences with parents than they were with strangers; however, girls discussed emotions with both parents and strangers (Fivush et al., 1995). Children appeared to be more likely to provide detailed accounts when asked to describe positive experiences. Children provided more coherent narratives with more emotional content when asked to narrate traumatic memories (Fivush et al., 2003). Children were less willing to discuss sexual abuse experiences than other types of stressful events (Mossige et al., 2005).

Both qualitative and quantitative studies have been informative in explaining children's reluctance to disclose, however qualitative studies are few. Researchers have challenged the results of the studies on three major issues. The first concern was focused on establishing the 'ground truth' of the allegations involved. Horowitz, Lamb, Esplin, Boychuk, Reiter-Lavery, & Krispin (1996) cautioned that independent confirmation of the allegations, such as confessions or medical evidence, was crucial to assure the validity of research in this field. The second concern related to the accuracy of children's statements of CSA. London et al. (2005) stressed the importance of using interview methods that avoided suggesting information to children, thereby improving the reliability of the data children provided. Third, other researchers expressed concerns over the social construction of children's narratives. Children's narratives obtained during or

after therapeutic interventions may have reflected the influence of their therapists, or family members, as children negotiated or co-created the meaning of their lived experiences (Crossley, 2000; MacMartin, 1999). To date, no studies have qualitatively examined the nature of how sexual abuse narratives emerged in the investigation phase of confirmed cases, using interview techniques designed to maximize the amount, accuracy and quality of information children provide. The current study was proposed to both qualitatively and quantitatively examine of the dynamics of disclosure of sexual abuse. No study to date has qualitatively examined children's narratives of sexual abuse experiences, or examined how boys and girls may have differed in their accounts of these experiences.

CHAPTER 3

Methods

The purpose of this study was to qualitatively examine children's legal narratives of sexual abuse. These narratives were obtained from children in investigative interviews in validated cases of child maltreatment. Children's statements were analyzed concerning the characteristics of their disclosures of sexual abuse, and the nature of the narratives they created. Of particular interest was the question of whether the narratives of girls differed in content and quality from those of boys. In addition to the qualitative analysis, quantitative data were analyzed to describe the sample of children. Relationships between age, gender and disclosure characteristics were examined as well as the relationship between age, gender, and the quality of narratives produced. Quantitative analysis was also used to examine the types of questions posed by the investigative interviewer to assure that the information provided by the children was obtained using non-suggestive techniques. When possible, children's reports of specific acts of abuse were compared with corroborating evidence such as perpetrators' confessions or video documentation of the abuse. This analysis was conducted in an effort to address the concern that children may have over-reported the extent of their abuse.

Research Site

The research project was conducted at Child Abuse Assessment Center (CAAC) at St. Joseph's Hospital and Medical Center. The CAAC provides forensic interview and medical services to Maricopa County and surrounding

counties in Arizona. The CAAC is located at the Childhelp Children's Center of Arizona, a children's advocacy center operated by Childhelp USA, a national non-profit organization. The Childhelp Children's Center houses the detectives of Crimes Against Children Unit of the Phoenix Police Department, a unit of Arizona Child Protective Services, and forensic interviewers and mental health counselors employed by Childhelp USA. The services offered by the Childhelp Center are available to all law enforcement agencies throughout Maricopa County and other counties in Arizona.

The CAAC only accepts referrals from law enforcement agencies and Child Protective Services (CPS). When an alleged child victim is referred for forensic services, a police or CPS investigator provides a history of the allegation to the forensic interviewer, generally by providing the initial and supplemental police reports and CPS case notes. The forensic interviewer consults with the non-offending caretaker, and obtains information about the child's history. This information is documented by taking detailed notes during the consultation. The child is then interviewed alone, although detectives and CPS investigators observe the interview from a different room via a closed-circuit television. All child interviews are video-taped or digitally recorded in their entirety. The interview tape or compact disc is kept as part of the child's confidential medical record in accordance with Public Law 104-191—Health Information Privacy and Portability Act (HIPAA). However, these interviews are disseminated to law enforcement and CPS in accordance with Arizona's Mandatory Reporting Law (ARS 13-3620), which specifies that reports of child abuse are exempt from some

confidentiality requirements. After the interview, the child is medically evaluated by a forensic pediatrician or pediatric nurse practitioner.

Informed Consent and Human Subjects

Parental consent was obtained for each child included in this study. As a matter of course, parents or the child's legal guardian provided written informed consent for the forensic interview, which included an acknowledgement that the interviews were electronically recorded. Guardians provided consent to allow the interviews to be used for research purposes with the provision that the child's confidentiality was maintained. Guardians were informed that they could refuse their child's inclusion in research. The research proposal underwent human subjects review and received approval from the Institutional Review Boards of both Arizona State University and St. Joseph's Hospital and Medical Center.

Case Selection and Sampling

For the purposes of this study, the cases that were selected for analysis were limited to those within the legal jurisdiction of the Maricopa County Attorney's Office (MCAO). One jurisdiction was used because of the uniformity of standards for charging decisions within this particular office. The MCAO, like other prosecuting agencies, filed criminal charges based on the legal standard of reasonable likelihood of conviction. In general, the MCAO required the presence of corroborating evidence in CSA cases. This evidence included; a detailed statement by the alleged child victim, definitive medical (sexually transmitted disease, tearing of the hymen or anus) or biological (DNA) evidence of abuse, confession by the alleged perpetrator, incriminating statements made by the

perpetrator in a pretext⁶ telephone call, more than one victim, or an eyewitness to the abuse. Cases were selected for this study that contained at least two of these indicators of corroborating evidence, and a legal finding of guilt. Legal findings included guilty plea by the perpetrator or finding of guilt by a judge or jury. These criteria offered greater assurance that the children included in this sample were actually abused.

Cases were limited to children interviewed from January of 2000 through December of 2008. There were two reasons for this limitation. First, the CAAC affiliated with the Childhelp Children's Center in November 1998, and therefore, the children's advocacy center approach to investigation was implemented. Second, in November 1998, a modified form of the National Institute of Child Health and Human Development (NICHD) Protocol (Lamb et al., 1998) was adopted by the principal investigator as her customary practice for interviewing children. Therefore, interviews included in the research study were conducted using a standardized, empirically validated protocol (see Appendix B for the modified NICHD protocol). Case selection was limited to children interviewed by one forensic interviewer, the principal investigator of this study. This minimized the potential for children's interviews to be influenced by extraneous variables related to interviewer characteristics such as training, personality, or position of authority.

⁶ A pretext phone call involves a child or parent verbally confronting the suspected abuser with the allegations of abuse in an effort to elicit incriminating statements or a confession from him. These telephone calls are audio recorded by the police investigator.

A critical case sample of twenty cases was selected for qualitative analysis—ten boys and ten girls, eight through twelve years of age. This selection criterion limited cases to children whose language competence afforded full participation in forensic interviews, and who were more likely to produce narratives in response to open-ended interview questions. Children who had developmental disabilities were not included in the sample. Girls significantly outnumbered boys in cases that were referred to the CAAC for evaluation. Because of the limitations imposed by these criteria (legal and evidentiary validation, age, language skills, and cooperation with the interview), a sample of ten interviews of boys was attained. A matched sample of ten interviews of girls was then selected. Matching was used in order to improve the comparability of the groups. The girls were matched as closely as possible with the boys based on age, ethnicity/race, victim/perpetrator relationship, and the calendar year in which the interview was conducted. For example, if a ten year old Hispanic boy who was molested by a close family member was matched with a ten year old Hispanic girl who was molested by a close family member. The matched interview of the girl was selected from those interviewed during the same calendar year as that of the boy. The forensic interviews conducted within the same year were more likely to reflect the same forensic interview practices, because interview technique was informed by and modified based on published research findings. Similar criteria for charging decisions of the Maricopa County Attorney were also reflected in cases that are charged within the same calendar year. The case facts

associated with each subject included in this study were summarized in Appendix C.

Sources of Data

Data for this study were obtained from three sources: video or digital recordings of forensic interviews of each child, hospital medical records, and legal disposition records. The researcher collected and coded information from each source in accordance to HIPPA standards and the confidentiality policy of St. Joseph's Hospital and Medical Center. Each child's case was assigned a case number and pseudonym to protect their identities. No identifying information such as the child's name or date of birth appeared on the data collection forms. Data collection summaries were stored and maintained in a locked file cabinet, locked office, or other secured site for the duration of the study.

Transcription of forensic interviews: Forensic interviews of each of the children included in the sample were transcribed verbatim by the principal researcher from the original videotape or compact disc. The child's assigned case number and pseudonym appeared at the top of each page. The interviews were transcribed using a double spaced legal format, with each line numbered in the left hand margin. Line numbering continued uninterrupted without repetition of numbers for each transcript. Page numbers appeared at the bottom of each page. The interviewer's utterances were preceded by the letter "I" and the child's utterances were identified by the letter "C." All of the videotapes and compact discs contained a continuous time stamp. The time stamp of the videotape or compact disc was noted at the top of each page of the transcript, so

that the first line of text on a page corresponded with the time stamp from the recording. Additional time stamps were included denoting significant non-verbal behavior or actions on the part of the child or the interviewer.

Non-verbal behavior (such as nods, demonstrations with drawings or props) by the child and interviewer were also described in the transcript. For example, as a child shook her head to side, indicating an answer of 'no,' this was noted in the transcript as (shakes head, no). If a child used a prop, such as a stuffed toy bear to clarify a description, the child's behavior was described and placed in parentheses (Baker-Ward, Ornstein, Gordon, Follmer, & Clubb, 1995). Non-verbal gestures or communication used in conjunction with utterances were noted together, with a description of the non-verbal gesture placed in brackets in conjunction with the verbal content. The following is an example of how these non-verbal behaviors were depicted in the transcripts.

41 I: I see. Tell me about the things you like best about Jones.

42 C: (Looks around on the floor around his feet). Is there another animal?

43 I: Hmm?

44 C: There it is. (Picks up a stuffed animal) Who's this? (Puts animal on his lap). Aww. (Places finger in a hole in the stuffed animal's mouth). It has a hole.

45 I: Uh huh.

Other significant verbal communications, such as voice tone or inflection, were documented as well. As the child raised or lowered the volume of his or her voice, this was noted in the transcript. For example, if the child whispered a

response to a question, the start and end of the whispered content was marked at the beginning and end with brackets. If the child raised the volume of her voice, this was noted by placing the verbal content of the response in all upper case letters. Changes in voice inflection, such as significant raising or lowering of voice pitch, was noted with an arrow indicating the direction of the pitch. The following is an example of how changes in voice inflection or tone were depicted in the transcripts:

110 I: So what did you think about Ralph when you first got to know him?

111 C: I well, I can't remember that. But I knew that there was something kind of weird going on because he had like this really weird tone of his voice and everything. And he was like "HI RUBY" (imitates his voice).

In order to further protect the child's identity, the researcher also assigned pseudonyms for names of individuals identified by the child such as family members, friends, teachers, caseworkers, or detectives. Pseudonyms were also used in place of names of locations such as cities, schools, or police agencies to provide additional protection of confidentiality.

Hospital medical records: Data were collected from the child's hospital medical chart. These charts included records of medical examinations, police and CPS reports. In addition, these charts included written notes made by the forensic interviewer during consultations with CPS caseworkers, police detectives and the child's caretaker prior to the forensic interview. These notes and summaries of the information reported by the child in the interview were formalized in a written

report, which was also part of the medical record. The principal investigator coded and recorded information from the chart.

Data collected included the following: perpetrator pseudonym and relationship to the child, to whom the child first disclosed, date of disclosure, length of delay, the type of disclosure, and the information the child disclosed prior to the forensic interview. Information concerning the types of sexual acts or other maltreatment the child provided in the forensic interview was collected and coded. In some cases, reports of additional sexual abuse incidents were available from police descriptions of video recordings of the child's abuse or from the perpetrators' confessions. These additional incidents were coded for later analysis. Information regarding the children's concerns about disclosure and the reasons they chose to disclose was also noted. This information was recorded on the Medical Record Data Collection form provided in Appendix D. These data collection forms were stored and maintained along with the child's transcribed interviews.

Legal disposition: Legal outcome data were obtained from Maricopa County Superior Court Public Records, available via the Internet at www.superiorcourt.maricopa.gov. These data were obtained by accessing criminal court case records via the defendant's first and last name. Legal outcome in cases involving a juvenile perpetrator were obtained from documentation in the child's medical record. Information concerning subpoenas for testimony, pre-trial interviews, testimony provided by the forensic interviewer in adjudication hearings, and legal outcome of the case were routinely documented in children's

medical records. Information concerning the case outcome—plea agreement or finding of guilty in a jury or bench trial was recorded on the medical record data collection form.

Methods of Data Analysis

Quantitative analysis: Data concerning the calendar date when children disclosed CSA that led to a report to law enforcement or Child Protective Services (CPS) were ascertained from police or medical records. Data concerning the date of the first incidents of CSA were obtained from the children's statements during the forensic interviews. Since children frequently did not know or did not report a discreet calendar date in forensic interviews (Friedman & Lyon, 2005), a conservative estimate was made concerning the date. For example, if a child reported that the first incident occurred when he or she was in second grade, the date was estimated based on an mid-school year calendar date of the year the child attended second grade. In this example, a date of December 1st of the second grade year was entered. A conservative estimate was made in order to not over-estimate the length of time that a child delayed disclosure. The length of delay was reported in months. The delays were averaged in aggregate and will also be averaged for the boys and the girls.

Data concerning the type of disclosure that occurred were obtained from police and medical records also. Disclosures were categorized as accidental, prompted, or purposeful. In accordance with Alaggia's (2004) classifications, disclosures were classified as accidental if the abuse was discovered by a medical diagnosis, by observation of a witness, by discovery of recorded evidence, such as

photographic or video recordings, or by perpetrator confession. Disclosures were coded as prompted if the child was asked directly about abuse, was exposed to media about sexual abuse designed to encourage children to disclose, or because the child behaved in a way that caused an adult to become suspicious that abuse occurred. The adult then questioned the child directly and a disclosure was made. A purposeful disclosure was coded when the child initiated the report of abuse (Alaggia, 2004).

Data concerning to whom the child made their initial disclosure were obtained from medical records or police/CPS reports. However, this information was also obtained from the child's forensic interview. For example, when the child disclosed in the forensic interview that she made a previously unknown prior disclosure to a friend, the friend was coded as the person to whom the child initially disclosed. Information concerning the relationship between the victim and the perpetrator was noted.

Data concerning the types and frequency of abusive acts children reported were collected from reports of their initial and subsequent disclosures and from analysis of their forensic interviews. For example, when the child initially disclosed that the perpetrator touched her vagina on one occasion, this was classified as one incident of digital/genital contact. When the child was then subsequently questioned and disclosed additional acts and incidents, these data were also recorded. The child's forensic interview was then evaluated with respect to the number of acts and incidents reported. Information concerning the

types of abusive acts reported was classified into the following categories based on classifications informed by Title 13 of the Arizona Revised Statutes:

Fondling of breasts	Observation of masturbation
Oral/breast contact	Forced to masturbate self
Digital/genital	Forced to manipulate offender's genitals
Digital/anal	Object/vaginal
Penile/vaginal	Object/anal
Penile/anal	Exposure to pornography
Oral/genital to victim	Prostitution
Oral/genital to offender	Exposure of genitals to victim
Watching victim nude	Genital apposition
Physical abuse	Witness to domestic violence
Witness CSA of another	Kissing with lingual penetration

Each act of sexual abuse disclosed by the child was cross-referenced with the type of interviewer question used to elicit the disclosure of the act. The types of interviewer questions were defined in the Coding of Structure section below. The type of question posed that elicited the initial disclosure of each type of CSA act listed above was coded. For example, when a child initially disclosed digital/vaginal contact in response to a narrative invitation or open-ended question, this act was coded occurring as a result of a narrative prompt. When the child admitted oral/genital contact in response to a direct or a yes/no question, was coded as occurring in response to a direct question. For each act of sexual abuse disclosed, the type of question that elicited its initial discussion was coded. These data were coded on the Forensic Interview Coding Form outlined in Appendix E.

This study was intended to be an exploratory analysis of validated sexual abuse disclosures and narratives of children. The primary approach to this study

was qualitative, using children's accounts to examine the dynamics of the disclosure process. Analysis of the quantitative data was used in part to describe the sample. Where patterns and themes emerged, quantitative statistical analysis was used as ". . . a formal and objective way of evaluating whether the strength of an observed relationship or the difference between means is small enough that it was likely a chance occurrence or large enough to suggest the possibility of systematic variation" (Krysik & Finn, 2010, p. 301). The selection of statistical tests was based on level of measurement of the variables and the ability to meet the requirements of the test. For example, Fisher's exact test was used to test for statistically significant associations between two dichotomous variables. The Fisher's exact test is appropriate for use with small sample sizes and when the expected frequency requirements of chi-square cannot be met (Weinbach & Grinnell, 2010). Correlation was used to examine the strength and direction of the relationship between continuous variables such as age and narrative score, and independent t-tests were used to examine the differences in means between two independent groups. An ordered logit was used to examine the relationship between narrative quality and gender because it provided the best fit for ordinal data (Fullerton, 2009).

Qualitative analysis: NVivo8, a qualitative data management software program, was used to assist in the analysis of the transcript data. Transcript documents were transferred directly into the NVivo8 program. The researcher developed topic areas and themes based on initial reviews of the interviews, such as reasons children delayed disclosure, reasons children disclosed, and resistance

to the perpetrator. NVivo8 then allowed the researcher to identify excerpts of transcripts that illustrated the topic areas or themes. The program then organized these data by topic area and source.

Transcripts were analyzed with regard to what precludes children from reporting abuse immediately. Content related to this topic was excerpted when provided in the child's free narrative. The forensic interviews contained focused questions that investigated factors that precluded children from reporting abuse. The factors explored included what the perpetrator said or did that discouraged reporting, and the child's motivation for not reporting. Children's responses to questions that concern these issues such as "Did [the perpetrator] want someone to know about what he/she did?" or "What made you think/feel like you couldn't tell someone right away?" were excerpted from the transcripts. These excerpts were organized in the NVivo8 program under one or more appropriate headings. Conclusions concerning the categories of reasons that precluded children from reporting will be generated by how children described these experiences (Auerbach & Silverstein, 2003; Maxwell, 2005).

Transcripts were also analyzed with regard to what encouraged children to report the abuse. Content related to this topic was excerpted when children provided this information in their narratives. Interviews also contained questions concerning the child's decision to report, such as, "How did someone find out about what happened?" or "Tell me about your decision to tell someone." Children's responses to these questions were excerpted. Similarly, conclusions

and themes about what motivated children to report were generated by how they described their disclosure decisions (Auerbach & Silverstein, 2003).

Narrative analysis: To explore the nature of children's narratives of CSA, the structure and content of their interviews will be examined. Two coding schemes were used to analyze the transcripts, one focusing on the structure of the interview and the other focusing on the content. The entirety of the interview was coded, regardless of the topic discussed.

Coding of structure: A coding scheme was adopted and modified from Fivush, Gray, & Fromhoff (1987) analysis of children's recollections of past events during structured interviews. This coding scheme focused on the types of questions asked by the interviewer, and types of responses children provided. Each question was coded and the question type notated in the left margin of the transcript. The questions were classified into four categories:

1. Narrative invitations or open-ended questions: These questions invited children to provide narratives about a particular event or topic. A narrative invitation included questions such as, "Tell me why you are here to talk to me today."; "I heard something happened to you, tell me all about that."; "Tell me everything that happened from beginning to end." Open-ended questions specified a particular event or location, but did not limit the child's answer. For example, "What happened in your bedroom?"; "Tell me about the time he hurt you." Follow-up questions such as "And then what happened?" and "Anything else?"

were included in this category. These questions were coded with NI for narrative invitations or OEQ for open-ended questions.

2. Focused questions: Focused questions sought specific information from the child. For example, “Where did he touch you?”; “What did he touch you with?”; “Who did you tell?”; “When did this happen?” These questions limited the range of responses a child gave, and provided more structure than narrative invitations did. Focused questions were notated with FQ.
3. Yes/No questions: Yes/No questions provided information to the child and requested confirmation or denial. For example, “Did he do something to you with his mouth?”; “Did he do anything that scared you?”; “Have you seen movies that show naked people?” Yes/No questions were notated as YN.
4. Suggestive questions: Suggestive questions provided more information to children than Yes/No questions, and frequently took the form of multiple or forced choice questions. Examples included, “Did he touch you over your clothes or under?”; “Did he touch you with his hand, his mouth or something else?”; “Was he touching the outside of your private or the inside?” These questions were more restrictive of children’s responses. Suggestive questions were notated as SQ.

Children’s responses were also coded for structure (Fivush et al., 1987).

The children’s utterances were coded and notated in the left margin of the

transcript at the start of each of their responses. The coding categories were as follows:

1. Narrative response: The child provided a response that contained narrative elements. These responses were notated as N.
2. Responsive answers: This category included children's responses to focused questions that contained at least one piece of information. For example, the interviewer asked, "What did he touch you with?" and the child responded, "With his hand."; the interviewer asked, "Did he touch over or under your clothes?" and the children answered, "Under." These responses were notated as R.
3. Confirmation/Denial: The child answered yes or no to a Yes/No question. Yes answers were coded as C, denials as D. If a child's response indicated uncertainty, this was coded as U. If the child provided additional information that was related to the topic of the question, this information was coded as narrative or responsive, depending on the length of the response.
4. Non-responsive utterances: Children's utterances that were non-responsive to the question asked were included in this category. For example, the interviewer asked, "Tell me all about what happened to you.", and the child responded, "My puppy's name is Lilo" or made no response. This response was coded NON.

Coding for content: The interviews were coded for content. The most elaborate narrative of one sexual abuse incident was singled out for analysis. The

criteria used for defining the most elaborate narrative used the following six part classification system ranging from least to most elaborate narrative (Stein & Albro, 1996; Trabasso & Stein, 1997):

1. Descriptive Sequences—Accounts that contained descriptions of states and objects with no temporal order.
2. Action Sequences—Accounts that contained descriptions of actions and end-states with a temporal but no causal order.
3. Reactive Sequences—Account sequences where the events causally impacted on the child and caused reactions and emotional responses but goals and goal-directed actions do not occur.
4. Incomplete Episode—Accounts in which the events were causally structured into episodes (settings, initiating events, internal responses, attempts, consequences, reaction) but one or more of these categories were omitted.
5. Complete Episode—Accounts that were the same as in (4) but included all basic episodic categories.
6. Embedded Episodes—Accounts that are the same as in (5) but the episodes were now causally connected by goal plans or outcome failures (Trabasso & Stein, 1997).

Using this classification system, the most complex narrative of a single event of CSA was singled out for each child. Some children only reported one incident of abuse. Others reported several incidents. Therefore, only the most complex narrative of one incident for each child was identified for analysis.

In order to examine whether children's narratives were gendered, the characteristics of the most complex narratives of the boys and girls were described and analyzed. The children's accounts were analyzed for narrative structure, content, and the narrative performance (Bamberg & Reilly, 1996). The boy's narratives were compared to those of the girls on the following criteria: 1) level of elaboration, 2) narrative structure, 3) contextual embeddedness, and 4) coherence (Peterson & Roberts, 2003)

Level of elaboration: The classification criteria developed by Trabasso and Stein (1997) was used to assess the level of elaboration of the children's sexual abuse narratives.

Narrative structure: The analysis of the structure developed by Buckner and Fivush (1998) and Peterson and McCabe (1983) were used to classify the overall structure and organization of the children's narratives. The narratives were classified into four levels. In Level 4, the narrative builds to a high point, evaluatively dwelt on it, and then resolved it. A Level 3 narrative built to a high point and then ended, with no resolution. A Level 2 narrative described successive events that were sequentially and logically ordered. Level 1 narratives were confused, incomplete, or contradictory, or difficult for the listener to understand. In addition to structure, the following elements were also considered in assigning a narrative score.

Contextual embeddedness: This measures whether the narrative establishes the 'elements of the crime' or provided information as to what, who, where, and when the events took place (Buckner & Fivush, 1998). The narratives

were assessed as to the child's descriptions related to persons, locations, activities, and time of the events.

Causal coherence: Transcripts were analyzed in terms of the children's attempts to understand why an event or activity occurred (Habermas & Papa, 2001). These explanations included both physical causality and human motivation (Fletcher, Briggs, & Linzie, 1997). Children found it difficult to understand sexual abuse, and attempted to provide an explanation or cause for the event. The narratives were analyzed to identify children's attempts to 'make sense' of the abuse.

Additional narrative analysis: Each interview was also examined in its entirety. Through the course of the analysis of these narratives, numerous themes and common elements emerged. These themes were noted and classified using the NVivo8 program. Excerpts of transcripts were organized under these themes.

Coding Procedure

Coding of the transcripts was conducted by two research assistants, pediatric nurse practitioners employed by St. Joseph's Hospital's CAAC. The research assistants were selected because of their familiarity and experience with the NICHD protocol. They were trained in the narrative coding procedures by the primary researcher. Transcripts of interviews that contained accounts of many incidents of abuse were used for training and practice in coding. These practice transcripts were not included in the study and were only used to assist in training. The researcher and her assistants reviewed and coded the transcripts for structure

and content, on both the types of questions asked by the interviewer, and the information provided by the subjects. A consensus on the coding criteria was reached at the end of the training period. Disagreements between the research assistants were rare in question coding, and were confined within the question category that included narrative invitations and open-ended questions. To address this issue, the primary researcher coded the transcripts that were included in the study independently of the research assistants. If the research assistants disagreed in the coding of a question, the principal investigator weighed in with her analysis. For example, one research assistant classified the question, “Tell me everything that happened in the bedroom” as a narrative invitation (NI), while the second assistant classified it as an open ended question (OEQ). The principal investigator classified this question as an open ended question. The majority opinion regarding question classification was accepted and coded.

The principal researcher also provided training and information concerning identification of the most elaborate description of a CSA event (Trabasso & Stein, 1997) to the research assistants. The research assistants evaluated the practice transcripts to identify the most elaborate narrative provided by the child. The research assistants’ agreement was required and attained on the most elaborate narratives in the practice transcripts. The assistants then evaluated all of the transcripts. There was no disagreement between the research assistants in the identification of the most elaborate narratives. These narratives were included in the analysis.

Once the most detailed narrative of a single event was identified for each child, the research assistants evaluated the narrative for level of elaboration, narrative structure, contextual embeddedness and causal coherence (Buckner & Fivush, 1998). The research assistants assigned a numerical value from 1 through 4 for each narrative. The principal researcher evaluated the narratives and assigned values independently from the research assistants. Research assistants achieved consensus on the assigned value for 17 (85%) of the narratives. The remaining three were scored a point apart, for example one assistant scored two narratives as having a value of 1, and the other as a 3, while the second assistant scored the two narratives as a 2, and the third as a 4. The primary researcher then weighed in with her scores for these three interviews—scores of 2, 2, and 3 respectively. The majority opinion as to the narrative score was used. The first two narratives were scored with the value of 2 and the third as a 3.

The assistants worked independently from each other, and did not consult each other regarding the scoring process once the practice and training sessions ended. When guidance on scoring criteria was needed after the training period ended, the primary researcher met with the assistant privately. The research assistants were not informed as to the nature of the research questions. The research assistants were instructed not to put their identifying information on the transcripts they scored. These safeguards were instituted to avoid possible influence of the research questions over their decisions on coding questions and answers, or evaluating narratives for level of elaboration and structure. The principal investigator documented the content and nature of disagreements and

consensus through the course of the training and coding of the practice transcripts, as well as additional issues that arose during the coding procedures.

Validity and Generalizability Issues

The qualitative analysis illuminated how children disclosed and created narratives of CSA. A number of theoretical constructs were formed by answering the research questions—how children’s disclosures emerged, how they narrated abusive events, and the gender differences in their narratives. In other words, the theoretical constructs were suggested by the data. The process of devising theoretical constructs from qualitative data was subjective. To address the issue of the researcher’s subjectivity, it was necessary to address three issues in the analysis of the data—transparency, communicability, and coherence (Auerbach & Silverstein, 2003).

The process by which the primary investigator identified ideas, themes and constructs from the data was clear and transparent. Data concerning children’s explanations as to their decisions to disclose abuse and obstacles to disclosure was drawn directly from the transcripts and used to illustrate these concepts. Repeated ideas and themes concerning how children’s narratives emerged were identified and grouped together. Theoretical constructs regarding these narratives were generated, and the process was clearly documented. For example, several children reported that they experienced fear in relation to disclosing abuse. Therefore, a theme or construct of “fear” was identified, and illustrated by their verbatim statements.

As constructs emerged, the researcher determined the degree to which they were communicable to others. The researcher explained the constructs to other researchers, especially to members of her dissertation committee. The researcher also explained the constructs to other professionals such as prosecutors, counselors, or police officers to determine if the ideas were understandable. Successfully explained, these constructs met the criterion of communicability. The researcher also organized these constructs together into a theoretical narrative. The constructs meshed into a logical narrative, and the analysis then met the criterion of coherence.

This first issue of generalizability of concern was whether the study sample is representative of sexually abused children in general. The sample consisted of children eight through twelve years of age, who had disclosed CSA, reported the abuse in a forensic interview, and whose abuse was verified. These children may not have been representative of children who have experienced CSA but did not disclose or have not provided verbal accounts of abuse. The sample may also not have been reflective of children whose abuse resulted in lack of corroborating evidence. However, the selection of this sample is justifiable because the researcher was reasonably sure that the children whose narratives were included in this study were actually sexually abused.

The second generalizability issue involved the types of cases referred to a forensic interviewer may not have been representative of CSA cases in general. Generally, forensic interviewers were utilized when the assigned police or CPS investigators lacked skills in interviewing children, or the child victims were

especially difficult to interview, because of age or developmental disabilities, or reluctance to talk about their experiences. Therefore, the children included in this sample may not have been representative of all CSA cases investigated by CPS or police. In addition, the sample studied came from a large metropolitan area, and may have been representative of an urban rather than rural population.

The third validity issue concerned the analysis of interviews conducted by only one forensic interviewer. This issue was partially addressed by the use of a standard interview protocol. However, the interviews conducted by one interviewer may not have been representative of interviews conducted by other professionals. Children's accounts of abuse may have differed when interviewed by police, child protection, or medical interviewers.

Ethical Issues

The data the researcher analyzed was protected health information under HIPAA. Therefore, steps were taken to protect patient confidentiality, and identifying information was redacted from transcripts. However, HIPPA guidelines do make provisions for use of health information for research purposes, provided confidentiality is maintained. In addition, children's parents agreed to allow their child's case to be part of the research. This issue is addressed by parents or guardians reading and signing a consent form for the interview and use of the data collected for research purposes. St. Joseph's Hospital is a teaching and medical research facility. Provision of this consent form to parents has been standard practice since 1989, and has been subject to periodic review by the institutional research board and the hospital's legal counsel.

Children did have the option not to participate in the interview. Children were not informed that they have a right to refuse the investigative interview. However, when children expressed reluctance or refused to participate in the interview, their wishes were respected, and the interviews were not attempted or were terminated. Interviews with children who did not wish to cooperate generally resulted in lack of prosecution of their cases, unless other definitive corroborating evidence existed. For the purposes of this study, narratives of children who did not wish to participate were not included in this analysis.

Insider Status of the Primary Researcher

In 1992, I became a forensic interviewer at St. Joseph's Hospital. Over the past 18 years, I have interviewed over 7,000 individuals, mostly young children, about their abuse experiences, and have followed many of these cases through the criminal justice system. I have also provided expert testimony in CSA cases. I have relied upon published research to inform my practice as an interviewer. I have also summarized disclosure research for jurors and judges, to assist them in understanding the dynamics of abuse and reasons children delay disclosure. In testimony, I am often asked about my clinical and forensic experience when no published research existed to explain a specific issue. The issues that arose most often related to children's understandings of why they did not disclose abuse immediately, and what prompted them to make a disclosure, and how their narratives unfolded. When I testified about an interview I conducted with a child, I was called upon to explain or defend why I asked a question a particular way. My clinical impression has been that children were

unlikely to reveal certain types of sexual acts when asked open-ended questions, and only did so in response to a direct question. However, few research studies have addressed this issue.

I had significant insider status (Clandinin & Connelly, 2000) because of my employment and my professional relationships with Childhelp and its partner agencies—CPS, the Maricopa County Attorney’s Office, and police personnel in Maricopa County. This insider status provided me greater access to medical and investigatory records. I had insider knowledge with regard to how the investigation was conducted, because I knew the detective, CPS case manager, or prosecutor, and had knowledge of their investigation skills and reputations. I have also had extensive training and experience in interviewing children, which also served as an advantage in eliciting information that other interviewers or investigators may not have possessed.

My insider status has also given me the advantage of collecting data that was not generally accessible to many researchers. Although it may not have been possible for researchers to be present when a child first revealed abuse, it was possible for me to collect information about the disclosure shortly after it occurred, often from the individual to whom the child first disclosed. I also had the advantage of conducting the interviews myself, which insured that the relevant questions that were crucial to the investigation and subsequently, the research study, were asked of the child. These data have often not been systematically gathered during investigations, and researchers who conducted reviews of case records did not have the ability of re-interviewing the child or investigative

professionals to supplement missing data. Furthermore, I had access to the original recordings of the forensic interviews so that the accuracy of the data provided by children was assured. I also had access to data concerning medical findings, and the end results of police investigations, which facilitated the collection of corroborating evidence of abuse.

This insider status was also a disadvantage in the research process. As a forensic interviewer, I was generally considered a neutral party in the investigation process. However, I was also considered an advocate for abused children in other areas of my professional life. For example, I have served on the Governor's Office Children's Justice Task Force, a task force that sought to improve how child abuse cases are investigated and prosecuted. I have also advocated for individual children in the legal system as the need arose.

Therefore, I had to be vigilant in my research process to identify, ameliorate and report my potential bias. I was also open to conclusions driven by data that had the potential to be contrary to my prior expert testimony in child abuse litigation.

Conclusion

The current study was designed to address concerns and limitations in previous qualitative research on children's disclosures and narratives of sexual abuse. Chief among these concerns is the lack of representation of boys in qualitative studies. In addition, this design assured that the children in this study had definitive corroboration that sexual abuse occurred. Further, the research design thoroughly evaluated the interview questions asked to insure that the information provided by the children was not compromised by the use of

suggestive or coercive techniques by the interviewer. The narratives studied were provided by children prior to mental health interventions to ameliorate the effects of the abuse, thereby minimizing the potential influence of therapists or family members on the children's accounts of abuse. The next step was the analysis of the characteristics of children's disclosures of abuse, described in the next chapter.

CHAPTER 4

Disclosure of Sexual Abuse

The first step in this analysis was to identify and describe the disclosure characteristics of the children selected for study. The characteristics identified included: the timing of disclosure, the disclosure recipient, and the type of disclosure. Gender differences with regard to these characteristics surfaced during the initial descriptive analysis. Quantitative analysis was then conducted to explore the possible relationships between these disclosure variables and gender. This part of the analysis addressed the first research question relating to when and why children disclose sexual abuse.

Analysis of question types posed by the forensic interviewer was conducted as a method to address the reliability of the information provided by children. Additional examination was conducted of the acts of abuse reported by children prior to and during the investigative interviews. This information was also compared to available corroborating reports of the abuse, such as confessions or video-recordings. This comparison was intended as a measure of reliability, and tested whether children were prone to exaggerating their abuse reports.

Children's narratives were then qualitatively examined to address the research question concerning factors that precluded or encouraged children to disclose sexual abuse. Transcripts of interviews were analyzed and children's verbatim statements concerning barriers to disclosure were identified. Similarly, children's accounts of factors that encouraged disclosure were categorized. This

analysis also uncovered differences between boys and girls with regard to their concerns about disclosure and willingness to reveal abuse.

Subjects

The twenty children selected for this analysis ranged in age from 8.0 to 12.67 years of age. The mean age for the entire sample was 10.20 years and the median age of 10.12 years. The boys ranged in age from 8 to 12.33 years, with a mean age of 10.21 years and median age of 10.37 years. The girls ranged in age from 8.33 to 12.67 years, with a mean age of 10.20 years and median age of 10.08 years. Fourteen of the children were Anglo (seven boys and seven girls) and six were of Hispanic (three boys and three girls). All children spoke English as their primary language.

All of the children were sexually abused by male perpetrators with whom they had a relationship before the abuse began. Perpetrators were at least four years older than their victims, with the exception of one. This offender was three years older than his victim, but used significant physical coercion in the commission of his offenses. The boys were abused by younger males than the girls (age range 15 to 62 years, mean age of 25.3 years, median age of 18 years). The girls were abused by males who were older (age range 17 to 67 years, mean age of 38.6, median age of 34.5). Half of the sample, five girls and five boys, were abused by relatives who lived with them lived on a part or full time basis. None were molested by their biological fathers, but three were molested by a stepfather or mother's live-in boyfriend (one boy and two girls). Two children, one boy and one girl, were abused by relatives who did not live with them. Eight

children (four boys and four girls) were abused by neighbors, friends, or acquaintances.⁷

Quantitative Analysis of Children's Disclosures

The majority of the children (85%) disclosed after a period of time of a month or longer after onset of the sexual abuse. Two girls disclosed within hours of the first incident of abuse. One boy disclosed within two weeks of the onset of abuse, however, the second incident was observed and interrupted by his older brother. For girls, the range in disclosure time range from immediate to 40 months, with a mean time from onset of abuse to disclosure was 13.7 months and median time of six months. For boys, the range in disclosure time was two weeks to 26 months, with a mean time period of 11.15 months and median time of six months. Overall, the mean time from onset of abuse to disclosure was 12.43 months and the median time was eight months (see Table 1).

Children's disclosures were identified and classified based on Alaggia's (2004) criteria as accidental, prompted, or purposeful. Children's disclosures were coded as accidental if their abuse was witnessed or discovered through other means, for example, if a videotape depicting the child's abuse was discovered by a third party. Disclosure was coded as prompted when the child was directly questioned about abuse by a concerned individual. For example, one mother of one of the children in the study observed a televised news account of a family friend's arrest for child molestation. The mother then questioned her son about

⁷See Appendix C for brief descriptions of the subjects and the circumstances of their cases.

whether the friend had molested her son, who then disclosed. A disclosure was coded as purposeful when the child initiated the conversation in which the abuse was reported.

Table 1

Disclosure Characteristics

Name	Age	Disclosure Type	Delay (in months)	Disclosure Recipient	Perpetrator Relationship
BOYS					
Ian	8.00	Prompted	1	Mother	Brother
Dean	8.08	Prompted	26	Grandfather	Brother
Billy	8.17	Accidental	0.5	Brother	Cousin
Jonas	9.58	Accidental	6	Grandmother	Neighbor
Hank	10.17	Prompted	1	Father	Stepbrother
Frank	10.58	Purposeful	3	Mother	Friend
Greg	11.08	Prompted	14	Mother	Friend
Adam	11.92	Accidental	10	Mother	Neighbor
Eddie	12.16	Accidental	24	Mother	Mother's BF*
Chris	12.33	Prompted	26	Grandfather	Brother
GIRLS					
Nell	8.33	Purposeful	0	Counselor	Grandfather
Mary	8.83	Prompted	30	Sister	Brother
Ula	9.25	Purposeful	12	Counselor	Brother
Sheila	9.58	Purposeful	6	Neighbor	Friend's stepfather
Opal	10.08	Accidental	40	Mother	Stepfather
Triana	10.08	Purposeful	14	Mother's BF*	Grandfather
Katie	10.17	Accidental	3	Mother	Friend's father
Ruby	10.25	Prompted	28	Mother	Friend
Lucy	12.67	Purposeful	4	Friend	Stepfather
Penny	12.67	Purposeful	0	Friend's father	Friend's grandfather

BF = Live in boyfriend

Children most often made disclosures leading to the criminal investigations to a parent or caretaker. Nine of the children (45%) initially disclosed to their mothers or female caretakers. Four children (20%) disclosed to their fathers or father surrogates. Two children (10%) disclosed to siblings, including one boy whose abuse was accidentally discovered by his brother. Five children, (25%) disclosed to other individuals such as friends or counselors. This finding was similar to that reported by other researchers (Hershkowitz, Horowitz & Lamb, 2007; Faller & Henry, 2000). However, gender differences emerged upon further analysis. Nine boys (90%) disclosed to parents or caretakers, while only four (40%) girls did so. All five children who disclosed to friends or counselors were girls (see Table 2). Fisher's exact test revealed a statistically significant association between gender of child and relationship of disclosure recipient ($p = .057$).

Table 2

Gender and Disclosure Recipient

Gender	Disclosure Recipient	
	Caretaker	Other
Male	9 (69.2%)	1 (14.3%)
Female	4 (30.8%)	6 (85.7%)
Total	13 (100%)	7 (100%)

$p = .057$

Analysis of disclosure type revealed that seven children (35%) made purposeful disclosures, and seven (35%) were prompted to disclose by others. Abuse of six of the children (30%) was discovered accidentally by a witness, perpetrator confession, or by discovery of video records of the abuse. The relationship between age and type of disclosure was analyzed. Children who disclosed purposefully had a mean age of 10.6 years and those who were prompted had a mean age of 9.71 years. An independent t-test was applied and found no significant difference in age by type of disclosure ($t = .937, p = .367, df = 12$).

Analysis of the disclosure type and gender indicated a significant relationship (see Table 3). Five boys (71.4%) and two girls (28.6%) made prompted disclosures whereas one boy (14.3%) and six girls (85.7%) made purposeful disclosures. Fisher's exact test of association between gender and type of disclosure including purposeful and prompted showed that females were more likely to disclose purposefully and males were more likely to be prompted ($p = .031$).

Table 3

Gender and Type of Disclosure

Gender	Disclosure Type	
	Prompted	Purposeful
Male	5 (71.4%)	1 (14.3%)
Female	2 (28.6%)	6 (85.7%)
Total	7 (100%)	7 (100%)

$p = .031$

The number of individual acts of sexual abuse children initially disclosed was discerned from interviews with the children's caretakers or from police and CPS records. Data concerning the number of sexual abuse acts reported during children's forensic interviews were also collected. The differences were analyzed by gender. For girls, the range in acts reported from initial disclosure to forensic interview was one less to 13 additional acts. For boys, the range was from one less act reported to nine additional acts reported (See Table 4). The mean number of sexual abuse acts reported by girls was 2.7 (SD 3.94) and by boys was 3.3 (SD 3.27). No significant difference by gender was found in mean scores ($t = .370$, $p = .971$, $df = 18$).

Additional acts of sexual abuse were independently corroborated for eight children in the sample. Perpetrators confessed to, or video documentation revealed additional acts of abuse not reported by children in initial disclosure or

forensic interview (see Table 4). The range of additional acts was two to twelve, with a mean of 5.6 acts ($SD = 4.3$).

Table 4

Number of Sexual Acts Reported by Victim during Initial Disclosure, Forensic Interview, and Additional Documented Acts

Name	Initial Disclosure	Forensic Interview	Additional Acts	Source of acts unreported by child
Adam	5	14		
Billy	1	0	2	Perpetrator confession
Chris	3	5	2	Perpetrator confession
Dean	4	12	2	Perpetrator confession
Eddie	2	7	4	Perpetrator confession
Frank	2	2		
Greg	2	4		
Hank	2	3		
Ian	1	5		
Jonas	1	4		
Katie	5	4	9	Video-tape of abuse
Lucy	0	2		
Mary	0	1	3	Perpetrator confession
Nell	1	3		
Opal	1	3	12	Perpetrator confession
Penny	1	2		
Ruby	1	1		
Sheila	1	6	11	Video-tape of abuse
Triana	3	16		
Ula	2	4		
Total	38	96	45	

Overall, children reported 21 types of sexual abuse contacts, (i.e. digital penetration of vagina or oral/vaginal contact) during their forensic interviews. Most children reported more than one type of contact imposed by their

perpetrators. The acts reported by children were analyzed in terms of the type of question asked that first elicited its disclosure. Overall, children disclosed 31 acts of abuse in response to a narrative invitation or open-ended question. Six acts were reported in response to a focused question. Children reported 30 acts in response to yes/no questions. Five acts were reported in response to a suggestive question. The most common acts of abuse reported by the children were acts of manual manipulation of their genitals. Only four of eleven of these acts were reported in response to a narrative invitation or open-ended question. Children were more likely to report witnessing sexual abuse of another child, witnessing the perpetrator masturbate, exposure to pornography in response to a focused, yes/no or suggestive question than an open ended prompt. The types and number of sexual acts disclosed, and the type of question used that resulted in disclosure of each act are summarized in Table 5.

These findings concerning question type indicated that open-ended questioning techniques were effective in eliciting half of the abuse acts reported by the children. However, direct inquiries were necessary to direct children's attention to a particular topic, especially concerning acts that they observed or witnessed as opposed to those they physically experienced.

Table 5

Question Type Used to Elicit Disclosure of Sexual Act in Forensic Interview

Type of Sexual Act Perp/Victim**	Type of question* that elicited disclosure				Number of children reporting
	NI or OEQ	FQ	Y/N	SQ	
Manual/breast			2		2
Digital/genital	4	1	6		11
Digital/anal		1			1
Manual/buttocks		2			2
Penile/vaginal			1		1
Penile/anal	2	1	1	1	5
Oral/genital			1		1
Penile/oral	4	1	2		7
Masturbate/observed	2		2	2	6
Observed/masturbate	1		1		2
Penile/manual	2	1	1	1	5
Object/vaginal	1				1
Exposed genitals	3		2		5
Pornography	2	1	3	1	7
Photographed nude	1				1
French kissing	3		2		5
Penile/inter-thighs	1		1		2
Penile/buttocks	1				1
Physical abuse	1				1
Vague sexual act			1		1
Witness to sexual abuse of another	1		4		5
Total	31	6	30	5	

*NI = Narrative invitation; OEQ = Open-ended question; FQ = Focused question;
Y/N = Yes/No question; SQ = Suggestive question

**Perpetrator body/to victim's body

Discussion

The majority of the children in this study (85%) waited one month or longer before actively disclosing abuse to a trusted individual. This percentage is significantly higher than reported in previous research studies (London et al., 2005). Delays in disclosure have been shown to be related to close relationships between the perpetrator and the victim (DiPietro et al., 1997; Goodman-Brown et al., 2003; Sjoberg & Lindblad, 2002). None of the children in this study were abused by individuals who were strangers to them. This factor may account for the higher percentage of delayed disclosures in this sample. However, it was clear that delayed reporting was the norm for this group of children.

Gender difference in relation to disclosure type emerged as a surprising significant finding in the analysis. Girls were more likely to have initiated reporting of the abuse, whereas boys were prompted to disclose when caretakers directly questioned them. To date, no other research has addressed issues of gender and disclosure type. Gender difference also emerged with regard to disclosure recipient. Boys were more likely to disclose to a caretaker, usually their mothers. Girls, by contrast, disclosed to caretakers, friends, and professionals. Previous research has shown that children in general reported to caretakers, other relatives, friends, and professionals (Hershkowitz, Horowitz, & Lamb, 2007; Faller & Henry, 2000; Fontanella et al., 2000). However, previous research has not analyzed disclosure recipient in relation to gender of the victim.

Disclosure of sexual abuse has been described as a process in which children reports may appear inconsistent (Summit, 1983), or report additional

details of the abuse over time (Sorenson & Snow, 1991). Disclosure has also been described as a discreet event, in which children provide information consistently over time (Bradley & Wood, 1996). The majority of the children in this sample provided more information and described additional incidents of abuse in their forensic interviews than they did to parents or other investigators. A few children reported fewer details in the forensic interview than they did to caretakers. This finding supported the conceptualization that disclosure more closely resembles a process than a discreet event.

Independent corroboration of the children's statements (video-tapes and perpetrator's confessions) was available for eight children in the sample. Comparison of children's reports in the forensic interview with these corroborating sources indicated that these children were likely to under-report the extent, and in fact, denied elements of their abuse. This finding supported previous research (Cederborg et al., 2007; Bidrose & Goodman, 2000; Emerick & Dutton, 1993). The examination of question type used to elicit disclosures of sexual abuse acts indicated that use of suggestive questions during the forensic interviews was minimal. Coercive and leading questions were not observed in the forensic interviews of the children. These findings indicated that children's disclosures of sexually abusive acts were not inflated or produced by children influenced by problematic interview techniques.

Qualitative Analysis of Disclosure

Quantitative analysis of these data indicated that the children in this sample waited for significant periods of time before they disclosed abuse.

However, quantitative analysis did not provide information as to why children's reports were delayed, and what they perceived as barriers or facilitators to disclosure. The next step in the analysis was qualitative investigation of the children's narratives with regard to the dynamics of the disclosure process. The narratives were analyzed to ascertain what precluded children disclosing immediately after the onset of abuse, and what factors encouraged their eventual disclosure.

Disclosure reluctance: Children's transcripts were analyzed concerning the reasons they were reluctant to disclose sexual abuse. Children's descriptions of their perpetrators' concealment strategies were also examined. The most common reason children reported for their reluctance was fear. Some children reported that they were concerned that they would be in trouble if the abuse were discovered. For example, in the excerpt below, Greg explained his reluctance to tell:

- I: . . . What made you feel you couldn't tell your mom about it right away?
C: I don't know. I thought I was going to get in trouble.
I: Well, you know you're not in any trouble, right?
C: Right. We're not going to tell my dad 'cause he'll get mad and flip. So mom doesn't want to tell my dad.

Greg also reported that his perpetrator told him to conceal what happened:

- I: Ok. Did Jerry say something to you about telling anybody about what he did?
C: Yeah, he said don't tell anyone.
I: Did he say what would happen if you did?
C: Yeah, he'd get in trouble.

Similarly, Jonas reported he was concerned he would be in trouble:

- I: OK. I was wondering, Jonas, was there some reason you felt like you couldn't tell your grandma or grandpa about what happened?
- C: (shakes head)
- I: No. Or did Steve (perpetrator) ever say something about telling anybody?
- C: No.
- I: No. Did Steve say what would happen if you told?
- C: No. I thought I would get into trouble.

Other children reported fear related to being in trouble. For example, Hank reported that his brother, who was also sexually abused by the perpetrator, initiated the disclosure because Hank was fearful of telling:

- I: Ok. Who was the first person you told about what Harry did?
- C: I was scared and didn't tell anyone. My, Ian told on him both times.
- I: Oh, you were scared to tell. What made you scared to tell?
- C: (shrugs shoulders)
- I: What did you think would happen?
- C: I don't know.

Later in the interview, Hank admitted that he was concerned he would be punished if the abuse were discovered:

- I: Ok. I was wondering Hank. Was there some reason you felt you couldn't tell your mom about what happened?
- C: I was scared.
- I: You were scared. What were you scared of?
- C: I would get a punishment too.

Both Jonas and Hank indicated that their abusers did not say anything directly to them about concealing the abuse.

Other children expressed concern over angering people close to them if they disclosed abuse. For example, Nell reported why she did not disclose immediately after the perpetrator, her grandfather, left for work:

- C: Yeah, and my grandpa, my grandma, I thought she was mad at me when um I got up 'cause I knew she didn't know what happened to

me because and I didn't tell any of my family relatives before I told the school 'cause I thought that they'd get mad at me.

Nell also reported that her grandfather told her not to tell:

- C: And then, um, before he left, he told me not to tell nobody. Because then he'll have to go away for a really long time.

Opal's stepfather confessed to her mother that he had sexually abused Opal.

However, Opal also expressed concern that her mother would be angry with her if she told. In this excerpt, the interviewer asked an open-ended question in an effort to obtain an initial narrative account of the abuse:

- I: Maybe if I ask you questions it might make it easier. I heard that you told your mom about something that happened. What did you tell your mom about?
- C: Umm, I didn't technically, but like, I told my mom, like I was going to tell my mom, but then I was scared she was going to be mad at me.

Opal indicated that her stepfather never told her not to tell anyone. However, once he confessed to abusing her, he did tell her what could happen to him:

- I: Or did he say something about what would happen if you told someone?
- C: (shakes head) huh uh.
- I: Ok.
- C: He said that he would go to jail, but like if we did it again.

Ruby also expressed concern about her mother's reaction to her disclosure, even though her mother had instructed her to tell immediately if abuse occurred:

- I: Ok. Did something make it hard to tell your mom or made you feel like you couldn't tell your mom about it?
- C: Well I thought my mom would be really upset and everything. It's kind of different when your parents tell you if anybody touches your private come and tell us. Because then you have to have a lot of strength and everything to go up to your parents and tell them what happened.

Other children reported that they were concerned for their safety or the safety of others if they told. For example, Triana, reported that her grandfather abused her verbally and physically. He called her names and burned her with a cigarette when she did not comply with sexual acts. She expressed concern that her grandfather would hurt her if she told:

- C: . . . Because at first I got scared of him because of what he said if I told anybody that he would hurt me.

Later in her interview, Triana indicated that her grandfather threatened her often:

- I: I know you said that he would hurt you if you told. Did he tell you that one time or more than one time?
C: More than one time.
I: More than one time.
C: Every time he was done I'd go in my grandma's room. And she'd go out to do the wash and stuff. He'd say, "If you tell anybody, I'll hurt you."

Triana also reported that her grandfather used non-verbal tactics and bribes to coerce her to keep his secret:

- C: One time he, he, I was crying, and my grandma came home. She goes, "What are you crying about?" Like when she was talking to me right here (child waves her hand up and down in front of her). He was in back of her and he was going like this (rubs her hands together). He said don't tell and stuff but he wouldn't be saying it in words. He'd be going like this (child rubs her hands together). And then I'd tell her I fell or something. And then one time she was out washing he told me he'd take me to a Diamondbacks game if I didn't tell her. And he took me and then he gave me a baseball.

Sheila also reported that she was threatened and told not to tell by her perpetrator's adolescent stepdaughter, Amy. Amy was also sexually abused and exploited by her stepfather, and he encouraged Amy to entice or coerce other

children to come to his home. Sheila explained that Amy was present during the abuse and threatened her to remain silent:

- I: Oh. Did Alfred or Amy say anything to you about telling?
- C: Uh huh. (nods head) She said to not tell. And I'm like, "Why?"
- I: Did Amy say what would happen if you told?
- C: Yeah. She said that then she will push me in the big car again.

Amy had previously physically assaulted Sheila, by pushing her head first into a parked car. Sheila had a mild concussion as a result.

Two boys were concerned that disclosure of the abuse would lead to their family members being hurt. Frank reported that he thought the perpetrator would hurt his mother if he told:

- I: . . . OK. Did something make you feel like you couldn't tell your mom right away?
- C: (nods head)
- I: Tell me about that.
- C: Because I thought he might hurt my mom in some way. But then I thought back, 'cause the same thing happened to my mom. Her dad said that. But my mom's still here. So I just told her.

However, Frank indicated that his perpetrator never directly said anything about telling:

- I: Did he say anything to you about telling?
- C: (shakes head)

Adam's abuse was discovered accidentally by his mother. She walked in Adam's bedroom and observed Adam and the perpetrator manipulating each other's genitals. Adam initially denied the abuse when his mother first questioned him:

- C: . . .He made me hold his penis and he was touching mine. But like in our pants you know. But he but then but then my mom walked in. Our hands were in like you you off each other, you know. And then my mom walked in and she then she said Adam did he sexually abuse and you can you? And I'm like no, no because I

was afraid to tell. And then I went to church for like vacation Bible school or something. And then I told my mom.

Adam also described his concerns that the perpetrator would hurt him or his younger brother:

- I: And so you said you were scared to tell your mom.
C: Yeah.
I: What were you scared of?
C: Oh I was scared because he threatened me and he said he was going to kill my family. If I told. I was trying to protect my brother and stuff.
I: Oh, ok.
C: I didn't want my brother to get drawn into this.

Adam reported that his abuser threatened to hurt him if he told. In addition, his abuser exposed him to pornography on the Internet, which encouraged Adam to feel as though he were a co-conspirator in the abuse:

- C: And then one day he started showing me bad stuff on my computer and then I would get caught and he'd blame it on me. . . He wanted everything to be at my house from then on. So, if he were to get caught it would be at my house. So they would think it was my fault like.

Although most children could report its source, one child, Ula, reported a general sense of fear that precluded her from telling. Ula reported the following concern about disclosing sexual abuse by her brother:

- I: Your mom. What did your mom say when you told her?
C: Well, I didn't want to tell her 'cause I was scared. And then I told her and then she got mad and kicked him out of the house.
I: Oh. What scared you about telling your mom?
C: (shrugs shoulders)
I: What were you scared of?
C: I don't know. I was just scared.

When asked about her brother's concealment strategy, Ula reported that he told her not to tell:

- I: No. Or did he say something about telling?
C: (nods head)
I: What did he say?
C: He said, "You better not tell."
I: Did he say what would happen if you told?
C: (shakes head)

Three children reported different reasons as to why they did not disclose immediately. One child, Chris, reported that he forgot about the abuse perpetrated by his half-brother:

- I: Did John say what would happen if you told?
C: No. He didn't do nothing. I just kept forgetting. I just kept on forgetting that he did it to me.

Chris' response was suggestive of an attempt to avoid thinking about his abuse experience. One child, Lucy, initially disclosed abuse by her stepfather to a close friend who reported to the school guidance counselor. Lucy stated that she was confused as to why she did not tell her mother first:

- I: . . .Did something make you feel like you couldn't tell your mom about it?
C: I don't know why, I just didn't want to tell her. I just felt kind of weird. I don't, I didn't know how I was going to tell her.

Lucy reported that her stepfather abused her at night when she was sleeping. When she awoke during the first incident of abuse, he attempted to conceal what he did, and provided an excuse for his presence in her room:

- C: So he got up and he said, he said he saw something out the window. . .And he was like, "I was just seeing out your window to see if somebody was on the wall.

Lastly, Katie reported that she did not feel comfortable telling her parents about abuse perpetrated by her best friend's stepfather. One of the incidents was video-taped by the perpetrator. A written account from the police report stated that the

video documented the abuser lying nude, uncovered, on a bed. He appeared to feign sleep. The abuser's stepdaughter and Katie were recorded entering his bedroom several times, whispering to each other, and applying glitter to his body, including his genitals. The abuser's wife discovered the videotape of the abuse, and she then told Katie's mother about it:

- I: Have you ever told anybody about this?
C: No.
I: What made you feel like you couldn't tell your mom or dad about it?
C: I told my mom a little bit. But I didn't know, I don't really know if. I felt a little bit like, I didn't feel comfortable talking to my mom. With my dad I felt uncomfortable. I told my mom a little bit.

Later in the interview, Katie clarified why she felt uncomfortable telling her father:

- I: What made you feel uncomfortable talking to your dad about it?
C: I don't know, I'm not really close to my dad. Because he travels a lot but and he works all the time. Constantly.

Children often reported having positive feelings for the abuser before the abuse began. Thirteen of the children, six boys and seven girls, reported that their perpetrators were nice to them. The children enjoyed interacting with their perpetrators and trusted them. For example, Adam described his initial relationship with his abuser:

- I: Ok. How did you first meet Brock?
C: He's my next door neighbor so. He, it's kinda . . . He's my next door neighbor. My parents trusted him. They kind of looked up to him as like my older brother. He started coming over and hanging out with me and it's just and then what happened there.

Billy reported that his abuser, a cousin, was engaging, played with him, and complimented him:

I: . . .Tell me more about Rusty. What's he like?
 C: Funny, that's all I know.
 I: What's funny about him?
 C: He tells jokes.
 I: Does Rusty do nice things for you?
 C: Sometimes.
 I: Like what?
 C: He gave me water. And he would jump on the trampoline with me.
 I: Oh, he would. What else did you like to do with him?
 C: Play video games. On the Playstation
 I: . . .Did he ever say nice things about you?
 C: Yes.
 I: Like what?
 C: Like, "He's the coolest cousin."

Frank met the man who abused him through an after-school program. Frank described his initial impressions of the perpetrator:

C: Well my mom got a job at my school, Turkey Creek. And she worked at a daycare called the Snake Pit. That's how.
 I: Tell me about the first time you met him.
 C: He seemed like a really nice guy. Seemed like he wouldn't harm a fly.
 I: What kinds of things did he do that were nice? What was nice about him?
 C: He was always funny, he helped kids out. He never got mad at anybody.
 I: What did he do to help kids out?
 C: Like say, if they were injured or hurt, he'd help them out. Or if they needed help on homework, he'd help them.

Greg's abuser, Jerry, was his family's caseworker at a social service agency initially. He befriended Greg's family. Jerry offered gifts and assistance, such as food boxes, to his mother who was struggling financially. Greg described Jerry as nice and generous with gifts:

C: Yeah. He used to buy kids, sometimes he'd give them money or buy them shoes or watches.
 I: Did he ever give you money or buy you things?
 C: He bought me a paint ball gun once, but I didn't know what for. He just said he wanted to buy it but I don't know what for.

Opal reported that she had a close relationship with her stepfather before and during the abuse. She described several of her stepfather's positive attributes:

- I: Tell me more about what he's like.
C: He's nice. He's strong. He likes to play with me and my brother. He like like he likes to watch baseball and basketball. He lets us have ice cream a lot. And that's all.
I: Tell me more about what's nice about him.
C: He goes to work to like make more money for us. He helps us when we need help. And he loves us. That's really all.
I: Ok. Does he say nice things about you?
C: (nods head)
I: Like what?
C: Like, he says that I'm pretty. And he, every time I give something to my brother he says that's really nice. Every time, like if he asks me to do something and I do it, then he'll say thank you.

Similarly, Nell reported that she had a positive and close relationship with her grandfather before the abuse began:

- C: Well, I was always like my grandpa's baby. I love wrestling, he loves wrestling. My favorite guy was Jesus Batista and so was his. Um, usually he was always nice unless I did something to get me in trouble. And um, usually, he's always giving like he'll put pennies in something and I'll ask him if I could have all of his pennies.

Other children reported that their perpetrators intimidated them through physical or verbal abuse. For example, Lucy reported that her stepfather made statements that made her feel uncomfortable:

- I: Does he ever say nice things about you?
C: When I was little he said I was a really nice girl. And when he left for two weeks, he said he couldn't stop thinking about me. And that made me feel uncomfortable.

Lucy also stated that she witnessed verbal abuse between her mother and her abuser:

- I: Oh, Ok. What happens when your mom and stepdad get mad at each other?
- C: But when my mom and my stepdad, they're mad, they're like fighting in their room and my mom will come out crying. And then my stepdad will leave. And there's this one time when they fought really bad. They were really really mad at each other. . . My stepdad was packing up all his stuff like he was leaving. But like after a week or two he came back.

Triana reported that not only was her grandfather abusive to her, she also witnessed his verbal abuse of her grandmother:

- I: What does your grandpa do when he gets mad at your grandma?
- C: He cusses at her and yells at her and stuff.
- I: He cusses at her and yells at her. Does any hitting happen when they get in an argument?
- C: (shakes head)
- I: Ok. What does your grandpa do when he gets mad at you?
- C: When my grandma's not there?
- I: Uh huh.
- C: He yells at me and cusses at me too.
- I: What does he do when your grandma's there?
- C: Nothing. He just yells at my grandma. And tells me just . . . He just says stuff to my grandma. That's it. He takes it out on my grandma when she's home.

Boys also disclosed physical coercion. Chris and Dean reported that their abuser employed physical abuse often to intimidate or control them. Adam also reported that his abuser was mean and bullied him.

Discussion: For boys, fear of getting in trouble, and for girls, fear of making someone angry, were factors that precluded disclosure of their abuse. These reasons suggested that these children were concerned that they were at fault in some way for the abuse, or that they believed they would experience negative consequences as a result of their disclosures. However, the fears they expressed were general in nature, and the children did not specifically articulate the reasons why they felt responsible or the cause for someone to react angrily. Prior research

has reported that males rejected the concept of victimhood (Grossman, Sorsoli, & Kia-Keating, 2006; Kia-Keating, Grossman, Sorsoli, & Epstein, 2005). Boys may also have been concerned about being in trouble for engaging in sexual acts with another male, and may have been concerned about being regarded as homosexual. This concern has been reported by men who were sexually abused as children interviewed in prior research studies (Pryor, 1996; Sorsoli et al., 2008).

Children's generalized reports of fear may be due to the fact that the forensic interviews were conducted early in the initial official investigation process, prior to the onset of therapeutic interventions or discussion with victim advocates or prosecutors. Previous qualitative research has identified children's specific concerns about disclosing abuse immediately (Jensen et al., 2005; Crisma et al., 2004; Goodman-Brown et al., 2003). Jensen and her colleagues (2005) interviewed children about their disclosure concerns after therapeutic interventions ended. Goodman-Brown et al., (2003) evaluated children after the prosecutions of their cases were concluded. These discussions may have enabled children to identify more clearly the source of their fears or allowed re-interpretation of the meanings of their lived experiences through dialog with others (Gergen & Gergen, 1988). These interventions may have assisted children in making sense of their abuse experiences. The children in this study were also younger than the adolescents studied by other researchers. Crisma et al. (2004) studied adolescent girls, and other researchers included adolescents in their samples (Jensen et al., 2005; Staller & Nelson-Gardell, (2005). The adolescents

involved in these studies may have possessed skills for introspection about their motives—skills that the younger children have not yet developed.

Children in this study also expressed concerns for their safety or safety of loved ones precluded them from disclosing abuse. These fears were related to perpetrators' threats of harm if they told, and on the infliction of physical or verbal abuse on the children or their caretakers. This finding supported previous research on disclosure delay (Crisma et al., 2004; Goodman-Brown et al., 2003; Jensen et al., 2005).

Fear of angering others or getting in trouble, and the fear of the consequences were powerful deterrents to disclosure in this sample of children. The next step in the analysis was the examination of the factors that encouraged children to overcome these obstacles and disclose their abuse experiences.

Disclosure of abuse: Transcripts were analyzed with regard to how children disclosed the abuse. Accidental, prompted and purposeful disclosures were represented equally in this sample of children. The abuse of six children was discovered accidentally. Four cases, (Adam, Billy, Eddie and Jonas), were initiated because witnesses observed and interrupted sexual acts against them. In the following excerpt, Eddie described his disclosure to his mother after she observed her boyfriend in Eddie's bedroom:

- I: . . . Start at the beginning and tell me everything that happened just that last time.
- C: Well, I woke up and he asked me if I wanted him to touch me. I said no. And then he said alright and then he left. And then I fell back asleep and he came back and I woke up again. And I said no and he did it anyway and I fell back asleep.
- I: And what happened right next?
- C: Umm, my mom the last thing I remember is mom woke me up.

- I: Your mom woke you up. And what happened when your mom woke you up?
- C: She was asking me questions.
- I: Oh, tell me more about the questions.
- C: Like if he would ever touch me, and stuff like that.
- I: Oh, I see. And what did you tell your mom?
- C: And I said yeah, and then we went out to eat. So she can, so I could tell her more, and then we went to my grandma's house to tell her. And when we came back, he was gone.

Jonas' neighbor, Steve, molested him frequently in a nearby mountain park. The last incident was witnessed by a group of people who intervened. Jonas described his initial denial of the abuse and his resistance to those who intervened during the discovery:

- I: So you told me it happened in your room, and it happened in the mountains. Has it happened any other places?
- C: Every day in the mountains.
- I: Every day in the mountains. Ok.
- C: Until he got caught.
- I: Until he got caught. Ok.
- C: By the teenage boys. They were six of them. Five of them surrounded him. Actually there were seven. Ok. The sixth one helped me. The seventh one was me, and the first one was Steve. They surrounded him and other one caught me. And they picked up some rocks and they forced him to tell the truth. And he told him nothing and then he told he asked him what were you doing. I said nothing. The leader told me to shut up. I tried to beat him up. And it didn't work.

The witnesses contacted 911, and the police escorted Jonas home to his grandmother's house. His grandmother asked him what happened and he denied that any sexual abuse had occurred.

Katie's case involved a video record that was found by the perpetrator's wife. She contacted Katie's mother, and then the police. Katie was unaware of the existence of the video at the time of her interview. Here she describes the conversation she had with her mother after she learned of the abuse:

- I: What did you tell your mom?
C: Just that he's been naked in his room and watching some gross videos. Like inappropriate videos.
I: What did your mom do when you told her about that?
C: Nothing, she didn't talk to her or anything.

Opal's case was discovered when her stepfather confessed to clergy and to her mother. Opal's mother told her about her father's admission. She described her understanding about how the abuse was discovered:

- C: It just stopped.
I: It just stopped. Did your dad say something about it stopping?
C (shakes head)
I: No. Or did he say something about what he was going to do?
C: Huh uh.
I: No. Ok. Or did you dad ever say something about him telling somebody about it?
C: He said that he won't tell anyone. Because like the first time I was scared that my mom was going to be mad. And so he said, "I won't tell her." But then um, then he told her.

Three children described previous suspicions or discoveries of their abuse that were never reported by those who witnessed them. These prior discoveries were unknown prior to the forensic interview. Jonas described an incident of abuse that occurred in his bedroom, interrupted by his grandmother:

- I: Not good. Ok. And then what happened next?
C: My grandma, we heard her footsteps, and then he reached down in bed and covered up. And then we put our clothes back on after she left.
I: Did your grandma say something when she saw Steve in your room?
C: Umm, what are we doing?
I: And what did you tell her?
C: That we were napping.
I: And did your grandma say something else?
C: (shakes head)

In her forensic interview, Lucy described two incidents of abuse perpetrated by her stepfather that she had disclosed to her friend and a school guidance

counselor. She then described the first incident that had been witnessed by her mother several months before:

- I: Did something else happen?
- C: Well, then that was the first time my mom actually saw him in there. She like told him to get out. And then like she she closed the door and locked it. And my mom asked me what happened. And I told her and she said, "Okay, I'll take care of it." And she closed and locked the door. And then I fell back asleep.

Similarly, Dean made an unexpected disclosure of his mother witnessing his brother, Kent, molesting him two years before he disclosed the abuse to his grandmother's boyfriend:

- I: Has Kent done something like this to you any other times?
- C: When we were down in a different country in a trailer and mom's house.
- I: Oh, ok.
- C: And our mom caught him doing that to me.
- I: Tell me about the time your mom caught him. Start at the beginning and tell me everything that happened that time.
- C: My mom, seen him, she took me to the bathroom and told me the next time he done that to me I should kick him in the bad area.

Later, Dean described more about how his mother responded to this incident:

- I: Ok. So you were in your bedroom and your mom . . .
- C: Caught us.
- I: How did she catch you?
- C: She was walking down the hall and she looked in our bedroom and saw us.
- I: What did your mom do when she saw you?
- C: He was in trouble and umm, (stretches arms and back).
- I: Who was in trouble?
- C: Kent.
- I: What happened when he got in trouble?
- C: I think he was grounded or something.

Two other children, Hank and Ian, had made known prior prompted disclosures of abuse to their parents. The parents responded by seeking counseling for their children. However, the parents allowed the abuser to have unsupervised contact

with the victims. None of these children made an immediate outcry after the abuse re-occurred.

Seven of the children made disclosures in response to prompts from their caretakers. In three cases, other victims who were molested by the same perpetrators were the first to report the abuse. Upon learning about the other victims, concerned mothers then questioned their children. For example, Greg's mother saw a televised news report concerning a family friend, Jerry, who had been arrested for molesting several boys. Greg described his disclosure in the following way:

- I: Who was the first person you told about what Jerry did?
C: Mike.
I: What did Mike say . . .
C: Oh no, my mom.
I: Your mom.
C: Yeah.
I: Did something happen that you decided it was ok to tell your mom?
C: Yeah. 'Cause my and auntie and my mom were there and they told me to tell the truth, because he got arrested that day. If he's done anything and I told her yeah and told her about it. She was real mad.

Four children disclosed because others in their family questioned them about unusual behavior on their part. Mary's older sister, Sue, became suspicious when she noticed that Mary and her older brother, Tommy, spent a long time locked in the bathroom together. Sue questioned Mary about it, and she disclosed. Mary reluctantly reported abuse during her interview, and provided a vague account of her conversation with Sue:

- C: Up, and my sister was looking under the door.
I: How do you know your sister was looking under the door?
C: Because she said, "What were you guys doing."

- I: What happened when your sister asked you what you were doing?
C: I kept on saying nothing
I: You kept on saying nothing.
C: Because I can't remember what I said. I said nothing. Because I don't remember.

Similarly, Chris' and Dean's caretaker discovered the boys downloading pornography on the family's computer. When confronted by their grandmother's live-in boyfriend, both boys admitted that their older brother had molested them. Ian and other extended family members had been molested by Ian's brother, AJ, in the past. Ian and AJ returned from a summer visit with their father, and AJ had unsupervised contact with Ian and his stepsiblings during that time. Shortly after their return home, Ian's mother asked about AJ's behavior during the vacation. Ian disclosed that AJ had sexually abused him and his stepbrother during the visit. Ian described his disclosure:

- I: Did AJ say anything about telling anybody about it?
C: He said, "Don't tell anyone." And then our mom a few days later she told us to come up there and talk to her about it. So I talked to her about it. And that night AJ ran. And then my mom found him and brought him to our grandma's. So Alvin wouldn't beat him up.

Seven children initiated their disclosures purposefully. Three girls, disclosed to close friends or a sister in confidence. These confidantes encouraged the girls to report to a parent or authority. For example, Lucy described her disclosure to a friend:

- I: Tell me about what made you decide to tell someone.
C: I told my friend because she said she wouldn't tell anybody. And then like and after I told her that he did that again for the third time, she said that she said she wanted to tell the guidance counselor. I told her not to. She said that she was really scared about me, for me.

Lucy's friend insisted that they tell the school guidance counselor, who contacted the police. Similarly, Sheila reported to a friend:

- I: Did someone say anything to you about telling anybody about what happened?
- C: Uh huh. (nods head)
- I: Tell me about that.
- C: Um, my friend, she said to tell my friend Sue, and this is the person that I went to church with. I told her and she called the police.

Four children reported directly to someone who could intervene. Frank disclosed abuse by a family friend to his mother, who called the police. Frank provided the following narrative in which he discussed his initial disclosure:

- I: Ok. Tell me about the last time from beginning to end.
- C: It was a Thursday night and he did mostly all the things that I told you that told you before. When he left, I went out and told my mom. He wasn't there then. I just wanted to get it out.

Triana was abused by her grandfather for a period of 14 months. Here she described how a statement of support from her mother's boyfriend encouraged her to confide in him:

- I: Who was the first person you told about what your grandpa was doing?
- C: My mom. Well, my mom's boyfriend.
- I: Your mom's boyfriend. What's his name?
- C: Pete.
- I: Pete. Did something happen that you thought it was ok to tell Pete?
- C: I don't know. He always told me that if anything happened to me, I could tell him and he'd talk to my mom about it. Because at first I got scared of him because of what he said if I told anybody he would hurt me. So then I told Pete and then Pete talked to my mom about it. And then my mom asked me questions. And then I wrote on my book all what happened to me. And then Pete read it and then my mom came in and then we called the police.

Of the twenty children included in this analysis, only two made immediate reports of their abuse. Penny was sexually abused by her friend's grandfather, a man with whom she was not well acquainted. Penny gave this account of her disclosure in her initial narrative:

- C: . . . And um, he um lay by me and he did something nasty to me.
I: Did some nasty things. And then what happened?
C: And then um I was pretending like I was sleeping because I was scared. And then um, he I turned around to the other side and then he left, he left the room. And um I told God to help me. And his dad, my friend's dad walked in the door . . . And I told him what happened. And then um the one who did it to me, he came out the door . . . they told him to leave the house. And in the morning when it happened like, he took me home. And then my mom called the cops.

Penny reported feelings of fear and distress, and she immediately sought help. She did not have a close relationship with the perpetrator, and the assault involved penile/oral contact, an act she considered "nasty."

Nell disclosed the abuse perpetrated by her grandfather within hours of the first incident. Nell described her decision to tell:

- I: And you told. Who did you tell first?
C: Ok. There's this guy who works at my school that helps with everybody's problems. Ok. And there's a rule there, he can't tell nobody for no reason at all. And the other rule is that he has to tell somebody if it's harming me, if I'm in trouble or anyone's in danger.
I: Oh, ok. Did something make you want to tell him about what happened?
C: All day it was on my mind that I had to go to school. And I just couldn't get it off my mind. And I was crying in the classroom and I told my teacher that I needed to talk to Mr. Orange. So I waited almost all day until we had about two hours left which was at one.

Nell's grandfather had been previously incarcerated for molesting his own daughters, including Nell's mother. Following the expiration of his sentence, he

was required to serve a long term of supervised probation. As a condition of returning to live with his family, the adults in the home were required to monitor and chaperone his contact with children. He was not allowed to have unsupervised contact of any kind with children, a rule that Nell knew:

- I: Oh, so you thought your family would get mad at you.
C: Yeah, because my mom knew that he gets (unintelligible) but my grandma and my mom and my aunt Jane tells me that um, my grandpa's not allowed to be around kids and I always wondered why. I always wanted to know. I always wanted to know why.

Nell reported that she recognized what her grandfather did was wrong, and was significantly distressed about what he had done. She also knew that Mr. Orange was a resource for her to help her with the problem.

Discussion: Thirteen of the 20 children in this study clearly indicated that their disclosures were triggered by accidental discoveries or by direct interrogatories by caretakers. This result indicated that for many of these children, an external impetus and social support were necessary to facilitate the disclosure process. Others, caretakers in particular, were concerned enough to directly question children and offer encouragement for children to reveal abuse. This finding also supported previous research studies concerning the factors leading to children's disclosure of abuse (Alaggia, 2004; Goodman-Brown et al., 2003; Hershkowitz, Horowitz, & Lamb, 2007).

Seven children made purposeful disclosures. These purposeful disclosures were initiated by children for two reasons—to seek emotional support, or to stop the abuse. Three girls disclosed to friends in confidence. These friends then encouraged them to tell an adult who could intervene. It appeared that these

confidants helped define the girls' experience as abusive and they provided encouragement and support, which enabled the girls to report to an adult. The other four children disclosed to adults in an effort to stop the abuse. These children perceived these adults as supportive and caring.

Previous qualitative studies regarding children's disclosures of CSA coded prompted disclosures as purposeful in their analyses (Crisma et al., 2004; Jensen et al., 2005; Sorenson & Snow, 1991). The current study differentiated prompted from purposeful disclosures in order to clarify the reasons children disclosed purposefully. Further, the current study focused on children who were interviewed shortly after their initial disclosures of abuse. Children in this study had fewer opportunities to discuss their experiences with adults before their interviews, thereby reducing the likelihood that adults discussed the reasons for the children's disclosures. Previous research evaluated children who were interviewed subsequent to participating in psychological counseling—a process in which therapists, family members, or others may have influenced children's understanding of the abuse, or their reasons for disclosure (Jensen et al., 2005; Sorensen & Snow, 1991).

The current findings regarding reasons children disclosed purposefully mirrored those of Lamb's & Edgar-Smith's (1994) retrospective study of adults' disclosures of CSA. These authors recruited adults using a newspaper advertisement, and conducted telephone interviews with them. The authors reported that the adult women and men surveyed for their study disclosed CSA in

order to obtain emotional support, to stop the abuse, or because they were asked or encouraged to do so.

The next step of current analysis was to examine how children talked about their experiences in the forensic interview. Children's interviews were evaluated with regard to their willingness to discuss the abuse during the interviews, and strategies employed by children who were reluctant to talk about the abuse.

Reluctance in the forensic interview: The children in this sample demonstrated varying degrees for willingness to discuss and answer questions about their abuse. Seven girls and two boys provided accounts of their abuse with little or no difficulty. Six children, (Hank, Katie, Lucy, Penny, Ruby and Sheila) appeared willing to talk and did not express any resistance to answering questions. Three children--Adam, Nell, and Triana--expressed that they had difficulty finding the words to talk about their experience, but overcame this obstacle and were able to give detailed accounts of the abuse. For example, Adam explained:

- I: Ok. Tell me why you came to see me today.
- C: Uhhh, I came to (pause), well (pause), you already know basically.
- I: Yeah, but, I need to hear it in your words.
- C: Sexual abuse.
- I: Ok. Tell me more about that so I can understand exactly what happened.
- C: Well, I can't, it's hard for me to straight up tell you. So if you ask me questions, I can answer them fine. But like, I can't really tell you I can't like I can't just come out like saying it. It's hard for me.

Similarly, Nell had initial difficulty discussing a particular aspect of what her grandfather did, but when provided a supportive statement, she was able to express what happened.

- C: And then, after that he got up and then I thought ok. I don't know about that. And so I went back to sleep. And then he (pause) I don't know how I can say this. But it was easier to say this to my mom.
- I: You can use whatever words you need to use. I won't get upset or mad or anything like that. Ok?
- C: Ok. Well while he was rubbing me, well, when he got up, and I went back to bed. He touched me in the spot that people don't like to be touched.
- I: Ok. Tell me more about that. What happened?
- C: And so, I have to tell you something before I tell you the rest of the story. Ok?
- I: Ok.
- C: Umm, when I was at the other place, at the police station, when I was talking to the girl, I told her that something happened to me and I left out something.
- I: Oh, ok.
- C: So, I'm going to tell you.
- I: Ok.
- C: Well, um, when my grandpa was touching me there, he stuck his finger up my part where I have to use the restroom.

Triana openly expressed distress when the topic of the abuse was first raised:

- I: And I heard that something may have happened to you. And I need you to tell me about that so I can understand what happened.
- C: (no response)
- I: What happened?
- C: (child drops her chin to her chest and covers her face with both hands)
- I: Is something making this hard to talk about?
- C: (nods head)
- I: What's making it hard?
- C: (child raises her head, uncovers her face, crying)
- I: Here, let me get you some tissues. (Interviewer places box of tissues next to child)
- C: (child takes a tissue and blows and wipes her nose)
- I: (pause) You know what Triana, it looks like this is hard for you to talk about, so I'm going to ask you some questions, and maybe that will make it a little bit easier. Ok?

C: (nods head)

When provided additional verbal support from the interviewer, Triana reported a detailed account of the chronic abuse perpetrated by her grandfather.

Two of the children who were quite willing to discuss the abuse, showed some reluctance to talk about explicit sexual details. For example, Sheila expressed some initial hesitancy in discussing the details of penile/oral contact:

- I: . . . I heard something about Alfred making you do something to him.
C: Yeah.
I: Tell me more about that.
C: He made me ssss um (nods head and places her right thumb in front of her mouth, with the tip of her thumb touching her lips)
I: I'm not sure I know what that means. What does that mean?
C: He made me suck his dick.
I: He made you suck his dick. Ok. Tell me more about that.
C: That's it.

Similarly, Ruby expressed reluctance about provided detailed information about a sexual act:

- C: He first rubbed my leg and then he went in my underwear.
I: Ok. And what was he doing with his hand when it was in your underwear?
C: He was just like rubbing my (pause). Do I have to say the word?
I: Well, it would help me understand exactly what you're talking about.
C: Yeah, my private.

The other eleven children used strategies to avoid discussing aspects of the abuse. Avoidance of discussing the abuse emerged as a common theme in these children's interviews. Further analysis of this theme yielded types of strategies that children used to avoid answering questions. These strategies were identified as claiming loss of memory, not answering questions, changing the subject, expressing embarrassment, or stating that they did not want to talk about the

abuse. Overall, more boys appeared to use these strategies than girls did—eight of the boys, and three of the girls.

The most common strategy children used was to claim that they forgot or did not remember significant aspects of the abuse. Six of the boys employed this tactic alone or in combination with others. Mary was the only girl who used ‘forgetting’ consistently in her interview:

- I: Ok. Do you know why you’re here to talk to me today?
C: Umm, (shakes head)
I: Well I talk to boys and girls about things that have happened to them. And I heard that something may have happened to you, and I need you to tell me about that so I can understand what happened.
C: Umm.
I: What happened?
C: Umm, it’s been a long time ago.
I: I heard you told your sister about something that happened to you.
C: I know Sue knows what it is but I think I don’t remember what it is.
I: Well sometimes boys and girls come and talk with me about if someone’s touched them in a way they didn’t like. Has that ever happened to you?
C: Umm, yeah.
I: Tell me about that. What happened?
C: Umm, I forget easily.

Billy’s older brother witnessed his cousin, Rusty, lying on top of Billy, anally penetrating him. Rusty admitted to two incidents of penile/anal penetration in his police interview. However, Billy flatly refused to discuss the incidents during his forensic interview one day after the discovery. He claimed that he did not remember what happened to him. The following excerpts illustrate his reluctance to talk about the abuse:

- I: Well I heard something about one of your brothers saw something that happened yesterday. What was that all about?
C: I forgot.
I: About something that happened with your cousin or something?

C: I forgot.

Later in the interview Billy was asked about how the incident was discovered:

I: Or. Did Rusty want someone to know about what he did?
C: No.
I: No. How do you know that?
C: I don't know.
I: You don't know. Ok. Did Rusty say something to you about telling anybody?
C: No.
I: Ok. How did somebody find out about what Rusty did?
C: I forgot.

When questioned as to why he was reluctant, Billy admitted that he was embarrassed to talk about the abuse. Other children reported that they did not remember in response to questions, and admitted that they were embarrassed. For example, Jonas admitted at the beginning of his interview that it was difficult for him to be candid:

I: Oh, ok. Well, Jonas, my name is Wendy and what I do is talk with young people about the truth about things. And one of the first questions I ask is, what does it mean to say the truth?
C: Uh, I feel a little scared at first.
I: Oh. What are you scared of?
C: That I might tell a lie.
I: Oh, ok. Well can we promise that we'll only talk about the truth in here today?
C: I can't promise you that much but I can try. Trying is good.
I: Ok. Why is it important to tell the truth?
C: So you won't get into deeper trouble.

Later in the interview, Jonas continued to have difficulty providing a detailed account:

I: . . .And what did Steve do right after he pulled his pants down?
C: Hmm. I'm kind of embarrassed.
I: That part's embarrassing. You can take your time, that's ok.
C: I'm scared.
I: What are you scared of?
C: To tell you it.

- I: What's scary about that?
C: That um, um. Do you know when you want to have (spells) S—E—X?
I: (spells) S—E—X. Can you help me understand a little bit better what you mean?
C: You know what I mean.

Three of the boys directly expressed that they did not want to talk about certain aspects about what happened to them. For example, Chris reported some details about what his abuser did, but refused to discuss other details:

- I: What did John do when you were in your bed?
C: He got up there and took down my pants and took down his pants and put his thing in between my legs like he was humping a girl.
I: And then what happened?
C: He made me do something, he made me do something else that I didn't like.
I: He made you do something else that you didn't like.
C: But I don't wanna tell.

Greg hesitated to answer questions, and, at times did not respond to them. He later admitted that he wanted to discuss what happened with his mother only.

This was illustrated during the following exchange during the interview:

- I: . . . I heard that something may have happened to you, and I need you to tell me about that as best you can, so I can understand what happened. What happened?
C: (no response)

After discussing how he met his abuser, the interviewer again approached the subject:

- I: Did Jerry ever do something that made you feel kind of strange or uncomfortable?
C: Yeah.
I: Tell me about that.
C: (long pause, no response)
I: That part kind of hard to talk about?
C: Yeah.
I: Yeah, what makes that hard to talk about?

C: I don't want to tell no one. I told my mom, that's about it.

Girls who were reluctant to discuss the abuse did not directly refuse to answer questions, and instead used more indirect tactics such as not responding to questions, changing the subject, or forgetting. In addition, some children provided cursory answers that lacked detail about the acts, such as "he did nasty stuff" or "he touched me down there." In Ula's initial narrative, she used three of these strategies:

- I: . . . I heard that something may have happened to you, and I need you to tell me about that as best you can, so I can understand what happened. What happened?
- C: My brother, Rick, um he does nasty stuff to me.
- I: Your brother Rick does nasty stuff to you. Tell me all about that so I can understand what he did.
- C: (no response)
- I: What kind of nasty stuff did he do?
- C: He touched my down here (points to her crotch) and he he tries to kiss me but I don't let him.
- I: He tries to kiss you but you don't let him. Did something else happen?
- C: And when we used to live in Springfield, he would do stuff to me too, but I don't remember.

Opal used these indirect strategies throughout her interview. At the beginning of the interview, she does not respond:

- I: Do you know why you're here today?
- C: Sort of.
- I: Tell me about that.
- C: Let's see. (long pause)
- I: Is it kind of hard getting started?
- C: (nods head)

Opal then became distracted and manipulated her wristwatch, and then expressed difficulty finding the words to describe her experience:

- I: . . . And I need you to tell me about that as best you can, so I can understand what happened.
- C: Ok. (Her watch beeps repeatedly)
- I: Is that your watch?
- C: Yeah, I'm going to take off the alarm. (pause, adjusts her watch) I don't know how to say it like, umm.
- I: You know, you can take your time, and you can use whatever words you need to use. Ok?
- C: (long pause)
- I: Is it hard to find the words?
- C: Yeah.

In this excerpt, Opal avoided providing details about what happened during an incident with her stepfather:

- C: My brother, he was either watching TV or playing X-Box. And my mom was either at work or school.
- I: At work or school. And start at the beginning and tell me everything that happened in your mom and dad's bedroom that time.
- C: Umm, he touched me and that's all.

Later in her interview, Opal alluded to a possible explanation as to why she was reluctant to discuss the details of the abuse. Her actions may have precipitated an incident of abuse with her stepfather, and may have experienced pleasurable sensations during the incident:

- I: How did you get in your mom and dad's bedroom? How did that part start?
- C: He was going in (unintelligible)
- I: What? I'm sorry, your voice is so soft I couldn't hear you.
- C: (no response)
- I: What were you doing right before something happened in your mom and dad's bedroom?
- C: I was either watching a movie with my brother or doing my homework.
- I: . . .And then what happened right next?
- C: Umm, (long pause) I went in his room.
- I: . . .You went in there. Ok. What was your dad doing when you went in his room.
- C: Taking a nap.

- I: He was taking a nap. And tell me more about, did he wake up or did he stay asleep?
C: He stayed asleep.
I: He stayed asleep. And what happened then?
C: He (long pause)

Opal then reported that her stepfather manipulated her vulva with his fingers.

When asked to describe physical sensations, she admitted the following:

- I: What did your private feel like when that happened?
C: (sigh, no response)
I: Did it hurt or tickle, or feel some other way?
C: It tickled.

Finally, Opal actively refused to discuss the details concerning acts of oral/genital contact, which her stepfather had previously admitted to performing many times:

- I: Opal has there ever been a time when your dad has done something to your private besides touch it with his fingers?
C: (nods head)
I: Yeah. Tell me about that.
C: No. (hides face behind teddy bear she is hugging tightly to her chest)
I: Oh, that part is hard to talk about.
C: (nods head)

The interviewer did not pursue this topic further. Opal's abuse was the longest in duration (40 months), and she reported that she had a close and loving relationship with her stepfather. She reported that her stepfather also told her that he would go to jail if "we did it again." This statement seemed to imply that Opal thought she was partially responsible for abuse.

Discussion: Several children expressed embarrassment and shame, which appeared to present barriers in reporting abuse during forensic interviews. The children did not articulate the reasons for their embarrassment. Several factors could explain the source of children's embarrassment—general societal taboos of

discussing sexuality, concerns over being identified as a victim or as a homosexual—an especially salient factor for boys. Boys were less willing to provide details about their abuse, illustrated by the observation that boys used strategies to avoid discussing details more often than girls did. This finding supported previous research by Hershkowitz and Orbach and their colleagues (2007). These researchers described five categories of “uninformative responses” (p. 104) used by children in forensic interviews: omissions, digressions, displacements, resistance, and denials. These authors also noted greater reluctance on the part of boys in forensic interviews. Children in the current study similarly used omissions (not responding, avoiding details, forgetting), digressions (changing the subject), resistance (refusing to talk about the topic) and denial (claiming an act did not happen).

Conclusion

The majority of the children in this sample delayed disclosing sexual abuse. Fear was the primary reason children did not disclose immediately. Some children reported that they were concerned that they would be in trouble and punished if the abuse was discovered. Girls were concerned that significant others would be angry with them. Other children were concerned that their perpetrators would harm them or hurt loved ones if they told. Children reported that perpetrators did or said things that could encourage fear or a sense of shared responsibility for the abuse. Children reported that perpetrators told them not to tell, or the perpetrator would be in trouble, or threatened harm to the children or their loved ones if they disclosed. Most children described their abusers as nice,

generous, or complimentary to them before the abuse began. Some children reported that their perpetrators were verbally or physically abusive to them and other family members.

Only seven of the children in this study initiated the disclosure themselves. Three girls sought emotional support from friends; however, their confidantes caused or encouraged them to report to parents or authorities. Four children disclosed in an effort to end the abuse. Girls in this sample were significantly more likely than boys to make purposeful disclosures. Girls also disclosed to caretakers as often as they did to other supportive persons such as counselors or friends.

The abuse discovery of thirteen of the children was precipitated by other factors. Seven children disclosed abuse in response to a direct inquiry by a concerned individual. Boys were more likely to make prompted disclosures. Boys almost exclusively disclosed to primary caretakers, usually their mothers. Abuse of the remaining six children was discovered accidentally. One concerning finding of this analysis was that five children (four boys and one girl) reported that their abuse was discovered previously. Parents attempted to address the problem within the family, but their interventions did not prevent the abuse from happening again. Lucy told a friend in confidence after both the second and third re-occurrences, however the boys did not disclose again until they were prompted to do so.

Of the various types of sexual abuse reported by the children, 31 acts were disclosed in response to narrative invitations or open-ended questions. Six were

disclosed in response to focused questions. Thirty acts were disclosed in answer to a yes/no question, and five acts in response to a suggestive question. Open-ended techniques were quite effective in encouraging disclosure in forensic interviews. However, focused or direct questions were necessary for children to report acts such as oral/genital, penile/anal, exposure to pornography, or abuse of others. Use of suggestive questions was minimal in the interviews. Leading and coercive techniques were not used to elicit children's reports of abusive acts.

Most children reported more acts of abuse during their forensic interviews than they admitted to in their initial disclosures. Children reported fewer abusive acts when their statements were compared to video documentation or perpetrators' admissions. Nine children appeared to speak candidly about their abuse experiences. However, other children appeared to have difficulty, and declined to answer questions due to embarrassment, fear, or because their families were not cooperative with the police investigation. Children most often reported that they did not remember details of the abuse during forensic interviews. Boys claimed that they had forgotten about the abuse or directly stated that they did not want to answer questions. Girls more often used indirect ways to avoid responding to questions.

Only two children, Penny and Nell, made immediate purposeful disclosures of abuse. Both had strong opinions about the inappropriate nature of the acts, and were emotionally distressed by them. Penny was the oldest (12.67 years) and Nell was the youngest (8.33 years) of the girls in the sample. However, both girls demonstrated excellent narrative abilities. Penny reported

that although she liked the abuser when she first became acquainted with him, she did not feel an emotional connection to him. Nell reported that she had close relationship to her perpetrator. However, she had received substantive abuse prevention information from her mother, aunt, and counselor prior to her abuser's reunification with her family. Penny's case supported previous research which indicated that children are more likely to disclose immediately if they do not have close relationships with their abusers (DiPietro et al., 1997; Goodman-Brown et al., 2003; Sjoberg & Lindblad, 2002). However, Nell's case raised new questions for potential inquiry—what factors seem to encourage children to report abuse by loved ones promptly, and whether provision of comprehensive abuse education can encourage children to report more readily.

Researchers have raised concerns about the validity of findings of prior studies on children's sexual abuse disclosures (London et al., 2005). One methodological concern articulated by these researchers focused on whether children's abuse reports were valid and sufficiently corroborated (London et al., 2005). The current research study selected cases for analysis that were validated by a minimum of two factors that corroborated the abuse, and a legal finding of guilt. Results of analysis on children's indicated that the majority of children delayed disclosing abuse, and some initially denied that abuse occurred when initially questioned by their caretakers. A second methodological concern raised by London and her colleagues (2005) concerned the possibility that children's reports of abuse were inaccurate or inflated in prior research—that children were questioned using suggestive, coercive, or inappropriate interview techniques. The

current research study used an empirically validated interview protocol (Lamb et al., 1998). In addition, analysis of the verbatim interview transcripts indicated that children's reports of abuse were elicited without the use of problematic questions. Further analysis of children's statements in this study also indicated that at least eight of the children in this study under-reported the extent of their abuse rather than over-reporting. This finding supported previous research concerning children's minimization of abuse reports (Cederborg et al., 2007; Bidrose & Goodman, 2000; Leander et al., 2005).

The findings of this study concerning gender difference in latency age children's disclosure type and recipient are novel. Prior disclosure research has not analyzed whether girls and boys differ in disclosure type—purposeful vs. prompted. Similarly, the finding of gender difference concerning to whom children initially disclose. The generalizability of this finding is unknown because of the small sample size in this study. However, this finding suggested the need for further inquiry into these gender differences in disclosure.

The findings of this study concerning children's use strategies to avoid discussing details of abuse supported previous research (Hershkowitz, Orbach et al., 2007). In this study, Hershkowitz and Orbach and their colleagues (2007) analyzed children's interviews conducted by many child abuse investigators. The current study held the variable of the interviewer constant, in that all the interviews were conducted by the same interviewer. This further supported these researchers' findings that children of both genders used strategies such as refusing to answer questions, claiming lack of memory, or changing topics to avoid

discussing details; however, boys used them with greater frequency (Hershkowitz, Orbach et al., 2007).

The next chapter of this study examined gender differences in children's narratives of sexual abuse. This narrative analysis examined gender differences in narrative structure, content and information provided. This analysis also examined themes in the children's narratives, which illuminated their initial attempts at understanding their abuse experiences.

CHAPTER 5

Children's Narratives of Sexual Abuse

The next step in the current analysis was to evaluate the narratives children created during investigative interviews. This analysis examined the level of elaboration provided by children, and whether children's narratives were gendered. Children's legal narratives are often evaluated for level of detail to determine the credibility of their witness statements. These narratives are examined by law enforcement professionals, legal defenders, judges and juries. Only one qualitative study has examined the level of elaboration in children's sexual abuse narratives (Mossige et al., 2005). Further study of children's legal narratives can expand our understanding of the ways in which children convey their abuse experiences.

Children make sense of their lived experiences through their narratives. Examination of the thematic content of children's legal narratives can shed light on how children made sense of their abuse experiences prior to the intervention of the legal or mental health professionals. This understanding may assist judges and juries in evaluating the credibility of children's accounts of abuse. Further, this information may assist mental health clinicians in identifying children's mistaken interpretations of their abuse experiences—leading to more effective interventions.

Children's narratives were evaluated with regard to narrative structure, degree of elaboration and the presence of contextual information. Some children in this sample reported only a single incident of abuse and others reported several

incidents. The most complex and detailed narrative of a single incident of abuse was selected from each child's forensic interview transcript. Each selected narrative was assigned a numeric value, based on its level of organization, coherence, and contextual embeddedness. The values assigned ranged from one to four. An assignment of Level 4 represented the most structured, elaborated and detailed narratives, while the designation of Level 1 represented the most unstructured and incomplete narratives. Narrative scores were analyzed quantitatively to examine differences in narratives based on age and gender of the child.

Interviews were analyzed qualitatively to examine common themes that arose in children's narratives. Several themes emerged, such as children's attempts to cope with the abuse and use of force or manipulation by perpetrators. Themes related to children's resistance, emotional responses, and value judgments about the abusers arose as well. Gender differences emerged with regard to these themes.

Levels of Narrative Elaboration

As described in Chapter 3, narratives were coded and classified into four levels (Bamberg & Reilly, 1996; Peterson & Roberts, 2003). Level 4 narratives contained contextual information and coherence, evaluative statements and a resolution. Level 3 narratives built to a high point and ended with no resolution. Level 2 narratives described successive events that were sequentially and logically ordered. The content of Level 1 narratives appeared confused, incomplete, contradictory, or was difficult for the listener to understand. The

following are examples of each level of narrative to illustrate the differences between each level of narrative.

Nell provided the following example of a Level 4 narrative:

- I: . . .Do you know why you're here today?
C: Yeah.
I: Tell me about that.
C: Ok. My grandpa did something to me that he's not supposed to do.
I: Oh, ok. Tell me all about what your grandpa did. Start at the beginning and tell me what happened.
C: Ok. Well, he gets up at 5:30 to get ready for work. And so, I'm sleeping on the couch in my room. 'Cause my grandma's room, my sister's sleeping in mom's room the kids are sleeping in. And we live at my grandma's house, so there's no room. So I slept in the living room with my little sister. She was on the floor next to the couch. And so, when I was sitting down, (pauses and listens to the door open and close in the next room) Sounds like someone's coming in the front door. I was laying down. My grandpa woke me up because he was rubbing me.
I: Your grandpa woke you up because he was rubbing you.
C: Yes, my legs.
I: Ok.
C: And then, after that he got up and then I though ok. I don't know about that. And so I went back to sleep. And then he I don't know how I can say this. But it was easier to say this to my mom.
I: You can use whatever words you need to use. I won't get upset or mad or anything like that. Ok?
C: Ok. Well while he was rubbing me, well, when he got up, and I went back to bed. He touched me in the spot that people don't like to be touched.
I: Ok. Tell me more about that. What happened?
C: And so, I have to tell you something before I tell you the rest of the story. Ok?
I: Ok.
C: Umm, when I was at the other place, at the police station, when I was talking to the girl, I told her that something happened to me and I left out something.
I: Oh, ok.
C: So, I'm going to tell you.
I: Ok.
C: Well, um when my grandpa was touching me there, he stuck his finger up my part where I have to use the restroom.
I: So he stuck his finger up your part that you use to go to the restroom. And then what happened?

- C: And then I woke up and I told him to stop and go away. He didn't stop. He took umm, his finger out and he started rubbing on my butt. And after that I told him to stop. I have to go to sleep. And so he started kissing me on my umm, my cheek with his tongue.
- I: He started kissing you on the cheek with his tongue.
- C: And then he um, before he left, he told me not to tell nobody. Because then he'll have to go away for a really really long time.
- I: Oh, and then what happened?
- C: And then he left and I went back to sleep and I started crying.
- I: You started crying. And then what happened?
- C: And then he came back to wash his hands.
- I: He came back to wash his hands. Tell me more about that.
- C: Well he opened the door and I stopped crying and held my breath. I was breathing out my nose and he washed his hands and got his lunch and left.
- I: I see. And then what happened?
- C: And then I started crying.
- I: You were crying. And then what happened?
- C: And then I woke up for school.
- I: You woke up for school.
- C: Yeah, and my grandpa, my grandma I thought she was mad at me when um I got up 'cause I knew she didn't know what happened to me because I didn't tell any of my family relatives before I told the school 'cause I thought that they'd get mad at me.
- I: Oh, so you thought your family would get mad at you.
- C: Yeah, because my mom knew that he gets (unintelligible) but my grandma and my mom and my aunt Jane tells me that um, my grandpa's not allowed to be around kids and I always wondered why. And then so, she and so I always wondered why. I always wanted to know I always wanted to know why. And then I talked to this guy at my school. He talks to the cops. His name is Mr. Orange. And he helped me with my problem. And I missed two hours of school time.

Nell's narrative was told in a linear fashion, starting at the beginning of the incident. In the segment of her narrative, Nell set the scene and the context (the couch in the living room, while everyone was asleep) and the time (5:30 AM). She then described her grandfather's actions and her thoughts and emotional reactions. The narrative built to a high point--the abusive act and her resistance to her grandfather. Her narrative also contained a resolution—telling her school

counselor. In addition, she reported her thoughts and emotional responses, and expressed an evaluative statement about her grandfather's behavior (grandpa did something that he's not supposed to do).

In the following excerpt, Triana provided an example of a Level 3 narrative:

- I: Ok. What I'd like you to do is think back to another time that you remember the most clearly. And tell me about a time that you remember the most about.
- C: He when I was in third grade my grandma went to [a weight loss group]. I was sitting on the couch and he sat by me, and he tried to touch me right here (points to her left buttock) but I didn't let him. And I scooted away. And then he tried getting on top of me but I didn't let him. I started kicking him. And then he went behind the couch and tipped the couch over so I went back a little. And then I tipped the couch back and I got out. And then I was in the room and I was going to call my mom. But I didn't get to because he grabbed me. And then he turned on a different movie. A different one, it was about guys. And then he told me to watch it but I went like that (covers her face with both hands). But then he moved my hands. And he said, "Open your eyes." And then he started doing nasty things with his hands and stuff. And he'd stand in front of the TV and play with himself in front of me when he was naked. And he made me touch him. And then the last time he did it he told me that if I told anybody that he would hurt me.
- I: He told you he would hurt you if you told anybody.
- C: (nods head) That's all I can remember.
- I: You said he tried to get on top of you. Tell me more about what exactly he was doing.
- C: He stand up and he was right here (motions with hand to the front of herself) and he tried to get on top of me. And then I went like that (makes kicking motion with leg to the front) and I kicked him away. And then I kicked him in his private area and then he backed away and that's when he turned on the nasty movie.
- I: Ok. And the nasty movie just had guys in it. And what were the guys doing in the movie?
- C: Playing with each other.
- I: Playing with each other. Do you remember anything else about that movie?
- C: They were naked.
- I: Ok. And you said he went behind the couch and tipped it.

- C: Yeah, he tipped it. And then I went like that (kicks her right leg up) and like that (leans back in the chair) and I rolled a lot. And then I went like that (leaned forward in the chair) and the couch went down. And then the thing that goes down there (points with hand to the lower front of chair) flopped up like that (points straight ahead). And I tried getting out to go call my mom but he wouldn't let me. He grabbed me and he pushed me back on the chair. And that's when he got on the TV.
- I: Ok. What made him stop that time?
- C: Umm, I can't remember. I started crying and then he stopped.

Triana's narrative was also told in a linear way. The narrative built to a high point, but did not follow through with a resolution. She provided contextual information about location, other individuals, actions, and a time frame for the incident. However, she provided little information about her thoughts or feelings during the incident.

Eddie provided the following example of a Level 2 narrative:

- I: Ok. Tell me all about that. What happened?
- C: My stepdad was touching me.
- I: Your stepdad was touching you. Ok. Start at the beginning and tell me everything that happened in as much detail as you can remember.
- C: Well, he comes in there whenever before he goes to work if mom's sleeping or when mom's gone. And he touches me. Sometimes I'm asleep and sometimes I'm awake.
- I: What I'd like you to do is to think back to the very last time it happened. Start at the beginning and tell me everything that happened just that last time.
- C: Well, I woke up and he asked me if I wanted him to touch me. I said no. And then he said alright and then he left. And then I fell back asleep and he came back and I woke up again. And I said no and he did it anyway and I fell back asleep.
- I: And what happened right next?
- C: Umm, my mom the last thing I remember is mom woke me up.
- I: Your mom woke you up. And what happened when your mom woke you up?
- C: She was asking me questions.
- I: Oh, tell me more about the questions.
- C: Like if he would ever touch me, and stuff like that.
- I: Oh, I see. And what did you tell your mom?

- C: And I said yeah, and then we went out to eat. So she can, so I could tell her more, and then we went to my grandma's house to tell her. And when we came back, he was gone.
- I: . . . Tell me more about what he did exactly that time when he was touching you.
- C: He was like, I don't know how to explain it or whatever.
- I: You know what Eddie? You can use whatever words you need to use. I talk to lots of boys and girls about things like this. And I never ever think bad things about them, or make fun of them, or get mad, or anything like that. You can use whatever words you need to use. Ok?
- C: Well, I don't remember exactly what he was doing. But he was touching me on my privates and moving his hand around.

Eddie's narrative was told in a sequential way. His narrative was not as detailed concerning setting, persons, or actions. He did not offer information regarding time references, and did not describe emotions or thoughts during the incident.

Billy was reluctant to discuss abuse perpetrated by his cousin. He provided the only example of a Level 1 narrative in the sample:

- C: I'm embarrassed to talk.
- I: You're embarrassed to talk. Ok. Would it be easier if I asked questions?
- C: I don't know.
- I: Ok. Where were you when something happened yesterday?
- C: (Looks down) In my room.
- I: In whose room?
- C: In my room.
- I: In your room. And who all was in your room with you?
- C: My cousin.
- I: And what's your cousin's name?
- C: Rusty.
- I: Rusty. Where was your dad when something happened with Rusty yesterday?
- C: He was in his room.
- I: He was in his room. Where was your mom?
- C: In her room. The same room.
- I: And where were your brothers?
- C: I don't know.
- I: Ok. Where was Molly?
- C: In her room.

- I: In her room. Ok. What were you doing right before something happened with Rusty?
- C: Then I talked to my mom and dad.
- I: Oh, ok. What's the first thing you did when you went in your room?
- C: Played a video game.
- I: You played a video game. And what happened next?
- C: Umm, then we came up to eat.
- I: You came up to eat. And then what happened right after that?
- C: We went back in my room.
- I: You went back in your room. And what happened after that?
- C: Umm, I forgot.

Billy provided very little information in response to open-ended or focused questions about what happened to him. Contextual details such as setting and location of others were provided in response to focused questions only. He did not provide any information about his thoughts or feelings during the incident, however, he expressed his embarrassment about talking about the abuse.

Quantitative Analysis of Narrative Scores

Narrative scores were established for the most elaborated incident of abuse for each child. See Table 6 for a summary of the scores.

Table 6

Narrative Scores

Boys										
	Ian	Dean	Bill y	Jonas	Hank	Frank	Greg	Ada m	Eddi e	Chris
Age	8.00	8.08	8.17	9.58	10.17	10.58	11.08	11.92	12.16	12.33
NS*	3	3	1	3	2	2	3	4	2	2
Girls										
	Nel l	Mar y	Ula	Sheil a	Opal	Trian a	Katie	Ruby	Lucy	Penn y
Age	8.33	8.83	9.25	9.58	10.08	10.08	10.17	10.25	12.67	12.67
NS*	4	2	2	3	3	3	3	4	4	4

*Narrative Score

The children in the sample ranged from 8.0 to 12.67 years in age, a span of four years and eight months. The older children were slightly more likely to provide more detailed narratives. There was a non-significant correlation ($r = .28$) between age and narrative quality. The lack of statistical significance was likely due to the small sample size, however, the trend showed a weak, positive relationship.

An ordered logit was used to analyze the relationship between gender and narrative score. The ordered logit was used because it provided the best fit for the

ordinal data (quality of narrative). Statistical results of the ordered logit is summarized in Table 7.

Table 7

Ordered Logit Coefficients and Predicted Probabilities: Narrative Score by Gender

Log likelihood = -22.77651				
SR chi2(1) = 3.41				
Pseudo R2 = 0.0696				
N = 20				
Narrative Score	Ordered Logit Coefficient		Probability of Narrative Score by Gender	
	Female	Male	Female	Male
	Coefficient of SE 1.593663			
4	-0.807	- 2.401	0.309 (30.9%)	0.083 (8.3%)
3	1.673	0.079	0.842 (84.2%)	0.520 52.0%)
2	3.636	2.042	0.974 (97.4%)	0.885 (88.5%)
1				

$p = 0.076$

Results of the ordered logit analysis indicated that girls had a 30.9 % probability of providing a Level 4 narrative, whereas boys had an 8.3% probability. Girls had a 84.2% chance of providing a Level 3 or higher narrative. For boys, the probability for providing a Level 3 narrative or higher was 52.0%. Girls had a 97.4% probability of providing a Level 2 or higher narrative score, where as boys had an 88.5% probability. Girls were significantly more likely to provide richer, more elaborate narratives that boys did.

Discussion: Research concerning gender differences in children's narratives of sexual abuse has been limited. Mossige et al, (2005) examined narrative elaboration in a sample of ten children who alleged sexual abuse. However, only two of the children in their sample were boys, only one of whom was willing to provide a narrative about sexual abuse. Analysis of the narratives children produced in this study was not attempted in relation to gender.

Hershkowitz, Orbach et al, (2007) found that girls provided almost twice as many abuse-related details about individuals, actions, and objects than boys did in forensic interviews. These authors also found a confounding variable--interviewers in their study used more open-ended questions in interviews with girls than they did with boys. What is unclear is why the investigators opted for more direct or focused questions with boys than they did with girls. One possible explanation for this finding may be related to the lack of detailed information boys provided in their narratives, as demonstrated in the current study. Interviewers may have strayed from preferred open-ended questions sooner in interviews due to the perception that boys provided fewer details in their narratives.

The findings concerning narrative elaboration in the current study mirrored those of previous research on gender differences in children's autobiographical narratives (Buckner & Fivush, 1998; Davis, 1999). In general, girls provided more elaborate narratives about personally meaningful events than boys did (Fivish et al, 1995). It is therefore not surprising that girls' narratives of sexual abuse in this study were found to be longer, more coherent, and more

detailed than those of boys. These differences between boys' and girls' narratives of meaningful events are represented in their sexual abuse narratives as well.

The next step in the analysis was to examine thematic content of the children's narratives. Qualitative analysis was conducted to identify common themes in the children's narratives. This analysis assisted in identifying how children made sense of their abuse experiences. Of particular interest was the examination of potential thematic differences of the narratives with regard to gender.

Qualitative Analysis of Narrative Themes

Several recurring themes were identified during the qualitative analysis of the data. These themes consisted of descriptions of their perpetrators' coercive behavior, including grooming and use of force or coercion by the perpetrators. Many children also reported themes of avoidance of or resistance against the perpetrator. Over half of the children also expressed value judgments about the sexual acts or their abusers. Themes related to emotional responses emerged in the girls' narratives.

Coercion: Two themes concerning the perpetrators' behavior—grooming and use of force/manipulation suggested differences between boys and girls. Several children provided descriptions of their abusers' grooming behaviors. Six children, five boys and one girl, reported that their abusers' exposed them to sexually explicit material or behavior, or engaged in sexually suggestive conversations with them before the abuse began. Katie reported that her friend's stepfather exposed her to sexually explicit videos initially:

- I: Or has he watched anything besides racing on TV when you play pranks?
- C: Yeah, he's watched inappropriate videos but we turn it off immediately when we go in there. I shut my eyes and don't look at the screen.
- I: What's inappropriate about the videos?
- C: It's like they're naked and they're humping each other.

In addition to the pornographic video, Katie reported that she observed the perpetrator engaging in sexual behavior with his stepdaughter, Bessie:

- I: Oh. Tell me about that.
- C: She's [Bessie] just like she has her clothes on and she just like sits on him.
- I: Oh, she sits on him.
- C: Yeah, and she's just like does the same thing in the video. But she has her clothes on.
- I: What same thing does she do that's in the video?
- C: Like where they're humping each other.
- I: What does her dad do when she does that?
- C: He does it right back. I don't know.

Likewise, Chris, Dean, and Hank reported that their abusers viewed pornography in their presence.

Greg reported that his abuser, Jerry, spoke about his engagement in sexual acts with other boys. In this excerpt, Greg describes Jerry's first attempted assault:

- I: Ok. Start at the beginning and tell me what happened that time.
- C: We were in the van. He was talking about what he does to the other kids. He said it was natural. And I said no it's not. The um, I said no. He said, "Yeah, it is, it's natural." And I disagreed. I didn't think it was natural.

Adam's abuser, Brock, exposed his genitalia, engaged in sexual conversations, and exposed him to pornographic material. In this excerpt, Adam described how Brock acquainted him with sexuality:

C: Well, what happened was it started out with him showing his private areas to me. And he said, "Don't tell anybody about this or I'll do bad stuff to you." And at what happened was it started getting worse and worse. He started showing it to me more often and started saying inappropriate things. He started saying stuff about my mom. Not like dissing me about my mom but like sexual stuff about my mom. Like doing her in the shower, that's what he said.

Later the interviewer asked for more clarification about the comments Brock made:

I: You said he said some inappropriate things about your mom?
C: Yeah. He said like I'd do your mom in the shower and like eat her out and stuff. Just really inappropriate things about my mom.

Grooming tactics such as perpetrators initiating physical contact, such as wrestling or tickling, or intruding into the children's bedrooms were reported by four girls. Opal reported that her stepfather wrestled with her and her brother:

I: Does your dad ever do things you don't like or that you think are annoying?
C: (nods head)
I: Yeah. Tell me about that.
C: He, uh, like when he plays with me and my brother, he'll sit down and he'll like, like do this with our arms (demonstrates by crossing her arms across her torso) and stuff. Like he'll do funny things and crazy things. And and um like sometimes like he's really strong so he'll like pick me up and pick my brother up and throw us on the couch. Sometimes it hurts my head so I don't like that. And he always goes, he goes, bonehead.

Ruby reported that her abuser often invited her or other children to sit on his lap before he abused her. Lucy reported that she awoke at night to find her abuser in her bedroom, staring at her. Nell reported that her grandfather wrestled with her and also intruded upon her when she was dressing:

I: Does he ever do things that make you feel like you don't have any privacy when you are changing clothes or using the bathroom?
C: Yeah.

- I: Tell me about that.
- C: Whenever I used to get out of the bathtub and get my clothes on in my grandma's room, I'd get dressed in there. And that's his room too. So he'd knock on the door to see if he could come in. If we dressed and watching TV, 'cause that's what we'd usually do. And if we said no, you can't come in, he'd always come in.
- I: Oh, and then what would happen?
- C: And then we told him to get out. But we'd be hiding under our towels. Or we'd be sitting on the floor behind the bed. So he wouldn't see us.

The perpetrators' use of force was a common theme among the boys' narratives. Seven of the ten boys reported that their abusers used force or coercion in the commission of the abuse. In this excerpt, Jonas indicated that his neighbor forced him to engage in sex acts:

- I: Think back to that last time in the mountains and tell me everything that happened from beginning to end.
- C: (heavy sigh) You already know the first part. Here comes the last part.
- I: Ok.
- C: Last time when I was seven, I was walking through the mountains. He grabbed me and he forced me.

Likewise, Frank reported use of force:

- I: . . . I understand that something may have happened to you, and I need you to tell me about that as best you can, so I can understand what happened. What happened?
- C: Uhh, a man named Ray, he touched me, in a place I didn't want to be touched and he forced me to do things I didn't want to do.
- I: Tell me a little bit more about that so I can understand what exactly happened.
- C: He forced me to touch his private part. Umm, he kissed me and I didn't want to. He forced me to do things I didn't want to do.

Chris reported that his brother, John, physically forced him to engage in oral/genital contact:

- C: He made me taste sperm on his thing. Yuck. (stuck tongue out)
- I: He made you taste what?
- C: Sperm.

- I: How did he make you taste sperm?
C: He made me.
I: How did he make you do that? What did he do?
C: He didn't threaten me, but I think he pushed me downwards.

John admitted in his interview with a police detective that he frequently physically assaulted Chris. John reported that his use physical abuse was more extensive than Chris reported.

Three girls described use of force as well—Sheila, Triana, and Ula. Sheila reported that her abuser's stepdaughter, Amy, acted as an enforcer on his behalf. In the following excerpt, Sheila reported that Amy coerced her into the sexual acts with her abuser:

- I: Ok. Now tell me more about the pictures.
C: I was naked and his daughter forced me to. Well it's not really his daughter. And his daughter got pregnant by him before.
I: Oh, Ok. So where were you when this happened?
C: At his house.
I: And where at his house were you?
C: Umm, in his motor home.
I: Oh, ok. How did you get in his motor home that time?
C: Amy took me in there.

Later, Sheila explained more about how force was used when the photographs were taken:

- I: So you said that you were naked in the pictures. How did it happen that you were naked?
C: Because she [Amy] forced me to take my clothes off and I was going to say no. I said "No!" But then she took them off.

Four children reported that their abusers assaulted them while they were incapacitated. Three girls (Lucy, Penny, and Nell) and one boy (Eddie) reported that the abuse began when they were sleeping, and they awoke to discover what had happened. Eddie also reported that his abuser told him that the sexual acts

were a game. Greg reported that his abuser, Jerry, withdrew gifts and outings after Greg resisted his first abuse attempt. Greg described an additional incident that occurred while he was sleeping:

- C: . . . And one time he took me to his house. And I fell asleep, I fell asleep and my brother was with me. And I woke up and he had my hand on his dick wiggling my hand. And I woke up. And I pulled my hand away and I wanted to call my mom but he wouldn't let me.
- I: And then what happened?
- C: And then I just went back to sleep, with my hands under my stomach.

Resistance: Almost all of the children reported themes of resistance to the perpetrator. Forms of reported resistance included passive avoidance, active verbal or physical resistance, or a combination of tactics. Some children reported that they attempted to not think about the abuse during or after it happened, or closed their eyes during the abuse. For example, Katie reported how she reacted during one of the incidents involving the perpetrator and his stepdaughter, Bessie:

- I: . . . Tell me about what he was wearing when that happened.
- C: Well, I don't think, I think he was wearing underwear, but sometimes he's not wearing anything. So we just kind of ignore the fact that.
- I: Sometimes he's not wearing anything so you kind of ignore that.
- C: Well, we don't do anything and we go out.
- I: Oh, ok. What does Bessie do when he's not wearing anything?
- C: I don't really know. 'Cause, I'm not around when she's in there.
- I: But the times when he's not wearing anything when you go in there, what do you and Bessie do?
- C: I have no clue, she just looks at him and I just ignore it and I just don't really like to be in there, when he's like that.

Sheila and Triana reported similar avoidance themes of closing their eyes or not looking at the perpetrator during incidents of abuse. Ruby also reported that she

attempted to forget the abuse after it occurred. In this excerpt, she described that both she and another victim attempted not to think about the abuse:

- I: No. Have there been any other times that Ralph has done some touching like that to you?
- C: Not to me, but to my friend, Jade.
- I: How do you know that?
- C: Because we would tell each other what would happen. And we'd keep it kind of inside and we'd try to forget about it and stuff. And we did.

More commonly, children reported themes of active resistance. Nine children, six boys and three girls, reported that they said no, or told perpetrators to stop the assaults. For example, Chris' first mention of his brother's abusive behavior during the forensic interview included this theme:

- I: Can you help me understand a little bit better what John did?
- C: Umm, I think umm, when I was in Ohio my grandma told me and Dean that umm, Max was messing with him. My grandma told my mom to divorce him to get help. And she did, but five years later she got divorced. And umm, and then he started doing it with me and my brother. And I kept on telling him no, no, no!
- I: Who started doing it to you and your brother?
- C: John.

Greg described one of the first incidents of abuse early in his forensic interview.

This description included several references to Greg telling the perpetrator no.

- I: Ok. Start at the beginning and tell me what happened that time.
- C: We were in the van. He was talking about what he does to the other kids. He said it was natural. And I said, "No, it's not." Then umm, I said no. He said, "Yeah, it is, it's natural." And I disagreed. I didn't think it was natural. And he tried to jack off me with my dick and I told him no. He got mad and took me home.
- I: And then what happened?
- C: He didn't come over for a couple weeks. Because he was mad at me.
- I: How do you know he was mad at you?
- C: 'Cause it's like, usually he comes over. I think he was mad at me because usually everyone else says yes to it.

When asked additional questions about this incident, Greg reported that Jerry's behavior was more intrusive than he initially indicated. However, Greg's theme of saying no continued through the remainder of his account of this incident:

- I: Oh. So where was the van when he did this to you?
C: He used to park it like he'd park behind a store or something.
I: Was anybody else in the van with you?
C: No.
I: Ok. Where in the van were you when that happened?
C: In the front seat.
I: In the front seat. Did Jerry do something so no one could see in the van?
C: Yeah. He'd park it right between dumpsters.
I: And then you said, he like jacked off your dick?
C: Yeah, he tried and I said no.
I: Did he do something to your clothes when that happened?
C: Yeah, unzipped my pants and unbuttoned them.
I: Did he do something to your underwear?
C: Yeah, he pulled them down.
I: What did he try to jack you off with?
C: His hand.
I: What did it feel like when that happened?
C: I didn't like the feeling.
I: You didn't like the feeling.
C: I didn't like the way it felt.
I: You didn't like the way it felt. Did Jerry want you to do something to him that time?
C: Yeah.
I: Tell me more about that.
C: He wanted me to jack him off too, but I said no.
I: And you said no.
C: Yeah.
I: Did Jerry do something to his clothes when that happened?
C: Yeah, unbuttoned his pants and unzipped them.
I: Ok. Did he do anything else to his clothes?
C: I said no. I pulled his hand away. I put on my seatbelt and pulled up my underwear and my pants and said, "Take me home." So he zipped his pants up and buttoned them and we went home.

Similarly, Ian indicated that he told his stepbrother no in his initial narrative about the abuse:

- I: Well, the other thing that boys come to talk with me about, are about things that have happened to them. I heard that something may have happened to you, and I need you to tell me about that so I can understand what happened.
- C: Oh, my brother was doing bad stuff to us.
- I: Tell me all about that so I can understand.
- C: Well, he's only done it twice this year and the first time he didn't do anything. But we were in the pool swimming and he told us to pull down our pants. Hank said ok and those two did that and I kept on saying no. And finally he pulled down my pants.

Later in the interview, Ian described witnessing abuse of his stepbrother, and the perpetrator's attempted assault of him as well.

- I: Tell me as much as you remember about the gross stuff he tried to do to Hank.
- C: He kept on asking Hank to do something I forgot but. He kept on asking him and Hank kept on saying no, no, no. And he said, "Come on!"
- I: And then what happened?
- C: He said, "Ok," and he started laying down watching TV. And AJ did that, he put his weenie up his butt. And Hank twisted and it hurt him.
- I: And then what happened?
- C: Then grandma came to the door and he pulled up his pants and he still didn't have a shirt on.
- I: And then what happened?
- C: And then I went over there and he said, "Ian, don't!" And I said, "Don't worry." And I opened the door and I asked grandma what she was doing. She's like, "I came up here to pick up the key. 'Cause I have to look for the right one." 'Cause Larry took it on his keychain.
- I: And then what happened?
- C: Umm, we went outside. And AJ kept on going in and out, trying to get the right key. Then we went back in. He asked me and I told him no.
- I: What did AJ ask you?
- C: The same thing that he asked Hank.
- I: And you said no. And then what happened?
- C: He kept on asking me and saying, "Come on!" And I kept on saying no, then finally they came home. I fell asleep before they got home.

Nell, Sheila, and Katie also reported saying no. Nell directly told her grandfather to stop when she awoke to her grandfather manipulating her genitals. Sheila expressed resistance to her abuser's stepdaughter. Similarly, Katie reported her refusal to touch her abuser at the request of his stepdaughter:

- I: I was wondering, Katie someone ever wanted you to do something to Bessie's dad's private?
C: No.
I: No. Has someone
C: Bessie wanted me to touch it and I said, "No way!"
I: How did you know that Bessie wanted you to touch it?
C: She asked me and I said, "No way!" I never did 'cause I knew it was completely wrong. And it was like, I said no, and I went out of the room and I completely ignored the fact that she asked me that.

Katie remained steadfast in her denial of touching the perpetrator's penis. However, the video record of incident indicated that Katie did indeed touch the abuser's genitalia. Under-reporting or denial of the extent of the abuse was a significant issue in Katie's narrative as well as other children in the sample.

In addition to verbal refusals, half of the children reported active physical resistance against their abusers. Four boys and six girls reported that they employed various strategies in an attempt to thwart their abusers. These strategies included pushing or pulling away, walking away, moving, or hitting/kicking the perpetrator. For example, three boys, Chris, Greg, and Frank reported that they attempted to pull away, or tried to push the perpetrators' hands away from them.

The following excerpt, Frank reported what occurred when he resisted:

- I: . . . You said that he forced you to do things that you didn't want to do. Can you help me understand that a little bit better?
C: He would grab my hand.
I: Oh, that's what you were talking about?
C: (nods head)

- I: What would you do when he grabbed your hand?
- C: I would try to pull it back.
- I: What would Ray do when you tried to pull it back?
- C: Just keep on pulling it near his private part.

Two children, Hank and Ruby, walked away when the abuse occurred. In this excerpt, Ruby described how she resisted the abuser, Ralph:

- I: Just start at the beginning and tell me what happened.
- C: I went over to see what Josh was playing because he wanted to show me something when Ralph was there. And he said (imitates voice) "Come sit on my lap Ruby." For somewhere to sit because Pearl was sitting somewhere else, like on the other seat to sit. So I did it. And that's when he did it. And he would just rub and stuff. And I got up immediately, after that, after like 30 seconds. Because I knew something wasn't right. And I was young at the time so I didn't know better. But I know to get up because it just didn't feel right.

Two girls, Lucy and Penny, were assaulted when they were asleep. Fearful of directly confronting their abusers, they turned or moved in an effort to stop the abuse. Penny described how she stopped her abuser's assault by turning and moving:

- I: Tell me more about what woke you up.
- C: When he um put his private part on my right here (points to the bridge of her nose) right here.
- I: And what could you see right when you opened your eyes?
- C: I saw his head, his body.
- I: You saw his head and his body. At what was happening right when you opened your eyes?
- C: I took thing right here (points to nose and upper lip) and he rubbed it right here (points to upper lip and mouth) and he stopped and then he was going to go in my blankets but I um turned over the other way.

Four children, three girls (Sheila, Triana, and Ula) and one boy (Jonas) reported that they actively resisted their abusers by hitting or kicking them. For example, Ula described how she resisted her brother:

- I: Tell me more about what Rick did to you in your mom's room that last time.
- C: He touched me here (points to her crotch) and I would kick him because I don't like it.
- I: You kicked him because you didn't like it.
- C: And he won't leave me alone.

Sheila did not physically confront her abuser, an adult male who photographed her nude. However she did attempt to resist pressure from his 13-year-old stepdaughter, Amy. The abuser appeared to use Amy as a tool to recruit other victims. In this excerpt she described her attempt to escape the situation and the consequence she paid for doing so:

- I: Ok. And then what happened right next?
- C: And then she pushed. Ok, then my friends Betty and Jean came over to tell me that my mom wants me home. And then um Amy started following me I'm like, she's like, "Why do you have to go?" I'm like, "Cause my mom wants me home." And I actually slapped her. And then she kicked me in the car and punched me in the chest.

Triana used several strategies to resist her abusive grandfather, including pulling away, closing her eyes, kicking and crying. With the exception of crying and screaming, her resistance efforts were unsuccessful at dissuading her grandfather. In the following example, Triana described that she was punished for not complying with her grandfather's desires:

- C: When I was eight, my dad went to jail and he started. And then every time my grandma went to [a weight loss group] or she went to the store, or I was sleeping or in the shower. And when I woke up or got out of the shower he'd try to do nasty things to me. He'd put on nasty movies and he always locked me in my room. And he burnt me right here with a cigarette. (points to a circular scar on her left hand)
- I: He burnt you right there with a cigarette.
- C: Yeah, because I wouldn't touch him. And he'd always undress himself in front of me. He was always mean to me and called me names.

Only one of the boys, Jonas, reported that he attempted to physically fight with his abuser. However, the veracity of his account of resistance appears questionable in the following excerpt:

- I: What was the very first thing he did that last time?
C: The very first thing?
I: The very first thing he did that last time when you were in the mountains.
C: Ok. Hmm, I'm trying to think. Hmm. He a kind of um tried to get his private up my butt.
I: So Steve tried to get his private up your butt.
C: (nods head)
I: And then what happened right next?
C: I made him stop.
I: How did you make him stop?
C: Umm, I grabbed a great big rock, like this big. (demonstrates with both hands, about eight inches apart)

Adam reported an unusual resistance strategy among the children in this study. He attempted to gather forensic biological evidence for proof against his abuser, Brock. Adam described two different incidents which involved Brock ejaculating into a sock and a paper towel. Adam hid the sock behind his bed, and retained and concealed the paper towel. In this excerpt, he explained why:

- C: And that was just like that one. I was in my room and he did that and then he had me jack him off with his wiener. And that was it.
I: Ok. And did he want you to use something that time?
C: No. He used a paper towel.
I: He used a paper towel.
C: Well, I had to use a paper towel.
I: And then what happened to the paper towel?
C: And sperm went onto it. And I kept the paper towel. I put it under my sink.
I: Did something make you want to keep the paper towel under your sink?
C: I kept the paper towel under my sink. I kept the evidence scattered out, across my house. So when he got caught and it was time I would know where all the evidence was.
I: Oh, I see, ok.

- C: I watched a lot of crime, like true TV and crime stuff.
I: I see.
C: I watched a lot of judge stuff.

Police found the paper towel under the bathroom sink, and submitted it and the sock to the crime laboratory for DNA analysis. Sperm and genetic material that matched Brock's DNA were discovered on both items.

Value Judgments: Twelve of the children, seven boys and five girls, offered judgments about the sexually abusive acts, the perpetrator, or both. Gender differences were observed in the way boys and girls described these judgments. All seven boys used pejorative terms when they discussed the acts or the abusers. For example, Dean's initial narrative included statements about what happened, and judged it as sick and nasty:

- I: Ok. Dean, why are you here to talk to me today?
C: Because, umm, my brother done nasty stuff to us.
I: Your brother did nasty stuff to you. Start at the beginning and tell me all about that. What happened?
C: Umm, well my brother, he made us go down on him. He made us pull down our pants and underwear.
I: So your brother made you pull down your pants and underwear.
C: And umm, he did something sick to me.

Dean also provided his opinion about his brother:

- I: What do you think about John?
C: He's nasty.

Frank initially reported having a positive relationship with his abuser, Ray.

However, Frank offered this assessment about him during his interview:

- I: Ok. Is there something else you think I should know about Ray?
C: No. That's about it.
I: No. Ok. What do you think about him now?
C: I hate him.
I: You hate him. What do you think should happen?
C: He should go to jail.

Similarly, Greg thought that his abuser, Jerry, was generous with gifts and helpful to his family at the beginning of their relationship. However, Greg indicated his opinion about the abuse in this narrative:

- I: Tell me about the time you remember most clearly when you were waiting at that office.
- C: It was after hours, and I was just waiting in the van. Him and this other kid, and they went in. And they were in there five minutes. And the kid said he got five dollars and then I started to get even more suspicious. Then he started talking to me about it. And this one time he asked a kid has he ever popped a boner. I thought that was a sick question. He asked me that and I said no, I'm not going to tell you. And he said it's natural.

Greg also reported his opinion about Jerry:

- I: Is there anything else you think I should know about Jerry?
- C: That he's a pervert.
- I: . . . So what do you think should happen?
- C: I think he should go to jail for the rest of his life.

Girls, by contrast, expressed opinions about the abuse and abusers in more equivocal language. For example, Penny offered this opinion on her abuser's attempt to put his penis in her mouth while she slept:

- I: So then you fell asleep on the floor. And what happened right next?
- C: He walked in the door but I didn't hear. And I guess he went in the room. And then he lay by me and just did not the right thing.

Katie articulated her opinions in terms of her subjective feelings. In the following excerpt, she described her feelings and judgment about the perpetrator's behavior:

- I: Oh, ok. Have there been times when make-up was put on him in places you felt uncomfortable about?
- C: Well, yes, umm, Bessie put glitter on his private and I just thought that was wrong.
- I: Tell me more about what happened when she put glitter on his private.
- C: Well, that was just it. I don't know.

- I: Did something else happen that time?
 C: No.
 I: What did Bessie's dad do when that happened?
 C: Nothing, he just washed it all off. He just didn't even say anything, which I think he should tell us if he doesn't want us to do it anymore.
 I: Has that happened one time or more than one time?
 C: Like one time and then we'd stop. Bessie would want to go back in there and I said, I'd say like, sometimes I'll say no, let's stop.
 I: Does he ever say anything when that happens?
 C: No, he never really says anything. I don't know. I think like, I think what was also partially wrong is that he never tells his wife. He never tells his wife, Brenda, Bessie's mom, he never tells her anything about.
 I: Never tells Bessie's mom about what?
 C: He never tells Bessie's mom about the pranks we do.

Katie also described her thoughts about a sexual conversation with her abuser's stepdaughter, Bessie:

- I: Has something else happened that made you feel funny or uncomfortable?
 C: Umm, no. But Bessie's told me some inappropriate like, her dad and mom hump each other like. She told me that I felt she didn't need to tell me that. I felt, what was the reason for telling me that? It doesn't matter, I don't need to know that.

Katie also expressed this example of the girls' ambivalent opinions about their abusers:

- I: Tell me a little bit more about Bessie's dad. What's he like?
 C: He likes car racing, he did it for like ten years, that's why he fixes cars now. And I think he's pretty much home all day watching TV. Umm, like races and basketball games. That's pretty much all I know he does.
 I: Tell me some things you like about him and some things you don't like about him.
 C: I don't like the fact that he completely ignores the fact that we're in there when he's naked, and he doesn't even lock the door. And I like that he's nice to us but that's all.

Ruby expressed her opinion about other aspects of her perpetrator's behavior:

- I: And did Ralph ever say nice things about you?

- C: I don't really know. I've never I remember him always saying that he knew Josh would take his CDs and stuff. But I don't know why he thought that because maybe Josh didn't. Because Josh wouldn't take his CD's unless he asked basically. Except if they're out the door. If I'm not in the room then, even I kept thinking, what happens if he just misplaced them. And I was thinking, he shouldn't be blaming it all on Josh. And he'd always say my brother was annoying. And that's pretty much it.

Ruby was the only girl who expressed her opinion about what her abuser's punishment should be:

- I: Ok. Do you have any questions?
C: Umm, yeah. Ralph, is he going to jail?
I: You know what? I don't know. It's kind of too soon to tell. A lot of different things could happen. Ok.
C: Because I think he pretty much should. Because this is kind of wrong, what he's doing to kids. And he shouldn't do it to anybody else.

Emotional references: One of the most striking differences between boys' and girls' narratives involved girls' descriptions of emotions during forensic interviews. Boys typically referenced fear in relation to their reluctance to disclose the abuse or their embarrassment about discussing the abuse during forensic interviews. However, five of the girls reported emotional responses not only in with regard to disclosure reluctance, but in other contexts as well. This was noteworthy because unlike therapeutic interviews, forensic interviews typically did not focus on eliciting information about children's emotional states or experiences. However, girls frequently provided emotional information spontaneously in their narratives. For example, Lucy used an emotional state as a cue to assist her in placing the first incident of abuse within a time frame:

- I: You said it started last year, right around the time you were going through AIMS testing. And you said you remember the first time happened on like the third day of AIMS testing.

- C: Yes.
I: How do you remember that?
C: Because I remember after that night I went to school and I didn't feel so comfortable about testing and stuff. And I didn't really want to go to school at all. But I didn't want to stay at home either. So I just went to school and I felt kind of weird.

Later in her interview, Lucy also described how her friend reacted emotionally to her disclosure in their school counselor's office:

- C: . . . And then like me and my friend Josie, we're talking in Ms. Johnson's office, my guidance counselor. And she had these faces, like expressions and stuff. And she picked up the sad one. She said that's how she feels because that's what was happening to me and because I told.

Girls also described their emotional experiences during and immediately after incidents of abuse. For example, Penny reported her emotional response when she awoke to the assault:

- I: Ok. Did this man say something to you about telling anybody about what happened?
C: Huh uh, he thought I was asleep.
I: Oh, he thought you were asleep.
C: Yeah, but I really wasn't. So he didn't say anything about like don't tell anybody. He didn't say nothing like that. He thought I was asleep. But I wasn't. Because I was scared 'cause if I would like woke up, I thought he would do something more to me to hurt me. Or he probably could have killed me or something.

Penny also described her emotional response after she told the perpetrator's son about the abuse:

- I: Ok. Where were you when you told your best friend's dad about what happened?
C: There was like a stand in the kitchen. A stand. And then he came out and he was walking towards his the door that. The man who did it to me, he was walking towards his door. And I stopped and got up real fast. Like he got up out of his sleep, and he didn't know what was going on because he was asleep. And um I told him what happened and then I came in his room and I was hugging his girlfriend because I was scared.

Similarly, Ruby described her feelings of discomfort during the abusive incident. She also made a reference as to how she felt in the house where the abuse occurred:

- C: But I always felt protected at Jade's house because I knew that nothing bad would happen to me, because I had my friend there and I had a least one grown up around me at the time. Or Jason or Josh or someone around that could scream louder than me if something bad happened.

Three of the girls openly expressed emotion during the forensic interview. Penny and Triana were tearful when they described their experiences. Ruby expressed her relief at having the opportunity to talk about her experience:

- I: Well I need some help understanding everything that happened.
C: Well, the guy's name was Ralph, and every time I would sit on his lap, he would do this to my friends. He would rub their leg. Or this is what he did to Jade and to Pearl and me he would go inside our pants and our underwear. He did it to Jade a lot but he did it a lot a lot to my friend Pearl. But she was only like five when it happened to her, or four. I think she was five or four, (yawns) I'm sorry, I'm really tired. And umm, it happened two, no, yeah, in the middle, I think it was basically the end of second grade. And me and my friend Jade were blocking it out of our lives. And one time Jade saw Ralph at the end of her bed. And he would grab her chest. Jade's, not me, and try to kiss her. And he would go down their shirts. Oh, I'm glad I got this out of me. (sighs loudly)

Nell disclosed how difficult it was to tell the interviewer about what another victim of her abuser told her in confidence:

- I: Oh, your mom told you. Do you know if something has ever happened to Lisa?
C: (long pause) This is the hardest time I've ever had right now.
I: Oh, what's making this hard?
C: Because last night me and my mom and my sister had a girls' talk about what happened to me. And let's say if you were with your friends, and this happened to one of your daughters, or one of your sisters. And you didn't know it happened to any of your sisters.

And she just now told and she said that they didn't want anyone to know.

I: Oh, I can see why that would be hard.

C: So I'm in a position that makes me, that I just can't answer that one.

At the end of the interview, Nell decided to tell the interviewer about what her younger sister, Lisa, told her in confidence. She also expressed how she felt about the abuse.

I: Did you think of anything else you think I should know?

C: Umm, there's one thing. You have to promise me that you will never tell anybody this.

I: Ok.

C: It's that Lisa did get touched.

I: How do you know that?

C: Last night, um, my mom told me after she came home before she was at the police station. She talked to Grandma, and Grandpa said, "I'm in trouble." And she said, "Why?" Because he touched Nell and Lisa. And she told my sister that she doesn't need to lie to her 'cause um it happened to my mom too. And it happened to me and I thought I was the odd man out.

None of the boys cried or expressed other emotions during the interview, with the exception of embarrassment about disclosing or talking about the abuse with the interviewer.

Along with Nell, Ruby and Katie knew other children whom their abusers victimized. Like Nell, they also expressed concerns for the other victims' emotional states. For example, Katie expressed concern and empathy for Bessie, because the discovery of the abuse led to the separation of Bessie's parents:

C: ...But her [Bessie's] mom and dad are broken up. They just broke up. So, it's been hard for her. But me and Carly comfort her.

Five of the boys had close relationships with other victims of their abusers. None of the boys described feelings of concern about how the abuse was affecting their brothers or friends, or how discovery impacted family members

Finally, two girls, Lucy and Nell, made references about how the abuse has affected them. Lucy reported that she felt uncomfortable in her stepfather's presence after the abuse began. Nell reported emotional distress about what happened:

- I: Ok. Are you worried about something?
- C: I've been having nightmares.
- I: Oh.
- C: About it. And I woke up on the night before tonight and on Wednesday. And I was crying. Because I had a bad dream that he was going to come back. And he was going to be like mad and teasing me about it.

None of the boys described similar emotional responses or concerns about how the abuse affected them.

Conclusion

Most children in the sample provided at least one detailed narrative about their abuse experiences. Thirteen of the children provided incident narratives that were evaluated as a Level 3 or higher. However, girls were more likely to provide greater elaboration in their narratives than boys did. This finding supported previous research regarding gender differences of children's narratives about personally meaningful events (Buckner & Fivush, 1998; Friedman & Pines, 1991). This finding also supported previous findings that girls provided more details about people, actions, and objects than boys did in forensic interviews (Hershkowitz, Orbach et al, 2007).

Several recurring themes emerged in the children's forensic interviews. Many of the children described how perpetrators introduced them to physical contact and sexuality. Boys and girls reported that their perpetrators exposed them to pornography and sexual conversations before the contact abuse began. However, boys reported this tactic more often than girls did. Girls more often reported that abusers initiated the abuse with affectionate or playful physical contact, or intrusion into their bedrooms. These findings supported previous research concerning how perpetrators influenced children's interpretations of physical contact and sexuality (Pryor, 1996; Salter, 2003).

One common theme that arose in children's interviews was the use of force or coercion by the perpetrators. Boys more often reported that their abusers overtly forced them to engage in sexual acts. Another possible explanation for boys' reports of use of force may have reflected their attempts to explain or save face concerning their compliance with sexual acts. Descriptions of being forced by a same-sex perpetrator may have served to deflect anticipated identification as homosexual for participating in the sexual acts. Boys may not have recognized the more subtle manipulative or coercive tactics used by perpetrators as elements of force. Girls and boys reported that their abusers assaulted them while they were sleeping. Two girls reported that other victims of their abusers coerced them to engage in sexual acts. This finding also supported findings from previous studies indicating that perpetrators used physical force or abuse in order to overpower their victims (Budin & Johnson, 1989; Lang & Frenzel, 1988; Pryor, 1996).

Most children had strong themes throughout their interviews about resistance. Girls reported that they resisted through passive avoidance and by active resistance such as saying no or fighting back. Boys reported that they actively resisted by refusing to comply, saying no, or pulling/pushing away. However, these attempts at resistance were most often unsuccessful in stopping the abuse. To date, no qualitative study of children's narratives has reported this finding. Children's reports of resistance may indicate a way they attempted to make sense of their victimization—that the abuse was unwanted. Their accounts of resistance may also serve as a way to save face, especially for boys. Boys may have reported resistance to minimize their role as victims, and to avoid being identified as homosexual. Research studies on men's disclosures have indicated that reluctance to being identified as a victim or homosexual were barriers to disclosure of abuse (Alaggia, 2005; Sorsoli et al, 2008). The boys included in this analysis may have had these concerns as well. However, no research to date has explored this issue with pre-adolescent boys.

Over half of the children reported value judgments about what happened to them during their interviews. Boys expressed more critical and derogatory statements of their opinions about the abuse and the abuser. Girls related more tempered or ambivalent opinions about the abuse. To date, no other research studies have focused on this issue. Boys may have expressed more critical opinions of same-sex abusers in an effort to avoid being identified as homosexual. It is also possible that abusers took advantage of their victims' fears of this social

stigma to encourage their victims' silence. Girls did not encounter this concern, as they were abused by men or adolescent boys.

Gender differences were observed in children's descriptions and expression of emotions during forensic interviews. Boys described embarrassment and fear related to their reluctance to disclose abuse. However, they generally did not offer information about the emotional responses they experienced during the abuse. Boys typically expressed embarrassment about talking about the abuse during their forensic interviews. In addition to their disclosure concerns, girls more often included descriptions of emotional reactions during the abusive incidents. Girls expressed concern for others who were victimized. Although some girls reported embarrassment while being interviewed, several girls expressed sadness, fear, and relief as well. This finding supported prior research on gender differences in emotional content of children's narratives (Buckner & Fivush, 1998; Fivush et al., 1995; Davis, 1999). However, boys may not have been willing to describe emotional content during the forensic interview due to another factor. Boys have been shown to discuss emotions more readily with their parents than with strangers (Buckner & Fivush, 2000). Similarly, boys may have experienced difficulty expressing emotions to the forensic interviewer, who was unknown to them.

CHAPTER 6

Discussion

The purpose of this mixed methods study was to examine the dynamics of disclosure of 8- through 12-year old children, with a confirmed history of sexual abuse. In addition, the study examined how these children narrated their abuse experiences early in the investigative process. Analysis of the of the children's investigative interviews found unexpected gender differences in the way these children disclosed abuse. Gender differences in narrative production were also observed.

Research Questions Revisited

Inquiry with regard to the first research question--when and why children disclosed abuse--yielded interesting results. Most of the children waited one month or longer before disclosing abuse. Significantly, most of the children required an outside impetus such as accidental discovery or direct questioning in order to reveal abuse. Boys were more likely to make prompted disclosures initiated by caretakers. Girls, however, were more likely to disclose purposefully, and chose to tell friends or professionals as well as caretakers. These findings suggested that social support was a crucial factor in the disclosure process for these children, most especially for boys. Boys may have been more reliant upon caretakers as primary providers of social support, whereas girls sought and received support through other relationship types. This result may also be explained by the additional barriers boys may have faced that precluded disclosure. Boys may have feared being identified as victims or as homosexuals

by friends or acquaintances, and may have only felt comfortable disclosing to their primary caretakers.

Analysis of children's interviews also revealed that disclosure was a process for most of the children. Initial inquiries by parents about abuse were met with denials by some children. Children disclosed more acts of abuse during their forensic interviews than they did to the initial disclosure recipients. Children were more likely to deny, minimize, or under-report abuse rather than inflate reports of abuse.

Examination of the second research question--what precluded and encouraged children to disclose CSA--revealed that fear was children's primary reason for not disclosing immediately. Children were fearful of getting in trouble or making others angry. Some children were concerned about their own safety or the welfare of others. Perpetrators' told children not to reveal the abuse, and some used threats or gifts to encourage silence. Children adapted to the abuse situation by forgetting or other avoidant behaviors. Social support offered by other people was the most significant factor that encouraged children in this study to report abuse.

Inquiry into the third research question concerning the sorts of narratives children created during investigative interviews revealed common themes threaded into their accounts of abuse. Both boys and girls described perpetrators' strategies that entrapped and coerced them into an abusive relationship. One interesting discovery was the theme of resistance to perpetrators that emerged throughout most of the children's narratives. The

articulation of this theme suggested that children attempted to thwart their perpetrators, but were ineffective in doing so. Another explanation for this resistance theme may be that it reflected children's attempts to regain a sense of control or mastery over their situations. For boys, this may have represented a rejection of the victim role, or was an attempt to avoid being regarded as homosexual. Telling others that perpetrators' sexual advances were resisted or unwanted may have reflected boys' rejection of socially stigmatizing labels.

Were children's narratives gendered? In short, yes. Girls were more likely to provide more elaborate and detailed narratives than boys did. Girls expressed concerns about how their disclosures impacted others who cared about the perpetrators. Girls described more emotional content in their narratives and expressed a wider range of emotions during the interview process than boys did. Girls expressed more ambivalent opinions about the abuse and their abusers, whereas boys appeared more critical in their evaluations.

Implications

The findings of this study provided further support for the CSAAS as a framework for explaining the process of disclosure in CSA cases (Summit, 1983). In particular, these findings supported the concepts of the secrecy and helplessness. Children reported that they were told not to tell, and that their attempts at resisting their abusers were mostly ineffective, or resulted in further injury for some children. Entrapment and accommodation were clearly illustrated in these children's narratives. For example, children pretended to be asleep or attempted to forget about the abuse. Children also thought they had done

something wrong that would result in punishment or anger others. Delayed and conflicted disclosures were common. Some children were reluctant to repeat their allegations during the investigative interview or minimized the extent of the abuse. No children retracted their prior disclosures in forensic interviews outright; however, this may have reflected the presence of support they received from their families. The forensic interviews took place early in the investigation. Recantations have been shown to be more likely to occur later in the investigation or adjudication process, and are closely associated with disbelief and non-support by caretakers (Bradley & Wood, 1996; Lovett, 2004; Malloy, Lyon, & Quas, 2007).

The findings of the current study have implications for forensic interviewers and investigators who question children about sexual abuse. Forensic interview protocols are designed to maximize the amount of narrative information provided by children, and provide an organizing framework that increases the accuracy of the memories reported by children (Goodman, 2006). If children, especially boys, provide less narrative information, this may affect interviewers' behavior in the co-production of abuse accounts. Interviewers may decide to abandon open-ended techniques and resort to more directive, leading, or coercive questions in order to obtain information from children. Interviewers may also purposefully or inadvertently express frustration directed at children during interviews. These interviewer responses may have an effect on the accuracy and amount of the information children provide. Given the obstacles to disclosure that children described in the current study, it is important for interviewers to

provide a supportive environment that encourages children to tell their own stories.

Another important finding in this study was the differences between boys and girls with regard disclosure type and recipient. This finding has implications for sexual abuse education and prevention programs. Curriculum for prevention programs may be improved and made more effective by addressing the concerns boys have about identification as a victim or as homosexual. Specifically, instruction concerning how perpetrators take advantage of boys' concerns about these issues to foster silence may be helpful. In addition, programs aimed at school-aged and adolescent boys could benefit from instruction to assist them in understanding that sexual responses to abusive acts are normal, and are not necessarily indicative of sexual orientation (Hindman, 1988). Additional educational materials should be developed for children's caretakers concerning how to appropriately inquire about sexual abuse issues with their children, especially sons. Including parents or caretakers in the education process may provide additional support for boys to more readily disclose abuse.

These findings have implications for the field of victim treatment. Researchers have reported gender differences in how children respond to traumatic events such as physical abuse, witnessing domestic violence and CSA (Kendall-Tackett, Williams, & Finkelhor, 1993; Perry, 2001). Girls were more likely to internalize their experiences—responding to trauma in more self-punishing ways such as depression or self mutilation (Kendall-Tackett, et al., 1993). Boys were more likely to externalize their traumatic experiences—in other

words, were more likely to engage in aggressive behaviors in order to deal with the emotional pain and compensate for feelings of vulnerability (Perry, 2001). In short, boys may grow into men who perpetuate abuse by victimizing others. Children in this study alluded to these differences in coping mechanisms in their narratives—specifically reflected in the value judgments concerning the abuse and their abusers. These findings may help to inform therapeutic interventions designed to ameliorate the effects of CSA. Girls may benefit from assistance in expressing anger toward the perpetrator, and assigning appropriate responsibility for the abuse. Boys may benefit from interventions that assist them to expressing emotions other than anger, and developing alternative coping responses other than controlling and aggressive behavior (Briere, 1992). Boys' physical responses during abuse and the impact sexual abuse may have on their developing sexuality should be addressed, both at the time of abuse discovery, and again when boys approach puberty (Abel & Harlow, 2001)

Gender differences in children's narratives have implications for child abuse investigators and prosecutors. Boys provided less elaborate narratives concerning sexual abuse, reporting fewer contextual details, and less emotional content. These issues may have a negative impact on investigators and prosecutors perceptions of boys' credibility. These perceptions may influence police decisions in forwarding cases for prosecutorial review, as well as affecting prosecutors' decisions to pursue criminal cases (Stroud, et al., 2000). Similarly, boys reported derogatory opinions about their perpetrators and desired to punish them. This response could be misconstrued as suggestive of malicious intent as

the impetus for the accusation. If girls' narratives of abuse serve as the standard by which CSA disclosures are generally evaluated for credibility, then boys may not be afforded the same intervention and protection by the child welfare and criminal justice systems as girls are.

Strengths of the Study

One common criticism of prior disclosure research was the lack of corroboration of the abuse claims made by the study subjects (Horowitz et al., 1996). One of the primary strengths of this study was its robust validation criteria of the abuse cases included. The paramount criterion required for cases considered for inclusion was the issue of abuse validation. Case selection was governed by the requirement of a minimum of three corroborative factors. Disclosure of abuse during the forensic interview was not considered as one of the corroborative factors. The quality of the narrative provided by the child was not evaluated until after the case was selected for inclusion.

The second factor which contributed to the strength of these findings concerned the use of a standard interview protocol. The NICHD protocol used in conducting the forensic interviews has been field tested and empirically validated in actual abuse investigations, and has been shown to enhance children's narrative responses (Sternberg et al., 2001). Analysis and coding of the questions posed during the interviews provided additional validation that children's disclosures were not elicited using leading or coercive techniques.

Investigative interviewers' styles can vary based on demeanor, skill, gender, and experience. Information provided by children during the process of

discourse may vary based on these interviewer variables. One advantage of this study was that these interviewer variables were held constant. All the interviews were conducted by the same interviewer, who was well-trained and experienced. Therefore, differences in children's narratives were most likely not related to interviewer variables.

Lastly, this study was strengthened by the qualitative presentation of data. Concepts emerged and were illustrated using children's own words. Therefore, children's own voices were most influential in directing the analysis.

Limitations

The quality of the children's narratives was not considered as a corroborating factor to validate abuse when selecting cases for this study. However, narrative quality (level of detail and coherence) may have been a factor considered by police and prosecutors in their decisions to pursue criminal charges. Since a legal finding of guilt was a corroborating factor for abuse, children's narratives chosen for analysis may have a selection bias based on higher quality. One could argue however that the quality of all the interviews, regardless of gender, were higher overall. Conversely, because of the strength of corroborating evidence for abuse, narrative quality may not have been as crucial a factor in the prosecutors' decisions to file criminal charges.

The selection of children for this study was based on the strength of corroborating evidence of abuse, age, and gender. The children were not randomly selected from a general population of abused children. Because of this selection bias, the results of this study may not be applicable to the general

population of children who have experienced sexual abuse. For example, children who have never disclosed may have different factors that preclude them from revealing abuse. The subjects in this study may not be representative of children whose abuse was not corroborated. Finally, the findings of this study may not generalize to preschool-aged children or adolescents.

Suggestions for Future Research

This study was exploratory in nature. The emergence of gender differences in disclosure type and recipient invites further inquiry using a larger sample of 8- through 12-year-old children, as well as other age groups. Further qualitative study of children who make immediate disclosures of abuse is also recommended. Factors such as comprehensive sexual abuse prevention education and identification of supportive professionals to whom children can turn for support appeared to have encouraged one child to report immediately. However, further inquiry is needed.

Further qualitative study of children's sexual abuse narratives is also recommended. Replication of the current study with larger sample sizes and different age groups of children is important to test the validity of the current findings. Narrative analysis of interviews of boys whose cases were accepted versus declined for criminal charges may answer questions as to why cases involving male victims are less likely to be prosecuted.

REFERENCES

- Abel, G., & Harlow, N. (2001). *Stop Child Molestation*. Xlibris Corporation.
- Adams, L., Kuebli, J., Boyle, P., & Fivush, R. (1995). Gender differences in parent-child conversations about past emotions: A longitudinal investigation. *Sex Roles*, 33, 309-323.
- Alaggia, R. (2004). Many ways of telling: Expanding conceptualizations of child sexual abuse disclosure. *Child Abuse & Neglect*, 22:11, 1213-1227.
- Alaggia, R. (2005). Disclosing the trauma of child sexual abuse: A gender analysis. *Journal of Loss and Trauma*, 10:5, 453-470.
- Arata, C. M. (1998). To tell or not to tell: Current functioning of child sexual abuse survivors who disclosed their victimization. *Child Maltreatment*, 6, 230-242.
- Arizona Revised Statutes*. (2008). Thompson/West: <http://west.thompson.com>.
- Auerbach, C. F. & Silverstein, L. B. (2003). *Qualitative Data: An Introduction to Coding and Analysis*. New York: New York University Press.
- Baker-Ward, L., Ornstein, P. A., Gordon, B. N., Follmer, A., & Clubb, P. A. (1995). How shall a thing be coded? Implications of the use of alternative procedures for scoring children's verbal reports. In M. Zaragoza, J. R. Graham, G. C. N. Hall, R. Hirschman, Y. S. Ben-Porath (Eds.), *Memory and Testimony in the Child Witness*, (pp. 61-85). Thousand Oaks, CA: Sage.
- Bamberg, M., & Reilly, J. (1996). Emotion, narrative and affect: How children discover the relationship between what to say and how to say it. In D. I. Slobin, J. Gerhardt, K. Amy, & J. Guo (Eds.), *Social Interaction, Social Context, and Language. Essays in Honor of Susan Ervin-Tripp*, (pp.329-341). Mahwah, NJ: Erlbaum.
- Barbaree, H. E., Hudson, S. M., & Seto, M. C. (1993). Sexual assault in society: The role of the juvenile offender. In H. E. Barbaree, W. L. Marshall, & S. M. Hudson (Eds.), *The Juvenile Sex Offender*, (pp. 1-24). New York: Guilford Press.
- Beitchman, J., Sucker, K., Hood, J., daCosta, G., & Cassavia, E. (1992). A review of the long-term effects of child sexual abuse. *Child Abuse & Neglect*, 16, 101-118.

- Berliner, L., & Conte, J. R. (1990). The process of victimization: The victims' perspective. *Child Abuse & Neglect*, 14, 29-40.
- Bidrose, S., & Goodman, G. S. (2000). Testimony and evidence: A scientific case study of memory for child sexual abuse. *Applied Cognitive Psychology*, 14, 197-213.
- Bottoms, B. L., Rudnicki, A. G., & Epstein, M. A. (2007). A retrospective study of factors affecting the disclosure of childhood sexual and physical abuse. In M. Pipe, M. E. Lamb, Y. Orbach, & A. Cederborg (Eds.), *Child Sexual Abuse: Disclosure, Delay, and Denial*, (pp. 175-194). Mahwah, NJ: Lawrence Erlbaum Associates.
- Bradley A., & Wood, J. (1996). How do children tell? The disclosure process in child sexual abuse. *Child Abuse & Neglect*, 20:9, 881-891.
- Briere, J. (1992). *Child Abuse Trauma: Theory and Treatment of the Lasting Effects*. Newbury Park, CA: Sage.
- Bruner, J. S. (1987). Life as narrative. *Social Research*, 54, 11-32.
- Buckner J. P., & Fivush, R. (1998). Gender and self in children's autobiographical narratives. *Applied Cognitive Psychology*, 12:4, 407-429.
- Buckner, J. P., & Fivush, R. (2000). Gendered themes in family reminiscing. *Memory*, 8:6, 401-412.
- Budin, L. E., & Johnson, C. F. (1989). Sex abuse prevention programs: Offenders' attitudes about their efficacy. *Child Abuse & Neglect*, 13, 77-87.
- Carnes, C. N., Nelson-Gardell, D., Wilson, C., & Orgassa, U. C. (2001). Extended forensic evaluation when sexual abuse is suspected: A multi-site field study. *Child Maltreatment*, 6, 230-242.
- Ceci, S. J., & Bruck, M. (1993). Suggestibility of the child witness: A historical review and synthesis. *Psychological Bulletin*, 3, 403-439.
- Ceci, S. J., & Bruck, M. (1995). *Jeopardy in the Courtroom: A Scientific Analysis of Children's Testimony*. Washington, DC: American Psychological Association.
- Ceci, S. J., Crotteau-Huffman, M., Smith, E., & Loftus, E. F. (1994). Repeatedly thinking about a non-event: Source misattributions among preschoolers. *Consciousness & Cognition*, 3, 388-407.

- Ceci, S. J., Loftus, E. F., Leichtman, M., & Bruck, M. (1994). The role of source misattributions in the creation of false beliefs among preschoolers. *International Journal of Clinical and Experimental Hypnosis*, 42, 304-320.
- Cederborg, A., Lamb, M. E., & Laurell, O. (2007). Delay of disclosure, minimization, and denial of abuse when the evidence is unambiguous: A multivictim case. In M. Pipe, M. E. Lamb, Y. Orbach, & A. Cederborg (Eds.), *Child Sexual Abuse: Disclosure, Delay, and Denial*, (pp. 159-173). Mahwah, NJ: Lawrence Erlbaum Associates.
- Clandinin, D., & Connelly, F. (2000). *Narrative Inquiry*. San Francisco, CA: Jossey-Bass.
- Conte, J. R., Wolf, S., & Smith, T. (1989). What sexual offenders tell us about prevention strategies. *Child Abuse & Neglect*, 13, 293-301.
- Cooper, A., Wallin, A. R., Quas, J. A., & Lyon, T. D. (2010). Maltreated and nonmaltreated children's knowledge of the juvenile dependency court system. *Child Maltreatment*, 15:3, 255-260.
- Crisma, M., Bascelli, E., Paci, D., & Romito P. (2004). Adolescents who experienced sexual abuse: fears, needs and impediments to disclosure. *Child Abuse & Neglect*, 28, 1035-1048.
- Cross, T. P., Jones, L. J., Walsh, W., Simone, M., & Kolko, D. J. (2007). Child forensic interviewing in Children's Advocacy Centers: Empirical data on a practice model. *Child Abuse & Neglect*, 31, 1031-1052.
- Crossley, M. L. (2000). Deconstructing autobiographical accounts of childhood sexual abuse: Some critical reflections. *Feminism & Psychology*, 10, 73-90.
- Daubert v. Merrell Dow Pharmaceuticals, Inc., 509 U.S. 579 (1993).
- Davis, P. J. (1999). Gender differences in autobiographical memory for childhood emotional experiences. *Journal of Personality and Social Psychology*, 76:3, 498-510.
- DeVoe, E. R., & Faller, K. C. (1999). The characteristics of disclosure among children who may have been sexually abused. *Child Maltreatment*, 4:3, 217-227.
- DiPietro, E. K., Runyan, D. K., & Fredrickson, D. D. (1997). Predictors of disclosure during medical evaluation for suspected sexual abuse. *Journal of Child Sexual Abuse*, 6, 133-142.

- Edelson, M. G., & Joa, D. (2010). Differences in legal outcomes for male and female children who have been sexually abused. *Sexual Abuse: A Journal of Research and Treatment*, 22, 427-442.
- Elliott, D. M., & Briere, J. (1994). Forensic sexual abuse evaluations of older children: Disclosures and symptomatology. *Behavioral Sciences and the Law*, 12, 261-277.
- Elliott, D. M., & Briere, J. (1995). Post-traumatic stress associated with delayed recall of sexual abuse: A general population study. *Journal of Traumatic Stress Studies*, 8, 629-648.
- Emerick, R. L., & Dutton, W. A. (1993). Use of polygraphy with high risk adolescent sex offenders: Implications for risk assessment. *Annals of Sex Research*, 6, 1-24.
- Faller, K. C., & Henry, J. (2000). Child sexual abuse: A case study in community collaboration. *Child Abuse & Neglect*, 24, 1215-1225.
- Finkelhor, D. (1994a). Current information on the scope and nature of child sexual abuse. *The Future of Children*, 4, 31-53.
- Finkelhor, D. (1994b). The international epidemiology of child sexual abuse. *Child Abuse & Neglect*, 18:5, 409-417.
- Finkelhor, D., Hotaling, G., Lewis, I. A., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. *Child Abuse & Neglect*, 14, 19-28.
- Fisher, R. P., & McCauley, M. R. (1995). Improving eyewitness testimony with the Cognitive Interview. In M. Saragoza, J. R. Graham, G. C. N. Hall, R. Hirschman, & Y. Ben-Porath (Eds.), *Memory and Testimony in the Child Witness*, (pp. 141-159). Thousand Oaks, CA: Sage.
- Fivush, R. (1993). Developmental perspectives on autobiographical recall. In G. S. Goodman & B. L. Bottoms, (Eds.), *Child Victims, Child Witnesses: Understanding and Improving Children's Testimony*, (pp. 1-24). New York: Guilford Press.
- Fivush, R. (1998). Children's recollections of traumatic and nontraumatic events. *Development and Psychopathology*, 10:4, 699-716.

- Fivush, R., & Buckner, J. P. (2003). Creating gender and identity through autobiographical narratives. In R. Fivush & C. A. Haden (Eds.), *Autobiographical Memory and the Construction of a Narrative Self*, (pp. 149-167). Mahwah, NJ: Lawrence Erlbaum.
- Fivush, R., Gray, J. T., & Fromhoff, F. A. (1987). Two-year-olds talk about the past. *Cognitive Development*, 2, 393-409.
- Fivush, R., Haden, C., & Adams, S. (1995). Structure and coherence of preschoolers' personal narratives over time: Implications for childhood amnesia. *Journal of Experimental Cognitive Psychology*, 60, 32-50.
- Fivush, R., Hazzard, A., Sales, J. M., Sarfati, D., & Brown, T. (2003). Creating coherence out of chaos? Children's narratives of emotionally positive and negative events. *Applied Cognitive Psychology*, 17, 1-19.
- Fivush, R., & Schwarzmueeller, A. (1998). Children remember childhood: Implications for childhood amnesia. *Applied Cognitive Psychology*, 12, 455-473.
- Fletcher, C. R., Briggs, A., & Linzie, B. (1997). The understanding of the causal structure of narrative events. In P. W. van den Broek, P. Bauer, & T. Bourg (Eds.), *Developmental Spans in Event Comprehension and Representation: Bridging Fictional and Actual Events*, (pp. 343-360). Mahwah, NJ: Erlbaum.
- Fontanella, C., Harrington, D., & Zuravin, S. (2000). Gender differences in the characteristics and outcomes of sexually abused preschoolers. *Journal of Child Sexual Abuse*, 9, 21-40.
- Friedman, A., & Pines, A. (1991). Sex differences in gender-related childhood memories. *Sex Roles*, 25, 25-32.
- Friedman, W. J., & Lyon, T. D. (2005). Development of temporal-reconstructive abilities. *Child Development*, 76:6, 1202-1216.
- Fullerton, A. S. (2009). A conceptual framework for ordered logistic regression models. *Sociological Methods Research*, 38:2, 306-347.
- Garven, S., Wood, J. M., Malpass, R., & Shaw, J. S. (1998). More than suggestion: The effect of interviewing techniques from the McMartin preschool case. *Journal of Applied Psychology*, 83:3, 347-359.

- Gergen, K. J., & Gergen, M. M. (1988). Narrative and the self as relationship. In L. Berkowitz, (Ed.), *Advances in Experimental Social Psychology*, v. 21: *Social Psychological Studies of the Self: Perspectives and Programs*, (pp. 17-56). San Diego, CA: Academic Press.
- Gilligan, C. (1982). *In a Different Voice: Psychological Theory and Women's Development*. Cambridge, MA: Harvard University Press.
- Gomez-Schwartz, B., Horowitz, J. M., & Cardarelli, A. P. (1990). *Child Sexual Abuse: The Initial Effects*. Newbury Park: CA: Sage.
- Goodman, G. S. (2006). Children's eyewitness memory: A modern history and contemporary commentary. *Journal of Social Issues*, 62:4, 811-832.
- Goodman, G. S., Hirschman, J. E., Hepps, D., & Rudy, L. (1991). Children's memory for stressful events. *Merrill-Palmer Quarterly*, 37, 109-158.
- Goodman, G. S., Sharma, A., Thomas, S. F., & Considine, M. G. (1995). Mother knows best: Effects of relationship status and interviewer bias on children's memory. *Journal of Experimental Child Psychology*, 60, 195-228.
- 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, 525-540.
- Gordon, S., & Jaudes, P. K. (1996). Sexual abuse evaluation in the emergency department: Is the history reliable? *Child Abuse & Neglect*, 20, 315-322.
- Gries, L. T., Goh, D. S., & Cavanaugh, J. (1996). Factors associated with disclosure during child sexual abuse assessment. *Journal of Child Sexual Abuse*, 5, 1-20.
- Grossman, F. K., Sorsoli, L., & Kia-Keating, M. (2006). A gale force wind: Meaning making by male survivors of childhood sexual abuse. *American Journal of Orthopsychiatry*, 76:4, 434-443.
- Habermas, T., & Paha, C. (2001). The development of coherence in adolescents' life narratives. *Narrative Inquiry*, 11:1, 35-54.
- Hammond, N. R., & Fivush R. (1990). Memories of Mickey Mouse: Young children recount their trip to Disneyworld. *Cognitive Development*, 6, 433-448.

- Hanson, R. F., Resnick, H. S., Saunders, B. E., Kilpatrick, D. G., & Best, C. (1999). Factors related to reporting of childhood rape. *Child Abuse & Neglect*, 23, 559-569.
- Health Insurance Portability and Accountability Act of 1996, Public Law 104-191. <http://aspe.hhs.gov/ocr/hippa>.
- Hershkowitz, I., Horowitz, D., & Lamb, M. E. (2007). Individual and family variables associated with disclosure and nondisclosure of child abuse in Israel. In M. Pipe, M. E. Lamb, Y. Orbach, & A. Cederborg (Eds.), *Child Sexual Abuse: Disclosure, Delay, and Denial*, (pp. 65-75). Mahwah, NJ: Lawrence Erlbaum.
- Hershkowitz, I., Orbach, Y., Sternberg, K. J., Pipe, M., Lamb, M. E., & Horowitz, D. (2007). Suspected victims of abuse who do not make allegations: An analysis of their interactions with forensic interviewers. In M. Pipe, M. E. Lamb, Y. Orbach, & A. Cederborg (Eds.), *Child Sexual Abuse: Disclosure, Delay, and Denial*, (pp. 97-113). Mahwah, NJ: Lawrence Erlbaum.
- Hindman, J. (1988). *Just Before Dawn*. Ontario, OR: AlexAndria Associates.
- Horowitz, S. W., Lamb, M. E., Esplin, P. W., Boychuk, T. D., Reiter-Lavery, L., & Krispin, O. (1996). Establishing ground truth in studies of child sexual abuse. *Expert Evidence: The International Digest of Human Behaviour Science and Law*, 4, 42-52.
- Jennings, K. (1994). Female child molesters: A review of the literature. In M. Elliot (Ed.), *Female Sexual Abuse of Children*, (pp. 219-234). New York: Guilford Press.
- Jensen, T., Gulbrandsen, W., Mossige, S., Reichelt, S., & Tjersland, O. (2005). Reporting possible sexual abuse: A qualitative study on children's perspectives and the context for disclosure. *Child Abuse & Neglect*, 29, 1395-1413.
- Jones, D. P. H. (2000). Editorial: Disclosure of child sexual abuse. *Child Abuse & Neglect*, 24:2, 269-271.
- Kaufman, K. L., Holmberg, J. K., Orts, K. A., McCrady, F. E., Rotzien, A. L., & Daleiden, E. L. (1998). Factors influencing sexual offenders' modus operandi: An examination of victim-perpetrator relatedness and age. *Child Maltreatment*, 3, 349-361.

- Keary, K., & Fitzpatrick, C. (1994). Children's disclosure of sexual abuse during formal investigation. *Child Abuse & Neglect*, 18:7, 543-548.
- Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin*, 113-1, 164-180.
- Kia-Keating, M., Grossman, F. K., Sorsoli, L., & Epstein, M. (2005). Containing and resisting masculinity: Narratives of renegotiation among resilient male survivors of childhood sexual abuse. *Psychology of Men & Masculinity*, 6:3, 169-185.
- Knight, R., & Prentky, R. (1990). Classifying sexual offenders: The development and coordination of taxonomic models. In W. L. Marshall, D. R. Laws, & H. E. Barbaree (Eds.), *Handbook of Sexual Assault: Issues, Theories, and Treatment of the Offender*, (pp. 23-52). New York: Plenum Press.
- Krysiak, J. L., & Finn, J. (2010). *Research for Effective Social Work Practice. Second Edition*. New York: Routledge.
- Lamb, M. E., Sternberg, K., & Esplin, P. W. (1998). Conducting investigative interviews of alleged sexual abuse victims. *Child Abuse & Neglect*, 22, 813-823.
- Lamb, S., & Edgar-Smith, S. (1994). Aspects of disclosure: Mediators of outcome of childhood sexual abuse. *Journal of Interpersonal Violence*, 9, 307-326.
- Lang, R. A., & Frenzel, R. R. (1988). How sex offenders lure children. *Annals of Sex Research*, 1, 303-317.
- Lawson, L., & Chaffin, M. (1992). False negatives in abuse disclosure interviews: Incidence and influence of caretaker's belief in abuse in cases of accidental abuse discovery by diagnosis of STD. *Journal of Interpersonal Violence*, 7:4, 532-542.
- Leander, L., Granhag, P., & Christianson, S. (2005). Children exposed to obscene phone calls: What they remember and tell. *Child Abuse & Neglect*, 29:8, 871-888.
- Leaper, C. (1991). Influence and involvement in children's discourse: Age, gender, and partner effects. *Child Development*, 62, 797-811.

- Leclerc, B., Proulx, J., & McKibben, A. (2005). Modus operandi of sexual offenders working or doing voluntary work with children and adolescents. *Journal of Sexual Aggression, 11:2*, 187-195.
- Leichtman, M., & Ceci, S. J. (1995). The effects of stereotypes and suggestions on preschoolers' reports. *Developmental Psychology, 31:4*, 568-578.
- 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.
- 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.
- Lovett, B. (2004). Child sexual abuse disclosure: Maternal response and the other variables impacting the victim. *Child and Adolescent Social Work Journal, 21:4*, 355-371.
- Lyon, T. D. (2002). Scientific support for expert testimony on child sexual abuse accommodation. In J. R. Conte (Ed.), *Critical Issues in Child Sexual Abuse*, (pp. 107-138). Newbury Park, CA: Sage.
- Lyon, T. D. (2007). False denials: Overcoming methodological biases in abuse disclosure research. In M. Pipe, M. E. Lamb, Y. Orbach, & A. Cederborg (Eds.), *Child Sexual Abuse: Disclosure, Delay, and Denial*, (pp. 41-62). Mahwah, NJ: Lawrence Erlbaum.
- Lyon, T. D., & Dorado, J. S. (2008). Truth instruction in young maltreated children: The effects of oath-taking and reassurance on the true and false disclosures. *Child Abuse & Neglect, 31*, 1201-1231.
- MacMartin, C. (1999). Disclosure as discourse: Theorizing children's reports of sexual abuse. *Theory & Psychology, 9*, 503-532.
- 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*, 162-170.
- Maxwell, M. A. (2005). *Qualitative Research Design: An Interactive Approach*. Thousand Oaks, CA: Sage.
- McCabe, A., & Peterson, C. (1985). A naturalistic study of the production of causal connectives by children. *Journal of Child Language, 12:1*, 145-159.

- Merritt, K. A., Ornstein, P. A., & Spiker, B. (1994). Children's memory for a salient medical procedure: Implications for testimony. *Pediatrics*, 94, 17-23.
- Mossige, S., Jensen, T., Gulbrandsen, W., Reichelt, S., & Tjersland, O. (2005). Children's narratives of sexual abuse. *Narrative Inquiry*, 15:2, 377-404.
- Myers, J., Diedrich, S., Lee, D., Fincher, K., & Stern, R. (2002). Prosecution of child sexual abuse in the United States. In J. R. Conte (Ed.), *Critical Issues in Child Sexual Abuse*. Thousand Oaks, CA: Sage Publications.
- Myers, J. (1992). *Legal Issues in Child Abuse and Neglect*. Thousand Oaks, CA: Sage Publications.
- Nicolopoulou, A., Scales, B., and Weintraub, J. (1994). Gender differences and symbolic imagination in the stories of four-year-olds. In A. H. Dyson & C. Genishi (Eds.), *The Need for Story: Cultural Diversity in Classroom and Community*, (pp. 369-390). Urbana, IL: National Council of Teachers of English.
- Oates, R. K., & Donnelly, A. C. (1997). Influential papers in child abuse. *Child Abuse & Neglect*, 21, 319-326.
- Olafson, E., Corwin, D., & Summit, R. C. (1993). Modern history of child sexual abuse awareness: Cycles of discovery and suppression. *Child Abuse & Neglect*, 17, 7-24.
- Orbach, Y., Hershkowitz, I., Lamb, M. E., Sternberg, K. J., Esplin, P. W., & Horowitz, D. (2000). Assessing the value of structured protocols for forensic interviews of alleged child abuse victims. *Child Abuse & Neglect*, 24, 733-752.
- Orbach, Y., & Lamb, M. E. (2000). Enhancing children's narratives in investigative interviews. *Child Abuse & Neglect*, 24, 1631-1648.
- Ornstein, P. A. (1995). Children's long-term retention of salient personal experiences. *Journal of Traumatic Stress*, 8, 581-606.
- People v. Raymond Buckey et al., Los Angeles Sup. Ct. No. A750900 (1990).
- Pereda, N., Guilera, G., Forns, M., Gomez-Benito, J. (2009). The international epidemiology of child sexual abuse: A continuation of Finkelhor (1994). *Child Abuse & Neglect*, 33, 331-342.

- Perry, B. (2001). The neurodevelopmental impact of violence in childhood. In E. Schetky & E. Benedek (Eds.), *Textbook of Child and Adolescent Forensic Psychiatry*, (pp. 221-238). Washington, DC: American Psychiatric Press.
- Peterson, C. (1999). Children's memories for medical emergencies: Two years later. *Developmental Psychology*, 35, 1493-1506.
- Peterson, C., & Bell, M. (1996). Children's memory for traumatic injury. *Child Development*, 67:6, 3045-3070.
- Peterson, C., & McCabe, A. (1983). *Developmental Psycholinguistics: Three Ways of Looking at a Child's Narrative*. New York: Plenum Press.
- Peterson, C., & Roberts, C. (2003). Like mother, like daughter: Similarities in narrative style. *Developmental Psychology*, 39:3, 551-562.
- Pipe, M. Lamb, M. E., Orbach, Y., & Esplin, P. W. (2004). Recent research on children's testimony about experienced and witnessed events. *Journal of Developmental Review*, 24, 440-468.
- Pipe, M., Orbach, Y, Lamb, M. E., & Cederborg, A. (2007). Seeking resolution in the disclosure wars: An overview. In M. Pipe, M. E. Lamb, Y. Orbach, & A. Cederborg (Eds.), *Child Sexual Abuse: Disclosure, Delay, and Denial*, (pp. 3-10). Mahwah, NJ: Lawrence Erlbaum.
- Poole, D. A., & Lamb, M. E. (1998). *Investigative Interviews of Children*. Washington, DC: American Psychological Association.
- Poole, D. A., & Lindsay, D. S. (2001). Children's eyewitness reports after exposure to misinformation from parents. *Journal of Experimental Psychology: Applied*, 7:1, 27-50.
- Pryor, D. W. (1996). *Unspeakable Acts: Why Men Sexually Abuse Children*. New York: New York University Press.
- Quas, J. A., Thompson, W., & Clarke-Stewart, K. (2005). Do jurors "know" what isn't so about child witnesses? *Law and Human Behavior*, 29:4, 425-456.
- Rao, K., DiClemente, R., & Ponton, L. (1992). Child sexual abuse of Asians compared with other populations. *Journal of the American Academy of Child and Adolescent Psychiatry*, 31, 880-886.
- Rudy, L., & Goodman, G. S. (1991). Effects of participation on children's reports: Implications for children's testimony. *Developmental Psychology*, 27:4, 527-538.

- Roesler, T. & Wind, T. (1994). Telling the secret: Adult women describe their disclosures of incest. *Journal of Interpersonal Violence*, 9:3, 327-338.
- Russell, D. (1984). *Sexual Exploitation: Rape, Child Sexual Abuse, and Workplace Harassment*. Beverly Hills, CA: Sage.
- Salter, A. C. (2003). *Predators, Pedophiles, Rapists & Other Sex Offenders*. New York: Basic Books.
- Saywitz, K., Goodman, G. S., Nicholas, E., & Moan, S. (1991). Children's memories of a physical examination involving genital touch: Implications for reports of child sexual abuse. *Journal of Consulting and Clinical Psychology*, 59:3, 682-691.
- Saywitz, K., Jaenicke, & Camparo, L. (1990). Children's knowledge of legal terminology. *Law and Human Behavior*, 14:6, 523-535.
- Shaw, J., Lewis, J., Loeb, A., Rosado, J., & Rodriguez, R. (2001). A comparison of Hispanic and African-American sexually abused girls and their families. *Child Abuse & Neglect*, 25, 1363-1379.
- Smith, D., Letourneau, E. J., Saunders, B. E., Kilpatrick, D. G., Resnick, H. S., & Best, C. (2000). Delay in disclosure of childhood rape: Results from a national survey. *Child Abuse & Neglect*, 24:2, 273-287.
- Somer, E., & Szwarcberg, S. (2001). Variables in delayed disclosure of childhood sexual abuse. *American Journal of Orthopsychiatry*, 71, 332-341.
- Sorensen, T., & Snow, B. (1991). How children tell: The process of disclosure in child sexual abuse. *Child Welfare*, 70:1, 3-15.
- Sorsoli, L., Kia-Keating, M., & Grossman, F. (2008). "I keep that hush-hush": Male survivors of sexual abuse and the challenges of disclosure. *Journal of Counseling Psychology*, 55:3, 333-345.
- Staller, K., & Nelson-Gardell, D. (2005). "A burden in your heart": Lessons of disclosure from female preadolescent and adolescent survivors of sexual abuse. *Child Abuse & Neglect*, 29, 1415-1432.
- State v. Michaels, Superior Court, Essex Co. NJ (1988).
- State v. Michaels, 264 N.J. super 579, 625 A.D. 2d 489 (J.J. Super Ad, 1993).

- Stein, N. L., & Albro, E. R. (1996). Building complexity and coherence: Children's use of goal-structured knowledge in telling good stories. In M. Bamberg (Ed.), *Narrative Development: Six Approaches*, (pp. 5-44). Mahwah, NJ: Erlbaum.
- Sternberg, K. J., Lamb, M. E., Esplin, P. W., Orbach, Y., & Hershkowitz, I. (2002). Using a structured interview protocol to improve the quality of investigative interviews. In M. Eisen, J. A. Quas, & G. S. Goodman (Eds.), *Memory and Suggestibility in the Forensic Interview*, (pp. 409-436). Mahwah, NJ: Lawrence Erlbaum.
- Sternberg, K., Lamb, M. E., Orbach, Y., Esplin, P.W., & Mitchell, S. (2001). Use of a structured investigative protocol enhances young children's responses to free-recall prompts in the course of forensic interviews. *Journal of Applied Psychology*, 86, 997-1005.
- Stroud, D., Martens, S., & Barker, J. (2000). Criminal investigation of child sexual abuse: A comparison of cases referred to the prosecutor to those not referred. *Child Abuse & Neglect*, 24, 689-700.
- Summit, R. C. (1983). The child sexual abuse accommodation syndrome. *Child Abuse & Neglect*, 7, 177-193.
- Summit, R. C. (1992). Abuse of the child abuse accommodation syndrome. *Journal of Child Sexual Abuse*, 1, 153-163.
- Tang, C. S. (2002). Childhood experience of sexual abuse among Hong Kong Chinese college students. *Child Abuse & Neglect*, 26, 23-37.
- Tannen, D. (1994). *Gender and Discourse*. New York: Oxford University Press.
- Thorne, A., & McLean, K. C. (2003). Telling traumatic events in adolescence: A study of master narrative positioning. In R. Fivush & C. A. Haden (Eds.), *Autobiographical Memory and the Construction of a Narrative Self*, (pp. 169-185). Mahwah, NJ: Lawrence Erlbaum.
- Tjaden, P. G., & Thoennes, N. (1992). Predictors of legal intervention in child maltreatment cases. *Child Abuse & Neglect*, 16, 807-821.
- Trabasso, T., & Stein, N. L. (1997). Narrating, representing, and remembering event sequences. In P. W. van den Broek, P. Bauer, & T. Bourg (Eds.), *Developmental Spans in Event Comprehension and Representation. Bridging Fictional and Actual Events*, (pp. 237-270). Mahwah, NJ: Erlbaum.

- United States Census (2010). www.2010.census.gov/2010census/data/, downloaded March 20, 2011.
- United States Department of Health and Human Services (2009). www.acf.hhs.gov/programs/cb/pubs/cm09, downloaded March 20, 2010.
- Ward, T., Louden, K., Hudson, S. M., & Marshall, W. L. (1995). A descriptive model of the offense chain for child molesters. *Journal of Interpersonal Violence, 10*, 452-472.
- Weinbach, R. W. & Grinnell, R. M. (2010). *Statistics for Social Workers, Eighth Edition*. Upper Saddle River, NJ: Pearson/Prentice Hall.
- Williams, L. (1994). Recall of childhood trauma: A prospective study of women's memories of child sexual abuse. *Journal of Consulting and Clinical Psychology, 62*, 1167-1176.
- Wyatt, G. (1985). The sexual abuse of Afro-American and white-American women in childhood. *Child Abuse & Neglect, 9*, 507-519.
- Wyatt, G., Loeb, T., Solis, B., Carmona, J., & Romero, G. (1999). The prevalence and circumstances of child sexual abuse: Changes across a decade. *Child Abuse & Neglect, 23:1*, 45-60.
- Yuille, J., Hunter, R., Joffe, R., & Zaparniuk, J. (1993). Interviewing children in sexual abuse cases. In G. S. Goodman & B. L. Bottoms (Eds.), *Child Victims, Child Witnesses: Understanding and Improving Testimony*, (pp. 95-115). New York: Guilford Press.

APPENDIX A

EXCERPTS OF ARIZONA REVISED STATUTES 2008

TITLE 13-SEXUAL CRIMES AGAINST CHILDREN

13-1401. Definitions

In this chapter, unless the context otherwise requires:

1. “Oral sexual contact” means oral contact with the penis, vulva or anus.
2. “Sexual contact” means any direct or indirect touching, fondling or manipulating of any part of the genitals, anus or female breast by any part of the body or by any object or causing a person to engage in such contact.
3. “Sexual intercourse” means penetration into the penis, vulva or anus by any part of the body or by any object or masturbatory contact with the penis or vulva.
4. “Spouse” means a person who is legally married and cohabiting.
5. “Without consent” includes any of the following:
 - (a) The victim is coerced by the immediate use or threatened use of force against a person or property.
 - (b) The victim is incapable of consent by reason of mental disorder, mental defect, drugs, alcohol, sleep or any other similar impairment of cognition and such condition is known or should have reasonably been known to the defendant. For purposes of this subdivision, “mental defect” means the victim is unable to comprehend the distinctively sexual nature of the conduct or is incapable of understanding or exercising the right to refuse to engage in the conduct with another.
 - (c) The victim is intentionally deceived as to the nature of the act.
 - (d) The victim is intentionally deceived to erroneously believe that the person is the victim’s spouse.

13-1402. Indecent exposure; exception; classification.

- A. A person commits indecent exposure if he or she exposes his or her genitals or anus or she exposes the areola or nipple of her breast or breasts and another person is present, and the defendant is reckless about whether the other person, as a reasonable person, would be offended or alarmed by the act.
- B. Indecent exposure does not include an act of breast-feeding by a mother.
- C. Indecent exposure to a person who is fifteen or more years of age is a class 1 misdemeanor. Indecent exposure to a person who is under fifteen years of age is a class 6 felony.

13-1403. Public sexual indecency; public sexual indecency to a minor; classification.

- A. A person commits public sexual indecency by intentionally or knowingly engaging in any of the following acts, if another person is present, and the

defendant is reckless about whether such other person, as a reasonable person, would be offended or alarmed by the act:

1. An act of sexual contact.
2. An act of oral sexual contact.
3. An act of sexual intercourse.
4. An act of bestiality.

B. A person commits public sexual indecency to a minor if the person intentionally or knowingly engages in any of the acts listed in subsection A and such person is reckless about whether a minor who is under fifteen years of age is present.

C. Public sexual indecency is a class 1 misdemeanor. Public sexual indecency to a minor is a class 5 felony.

13-1404. Sexual abuse; classification.

A. A person commits sexual abuse by intentionally or knowingly engaging in sexual contact with any person who is fifteen or more years of age without consent of that person or with any person who is under fifteen years of age if the sexual contact involves only the female breast.

B. Sexual abuse is a class 5 felony unless the victim is under fifteen years of age in which case sexual abuse is a class 3 felony punishable pursuant to section 13-705.

13-1405. Sexual conduct with a minor; classification; definition

A. A person commits sexual conduct with a minor by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with any person who is under eighteen years of age.

B. Sexual conduct with a minor who is under fifteen years of age is a class 2 felony and is punishable pursuant to section 13-705. Sexual conduct with a minor who is at least fifteen years of age is a class 6 felony. Sexual conduct with a minor who is at least fifteen years of age is a class 2 felony if the person is the minor's parent, stepparent, adoptive parent, legal guardian, foster parent or the minor's teacher or clergyman or priest and the convicted person is not eligible for suspension of sentence, probation, pardon or release from confinement on any basis excepts as specifically authorized by section 31-233, subsection A or B until the sentence imposed has been served or commuted.

13-1410. Molestation of a child; classification.

A. A person commits molestation of a child by intentionally or knowingly engaging in or causing a person to engage in sexual contact, except sexual contact with the female breast, with a child who is under fifteen years of age.

B. Molestation of a child is a class 2 felony that is punishable pursuant to section 13-705.

13-1417. Continuous sexual abuse of a child; classification.

A. A person who over a period of three months or more in duration engages in three or more acts in violation of section 13-1405, 13-1406 or 13-1410 with a child who is under fourteen years of age is guilty of continuous sexual abuse of a child.

B. Continuous sexual abuse of a child is a class 2 felony and is punishable pursuant to section 13-705.

13-1424. Voyeurism; classification.

A. It is unlawful to knowingly invade the privacy of another person without the knowledge of the other person for the purpose of sexual stimulation.

B. It is unlawful for a person to disclose, display, distribute or publish a photograph, videotape, film or digital recording that is made in violation of subsection A of this section without the consent or knowledge of the person depicted.

C. For the purposes of this section, a person's privacy is invaded if both of the following apply:

1. The person has a reasonable expectation that the person will not be photographed, videotaped, filmed, digitally recorded or otherwise viewed or recorded.

2. The person is photographed, videotaped, filmed, digitally recorded or otherwise viewed , with or without a device, either;

(a) While the person is in a state of undress or partial dress.

(b) While the person is engaged in sexual intercourse or sexual contact.

(c) While the person is urinating or defecating.

(d) In a manner that directly or indirectly captures or allows the viewing of the person's genitalia, buttock or female breast, whether clothed or unclothed, that is not otherwise visible to the public.

APPENDIX B

REVISED NICHD PROTOCOL

This revision is based on the original and most recent form of the NICHD Protocol (Lamb et al, 1998; Lamb et al, 2007). In addition, modifications were made to the protocol to include truth induction techniques based on the work of Lyon and Dorado (2008) and based on the principal investigator's field use of the protocol over the past 16 years. This protocol has been the standard guideline for interviews conducted since November of 1998. The sequence of questions, especially in the initial phase of the interview, may vary depending on the individual child.

I. Rapport Building and Narrative Practice

"I know your name is _____, but I don't know your whole name. What is your whole name? How old are you?

1. "A few [days/weeks] ago was [holiday, birthday, the first day of school, other event]. Tell me everything that happened on [your birthday, Christmas, etc.].

1a. "Tell me more about [the activity, event].

1b. "And then what happened?

2. "Tell me all about your family.

2a. "Tell me more about [siblings, pets, parents etc.]

3. "Tell me all about _____ grade at your school.

3a. "Tell me more about [teacher, activities, recess, friends etc.]

II. Interviewer's Expectations of the Child During Interview

"As I told you, my name is _____. I talk with boys and girls all the time. When we talk today, I am going to ask you to do a few things.

1. Sometimes I ask questions that don't make sense. If I ask you a question that doesn't make sense, please tell me. I will think of a better way to ask it.

2. Sometimes I may ask you a question that you don't know the answer to or you don't remember the answer. It's okay to tell me if you don't know or don't remember something.
3. Sometimes I make mistakes. If I make a mistake about something you tell me, please tell me. Tell me what the right thing is.
4. Sometimes I forget things. I might ask you the same question more than once. It just means that I forgot that I asked it the first time.
5. It is very important that we only talk about things that really happened. Will you promise to tell me the truth? Or, What does it mean to say the truth? Why is it important to say the truth?

III. Transition to the Substantive Issues

1. Tell me why you are here to talk to me today.

[If the child gives a summary of the allegation, go to question 8.]

[If the child gives a detailed description, go to question 8b.]

[If the child doesn't make an allegation, go to question 2.]

2. I talk to boys and girls about things that happened to them. I heard something happened to you. Tell me everything about that.

[If the child gives a summary of the allegation, go to question 8.]

[If the child gives a detailed description, go to question 8b.]

[If the child does not make an allegation, go to question 3.]

3. I heard you told [teacher, parent, friend, doctor] about something that happened. Tell me everything about that.

[If the child gives a summary of the allegation, go to question 8.]

[If the child gives a detailed description, go to question 8b.]

[If the child does not make an allegation, go to question 4.]

4. I heard about something that may have happened at [location/time of incident]. Tell me about that.

[If the child gives a summary of the allegation, go to question 8.]

[If the child gives a detailed description, go to question 8b.]

[If the child does not make an allegation, go to question 5.]

5. Sometimes boys and girls talk with me about if someone has hurt or touched them in a way they didn't like. Has someone touched you in a way you didn't like?

[If the child confirms or summarizes the allegation, go to question 8.]

[If the child gives a detailed description, go to question 8b.]

[If the child does not make an allegation, go to question 6.]

6. Has someone touched you on parts of your body that no one should touch?

[If the child confirms or summarizes the allegation, go to question 8.]

[If the child gives a detailed description, go to question 8.]

[If the child does not make an allegation, go to question 7.]

7. I heard that you told _____ about someone touching you. Tell me everything about that.

[If the child confirms or makes an allegation, go to question 8.]

[If the child gives a detailed description, go to question 8b.]

[If the child does not make an allegation, go to section V.]

IV. Investigating the Incidents

Open Ended Questions

8. "Tell me everything about that."

- 8a. "Then what happened." Or "Tell me more about that."

[If the child provides a general description of more than one event, go to question 10. If the child describes a specific incident, go to question 8b.]

- 8b. "Start at the beginning of that [day/night/time] and tell me everything about it from beginning to end."

- 8c. "Tell me more about [person/object/ activity mentioned by child]."

- 8d. "You said something about [person/object/activity mentioned by child], tell me everything about that."

Focused questions about information disclosed by the child.

If the child has not disclosed some central details of the allegation after exhausting the open-ended questions, direct questions are necessary. Focus the child's attention on the detail, and then ask the direct question.

9. "You said something about [person/object/activity],
[How/when/where/who/which/what] [Completion of the question].

If the child has difficulty answering the direct questions about details, it may be necessary to ask yes/no or more focused or option posing questions. If a child confirms information, the interviewer should ask the follow-up question:

"Tell me more about that."

This section of questioning should be repeated for as many incidents as the child can recall clearly. Unless the child has stated that only two incidents have occurred, the interviewer should ask the following:

10. "Tell me about the very last time this happened."
11. "Tell me about the very first time this happened."
12. "Tell me about another time you remember clearly."
13. "Are there other times you remember clearly?"

V. Break and Consultation with Investigators

At this point in the interview, the interviewer may take a break to consult with law enforcement investigator or Child Protective Services caseworker to review the information the child provided. Investigators may suggest additional questions to clarify or obtain missing information. If a child has not disclosed at this point, investigators and the interviewer may want to consider asking additional focused questions, or consider terminating the interview.

VI. Eliciting Information that has not been mentioned by the child

Focused questions may be asked to obtain other forensically important information. Focused or direct question should be paired with open-ended questions whenever possible. For example:

- "Did the [perpetrator] do something to any other part of your body?"
- "Did the [perpetrator] do something to you with his mouth?"
- "Did the [perpetrator] want you to do something with your mouth?"
- "Did the [perpetrator] do something to you butt?"

“Did the [perpetrator] do something to you with something besides his body?”
 “Did you see the [perpetrator] do this to someone else?”
 “Did the [perpetrator] want someone to know about what he did?”
 “Did the [perpetrator] say something to you about telling?”
 “Did the [perpetrator] do things that scared you?”
 “Did the [perpetrator] take pictures of you?”
 “Did the [perpetrator] do things that made you feel like you didn’t have privacy?”
 “Tell me some things you like about the [perpetrator].”
 “Tell me some things you didn’t like about the [perpetrator].”
 “What did the [perpetrator] do when he got angry at [you/parent/siblings]?”
 “Tell me some things you enjoyed doing with the [perpetrator].”
 “How did you first get to know the [perpetrator]?”
 “What did you think about the [perpetrator] when you first got to know him/her?”
 “Has the [perpetrator] done other things that you didn’t like.

VII. Information about the Disclosure

If the child mentions disclosing the allegation to someone, follow-up questions such as the following should be asked:

“You said that you told _____. Tell me all about that.”
 “Tell me about your decision to tell _____.
 “What happened when you told _____.

If the child has not mentioned disclosure, the following questions should be asked and paired with an open-ended question:

“How did someone find out about what [the perpetrator] did?
 “Tell me about your decision to tell _____.
 “Tell me from beginning to end how _____ found out about what happened.”

If the child delayed disclosure, the following questions should be asked, and paired with an open-ended question:

“Did something make you feel you couldn’t tell someone?”
 “Who was the first person who found out about what happened?”
 “Who was the first person you told about what happened?”
 “What made you feel it was okay to tell _____?”
 “Who else knows about what happened?”

VIII. Exploration of Alternative Explanations or Other Perpetrators

At the closing of the interview, questions concerning the child's exposure to sources of sexual knowledge, such as pornography or witnessing adult sexual acts should be asked. For example:

"Have you seen [movies, magazines, internet websites] that show naked people?"

"Have you seen adults [engage in sexual acts]?"

"Has someone else [other than the alleged perpetrator] done something like this to you?"

IX. Closing

The child may be asked:

"Is there anything else you would like me to know?"

"Do you have any questions for me?"

"Thank you for coming to talk to me today?"

The interviewer may then talk with the child for a few minutes about neutral topics such as what the child plans to do after the interview, movies, favorite television shows, music.

APPENDIX C

CASE SUMMARIES OF SUBJECTS

Adam, male, age 11.92 yrs: Perpetrator was a 15 yr old male neighbor. The abuse was discovered accidentally by mother when she interrupted an incident of mutual digital/penile contact. Adam disclosed to his mother, who called police. Duration of abuse was ten months. Adam disclosed five acts of abuse prior to forensic interview and 15 acts during the forensic interview. Corroborating evidence consisted of an eyewitness (mother), two additional victims (Adam's younger brother and another neighbor boy), physical evidence (perpetrator's sperm and DNA match), perpetrator's confession to his parents, and plea of guilt.

Billy, male, age 8.17 yrs: Perpetrator was a 15 year old male cousin. The abuse was discovered accidentally by older brother when he interrupted of penile/anal penetration. Brother informed mother and father, who called police. Duration of abuse was approximately two weeks. Billy disclosed one incident of abuse to parents prior to forensic interview, and refused to discuss the acts of abuse during the forensic interview. Corroborating evidence consisted of an eyewitness (older brother), and additional victim (brother), and perpetrator's confession in police interview, and plea of guilt. Perpetrator admitted to two acts of penile/anal penetration involving Billy.

Chris, male, age 12.33 yrs: Perpetrator was a 15 yr old half-brother. The disclosure was prompted by his grandmother's live-in boyfriend discovering pornography on Chris' computer. Grandmother's boyfriend questioned Chris, and he disclosed. Grandmother called police. Duration of the abuse was 26 months. Chris disclosed three acts of abuse prior to the forensic interview, and five acts during the forensic interview. In addition, Chris disclosed a prior accidental discovery of the abuse by his mother several months before in a different state. Mother responded by grounding the perpetrator, and did not make a report to authorities. Corroborating evidence consisted of two other victims (younger brother and neighbor boy), perpetrator's confession to grandmother and police, and plea of guilt.

Dean, male, age 8.08 yrs: Perpetrator was a 15 yr old half-brother. The disclosure was prompted by his grandmother's live-in boyfriend discovering pornography on Dean's computer. Grandmother's boyfriend questioned Dean, and he disclosed. Grandmother called police. Duration of the abuse was 26 months. Dean disclosed four incidents of abuse prior to the forensic interview, and twelve incidents during the forensic interview. In addition, Dean disclosed a prior accidental discovery of the abuse by his mother several months before in a different state. Mother responded by grounding the perpetrator, and did not make a report to authorities. Corroborating evidence consisted of two other victims (older brother and neighbor boy), perpetrator's confession to grandmother and police, and plea of guilt.

Eddie, male, age 12.16 yrs: Perpetrator was 39 yr old mother's live-in boyfriend. The abuse was discovered accidentally by mother when she interrupted an incident of digital/penile contact. Mother questioned Eddie, and he disclosed. Mother called police. Duration of the abuse was 24 months. Eddie disclosed two acts of abuse prior to the forensic interview, and seven acts during the forensic interview. The perpetrator confessed to six additional incidents of abuse. Corroborating evidence consisted of an eyewitness (mother), perpetrator confession to police, and a plea of guilt.

Frank, male, age 10.58 yrs: Perpetrator was a 20 yr old family friend/babysitter. Frank purposefully disclosed the abuse to his mother. Mother called police. Duration of the abuse was three months. Frank disclosed two acts of abuse prior to the forensic interview, and two acts during the forensic interview. Corroborating evidence consisted of perpetrator admission during a pre-text telephone call, perpetrator confession to police, an additional victim, and a plea of guilt.

Greg, male, age 11.08 yrs: Perpetrator was a 62 yr old family friend. The disclosure was prompted by a television news broadcast of the perpetrator's arrest for the molestation of several boys. Greg's mother questioned him as to possible abuse and Greg disclosed. Mother called police. Duration of the abuse was 14 months. Greg disclosed two acts of abuse prior to the forensic interview, and four acts during the forensic interview. Corroborating evidence consisted of an eyewitness account of Greg's abuse, several other reported victims, Greg's eyewitness account of another victim, and plea of guilty.

Hank, male, age 10.17 yrs: Perpetrator was a 15 yr old stepbrother. The disclosure was prompted by his younger stepbrother disclosing abuse by the same perpetrator. His stepfather questioned him and he disclosed abuse also. Hank's mother called the police. Duration of the abuse was four months. Hank disclosed two acts of abuse prior to the forensic interview, and three acts during the forensic interview. Hank disclosed previous discovery of abuse by his stepbrother's parents. The parents responded by having the perpetrator attend counseling, but allowed the perpetrator continued unsupervised contact with Hank and other reported victims. Corroborating evidence consisted of three other victims, perpetrator's confessions to his parents and to the police, and plea of guilt.

Ian, male, age 8.0 yrs: Perpetrator was a 15 yr old brother. The disclosure was prompted by his mother questioning him regarding suspected abuse. Ian's stepmother called police. Duration of the abuse was four months. Ian disclosed one act of abuse prior to the forensic interview, and five acts during the forensic interview. Ian disclosed previous discovery of the abuse by his mother several months prior. Mother responded by arranging for counseling for Ian and the perpetrator, but allowed the perpetrator continue unsupervised contact with Ian and other reported victims. Corroborating evidence consisted of three other

victims, perpetrator's confessions to his parents and to the police, and plea of guilt.

Jonas, male, age 9.58 yrs: Perpetrator was a 40 yr old neighbor. The abuse was accidentally discovered when a group of five hikers witnessed and interrupted an incident of penile/anal penetration. One of the hikers called the police on a cell phone, and the group detained the perpetrator until the police arrived. The duration of the abuse was six months. Jonas initially denied the abuse when questioned by his grandmother and the police. One incident of abuse was known prior to the forensic interview, and Jonas disclosed four acts of abuse during the forensic interview. Jonas disclosed a previous accidental discovery of abuse by his grandmother, but the grandmother took no protective action and did not call the police. Corroborating evidence included five independent eyewitnesses and a perpetrator confession to the police. Perpetrator was found incompetent to stand trial and was civilly committed to a locked treatment facility.

Katie, female, 10.17 yrs: Perpetrator was a 40 yr old father of her best friend. The abuse was accidentally discovered when her friend's mother discovered a videotape recording of the abuse of Katie and her friend, three months after the abuse occurred. The friend's mother contacted Katie's mother and the police. The abuse occurred on one occasion. Katie's mother questioned Katie, and she admitted. Katie disclosed five acts of abuse prior to the forensic interview, and five acts during the forensic interview. The videotape depicted twelve acts of abuse occurring during the incident. Corroborating evidence included the videotape, perpetrator admissions during a pre-text phone call, perpetrator confession to spouse and police, and plea of guilty.

Lucy, female, 12.67 yrs: Perpetrator is her 36 yr old stepfather. Lucy purposefully disclosed to her best friend. Her friend told their school counselor, who called the police. Lucy refused to provide any information to the school counselor or the police, but did disclose two incidents of abuse during the forensic interview. The duration of the abuse was four months. Lucy also revealed a previous accidental discovery of the abuse by her mother. Her mother did not intervene or report it to the police, and the abuse continued. Corroborating evidence consisted of the perpetrator's prior conviction for a sex offense, eyewitness accounts by a sister and mother, perpetrator's confession to police, and plea of guilty.

Mary, female, 8.83 yrs: Perpetrator was her 17 yr old brother. The disclosure was prompted by Mary's older sister observing Mary and her brother were in the bathroom with the door locked for a long period of time. The sister questioned Mary about what happened and Mary disclosed. Her sister told their parents. The parents responded by arranging counseling for the brother. Her brother admitted to incidents of abuse to his counselor. The counselor called the police. The duration of the abuse was 30 months. Parents were not cooperative with the police investigation. Mary reported one act of abuse prior to the interview, and

one act during the forensic interview. Corroborating evidence consisted of a corroborating witness, perpetrator's confession to his mother and his counselor, and plea of guilt.

Nell, female, age 8.33 yrs: Perpetrator was her 58 yr old grandfather. Nell purposefully disclosed to her school counselor a few hours after the incident. The counselor notified police. There was one incident of abuse. Nell disclosed one act of abuse prior to the forensic interview, and three acts during the forensic interview. Corroborating evidence consisted of the perpetrator's prior conviction for child molestation (Nell's mother was the victim), an additional victim (Nell's younger sister), the perpetrator's partial confession to police, and plea of guilt.

Opal, female, age 10.08 yrs: Perpetrator was her 31 yr old stepfather. The abuse was accidentally discovered when her stepfather confessed the abuse to his clergyman and his wife. Opal's mother questioned her and she admitted to the abuse. Her mother contacted police. The duration of the abuse was 40 months. The perpetrator admitted to 12 to 24 additional incidents of abuse. Opal admitted to one act of abuse prior to the forensic interview, and three acts during the forensic interview. Corroborating evidence consisted of the perpetrator's confession to clergy, his wife, and to the police, and a plea of guilt.

Penny, female, age 12.67 yrs: Perpetrator is the 44 yr old grandfather of her friend. Penny purposefully disclosed immediately after the incident, informing her friend's father and his girlfriend. Penny went home and told her mother, who called the police. Penny disclosed one act of abuse prior to the forensic interview, and two acts during the forensic interview. Corroborating evidence consisted of the perpetrator's prior conviction of a sex crime, a corroborating witness, the perpetrator's confession to the police, and plea of guilt.

Ruby, female, age 10.25 yrs: Perpetrator was the 33 yr old roommate of her best friend's mother. The disclosure was prompted by her friend's disclosure of abuse. Her friend's mother contacted Ruby's mother, who questioned Ruby. Ruby disclosed one incident only. The delay in disclosure was 28 months. Her friend's mother contacted the police. Ruby disclosed one act of abuse prior to the forensic interview, and the same act during the forensic interview. Corroborating evidence consisted of two additional victims, perpetrator admissions during a pre-text telephone call, and a finding of guilt by a jury.

Sheila, female, age 9.58 yrs: Perpetrator was the 42 yr old stepfather of her friend. Sheila purposefully disclosed to a friend, who encouraged her to tell an adult friend. The adult contacted the police. The duration of the abuse was six months. Sheila disclosed one act of abuse prior to the forensic interview, and disclosed six acts during the forensic interview. Eleven additional acts were documented in a video recording of Sheila's abuse discovered by police. Corroborating evidence consisted of an eyewitness, two other victims, photographs and videotapes of the abuse, and a finding of guilt by a jury.

Triana, female, age 10.08 yrs: Perpetrator was her 67 yr old paternal grandfather. Triana purposefully disclosed to her mother's live-in boyfriend. The boyfriend informed her mother, who contacted police. The duration of the abuse was 14 months. Triana disclosed three acts of abuse prior to the forensic interview, and 16 acts of abuse during the forensic interview. Corroborating evidence consisted of the perpetrator's prior conviction for molesting another granddaughter, physical evidence (scar from a cigarette burn, and a plea of guilt.

Ula, female, 9.25 yrs: Perpetrator was her 18 yr old half-brother. Ula purposefully disclosed to her school counselor who contacted the police. The duration of the abuse was 12 months. Ula disclosed two acts of abuse prior to the forensic interview, and four acts during the forensic interview. In the forensic interview, she admitted to one prior purposeful disclosure to her sister. Her sister informed her mother, who made her brother leave the home for several months, but did not report to authorities. However, her mother allowed the perpetrator to return to the home, and the abuse began again. Corroborating evidence consisted of two additional victims, and a plea of guilt.

APPENDIX D

MEDICAL RECORD DATA COLLECTION FORM

CHILD INFORMATION:

SUBJECT # _____ PSEUDONYM: _____
AGE: _____Y _____M SEX: _____ YEAR OF INTERVIEW: _____
ETHNICITY: _____ PRIMARY LANGUAGE: _____
MARITAL STATUS OF PARENTS: _____
ACCOMPANIED BY (RELATIONSHIP TO CHILD): _____

PERPETRATOR INFORMATION:

PSEUDONYM: _____ AGE: _____
ETHNICITY: _____ SEX: _____ MARITAL STATUS: _____
RELATIONSHIP TO VICTIM: _____

DISCLOSURE DATA:

	INITIAL DISCLOSURE	FORENSIC
INTERVIEW		

TYPE: _____
RECIPIENT: _____
DATE: _____
FIRST INCIDENT DATE; _____
LAST INCIDENT DATE; _____
DURATION OF ABUSE: _____
LENGTH OF DELAY: _____

DELAY EXPLANATION: _____

OFFENDER'S CONCEALMENT ATTEMPT:

REASON FOR DISCLOSURE:

TYPE OF CSA/ABUSE INTERVIEW	INITIAL DISCLOSURE (# OF ACTS)	FORENSIC (# OF ACTS)
Fondling of breasts	_____	_____
Oral/breast contact	_____	_____
Digital/vaginal	_____	_____
Digital/anal	_____	_____
Digital/buttocks	_____	_____
Penile/vaginal	_____	_____
Penile/anal	_____	_____
Oral/genital to victim	_____	_____
Oral/genital to offender	_____	_____
Watching victim nude	_____	_____
Observation of masturbation	_____	_____
Force to masturbate self	_____	_____
Manipulate offender's genital	_____	_____
Object/vaginal	_____	_____
Object/anal	_____	_____
Exposed genitals to victim	_____	_____
Oral/anal to victim	_____	_____
Oral/anal to offender	_____	_____
Exposure to pornography	_____	_____
Prostitution	_____	_____
Photos of victim	_____	_____
Physical Abuse	_____	_____
Witness to DV	_____	_____
Other	_____	_____

LEGAL OUTCOME DATA:

OUTCOME:

CORROBORATING EVIDENCE:

- 1.
- 2.

APPENDIX E
FORENSIC INTERVIEW CODING FORM

SUBJECT #:

PSEUDONYM:

ACT OF CSA:
(Type)

QUESTION TYPE: NI, OEQ, FQ, YN, SQ

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Office of Research Integrity and Assurance

To: Madelaine Adelman
WILSN

From:  Mark Roosa, Chair
Soc Beh IRB

Date: 10/30/2009

Committee Action: Expedited Approval

Approval Date: 10/30/2009

Review Type: Expedited F5

IRB Protocol #: 0900004316

Study Title: Children's Narratives of Child Sexual Abuse: Are Boys and Girls Different

Expiration Date: 10/29/2010

The above-referenced protocol was approved following expedited review by the Institutional Review Board.

It is the Principal Investigator's responsibility to obtain review and continued approval before the expiration date. You may not continue any research activity beyond the expiration date without approval by the Institutional Review Board.

Adverse Reactions: If any untoward incidents or severe reactions should develop as a result of this study, you are required to notify the Soc Beh IRB immediately. If necessary a member of the IRB will be assigned to look into the matter. If the problem is serious, approval may be withdrawn pending IRB review.

Amendments: If you wish to change any aspect of this study, such as the procedures, the consent forms, or the investigators, please communicate your requested changes to the Soc Beh IRB. The new procedure is not to be initiated until the IRB approval has been given.

Please retain a copy of this letter with your approved protocol.



Office of Research Integrity and Assurance

To: Madeline Adelman
WILSN

From: *fr*
CS Mark Ressa, Chair
Soc Beh IRB

Date: 09/24/2010

Committee Action: Renewal

Renewal Date: 09/24/2010

Review Type: Expedited #5

IRB Protocol #: 0909004315

Study Title: Children's Narratives of Child Sexual Abuse: Are Boys and Girls Different

Expiration Date: 09/23/2011

The above-referenced protocol was given renewed approval following Expedited Review by the Institutional Review Board.

It is the Principal Investigator's responsibility to obtain review and continued approval of ongoing research before the expiration noted above. Please allow sufficient time for reapproval. Research activity of any sort may not continue beyond the expiration date without committee approval. Failure to receive approval for continuation before the expiration date will result in the automatic suspension of the approval of this protocol on the expiration date. Information collected following suspension is unapproved research and cannot be reported or published as research data. If you do not wish continued approval, please notify the Committee of the study termination.

This approval by the Soc Beh IRB does not replace or supersede any departmental or oversight committee review that may be required by institutional policy.

Adverse Reactions: If any untoward incidents or severe reactions should develop as a result of this study, you are required to notify the Soc Beh IRB immediately. If necessary a member of the IRB will be assigned to look into the matter. If the problem is serious, approval may be withdrawn pending IRB review.

Amendments: If you wish to change any aspect of this study, such as the procedures, the consent forms, or the investigators, please communicate your requested changes to the Soc Beh IRB. The new procedure is not to be initiated until the IRB approval has been given.



St. Joseph's Hospital and Medical Center
A member of CHS

MEMORANDUM

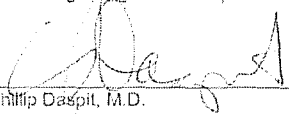
DATE: September 29, 2010
TO: Wendy Dutton, MA, LPC
RE: Children's Narratives of Child Sexual Abuse: Are Boys and Girls Different?
IRB#09PE100 – Periodic Progress Report (closed to enrollment) – IRB Expedited
Review and Approval

This letter serves to inform you, as Chair of the Institutional Review Board for Human Research at St. Joseph's Hospital and Medical Center, which is organized and operates according to ICH-GCP guidelines and the applicable laws and regulations, and in compliance with the Federal Wide Assurance as negotiated with the Office for Human Research Protection (OHRP), I performed an expedited review and approval of the periodic progress report requesting continuation for the above-mentioned protocol. The study was closed to enrollment effective 08/09/10 (reported now) with 20 subject charts reviewed at this site. Initial expedited approval was granted 10/27/09 under category 5, with inclusion of a request for waiver of informed consent/HIPAA authorization.

IRB approval for this study expires September 28, 2011. You will receive a reminder 6 to 8 weeks prior to this date. If your study is closed, a Permanent Closure is due within 30 days of study completion.

As principal investigator for the above referenced study, you are expected to ensure supervision requirements are adhered to; all licensed study personnel act within their scope of practice and, if applicable, their medical staff credentials at St. Joseph's Hospital and Medical Center; and non-licensed personnel act within their job description and hospital policies and guidelines.

This letter is for your confirmation. This information will be presented to the Institutional Review Board for Human Research at its October 26, 2010 meeting. Your presence is not required. If you have any questions regarding the above please contact Kim Hadden at 602-406-3195.


C. Phillip Daspit, M.D.
Chair, Institutional Review Board

CPD:kh

160 West Belmont Road
Phoenix, AZ 85016
1-800-368-6868

stjosephhospital.org

1000190-0000 - EXPEDITED -- LTR -- 11



St. Joseph's Hospital and Medical Center
A member of CHW

MEMORANDUM

DATE: October 27, 2009

TO: Wendy Dutton, MA, LPC

RE: Children's Narratives of Child Sexual Abuse: Are Boys and Girls Different?
IRB#09PE100 – Revised IRB Expedited Application, Revised Request for Waiver of Informed Consent/HIPAA Authorization (signed 10/23/09), Revised Data Collection Form (10/21/09) – **IRB Expedited Review and Approval**

This letter serves to inform you as Chair of the Institutional Review Board for Human Research at St. Joseph's Hospital and Medical Center, which is organized and operates according to ICH-GCP guidelines and the applicable laws and regulations, and in compliance with the Federal Wide Assurance as negotiated with the Office for Human Research Protection (OHRP). I performed an expedited review and approval of the new protocol documents including the Revised IRB Expedited Application, Revised Request for Waiver of Informed Consent/HIPAA Authorization (signed 10/23/09) and Revised Data Collection Form (10/21/09). Included in this review were revisions submitted further to the request of the Expedited Review Sub-Committee.

This study meets expedited criteria #5, with an anticipated review of 20 subject medical records of confirmed cases of sexual abuse involving children ages 8 through 12.

The purpose of the study is to conduct a qualitative analysis of forensic interviews to determine how and why children disclose child sexual abuse, how children's narratives of abuse emerge during forensic interviews, and if differences exist between girls and boys in the way they narrate sexual abuse experiences. Data is to be collected from medical records produced during the standard child sexual abuse assessments provided by the Child Abuse Assessment Center. Data recorded on the collection form is to be de-identified during the transfer.

As principal investigator for the above referenced study, you are expected to ensure supervision requirements are adhered to; all licensed study personnel act within their scope of practice and, if applicable, their medical staff credentials at St. Joseph's Hospital and Medical Center; and non-licensed personnel act within their job description and hospital policies and guidelines.

If applicable, please coordinate with Research Administration to assure the contract is finalized prior to initiation of the study.

The reporting guidelines, established by the DHHS and this IRB for new protocols, require you, as Principal Investigator, to be responsible for:

1. Submission of all correspondence regarding this protocol to the IRB. (Please refer to the above protocol title and IRB #).

11/10/09 11:00 AM

11/10/09 11:00 AM

11/10/09 11:00 AM

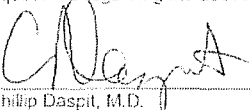
11/10/09 11:00 AM - EXPEDITED - LTR - 51

11/10/09 11:00 AM

Wendy Dutton, MA, LPC
October 27, 2009
Page Two

2. a) Inclusion of study consent form in the subject's inpatient medical record (if applicable).
b) Outpatient study consent forms must be available in your office for any F.D.A. inspection (if applicable).
 3. Reporting all adverse events/deaths (on the Serious Adverse Event/Death and Adverse Event Report Forms*) according to IRB guidelines (if applicable).
 4. Submission of a periodic progress report to the IRB (on the Periodic Progress Report form*). The IRB has designated that it will review this protocol every 12 months. Your periodic review must be submitted and approved no later than October 26, 2010. You will receive a reminder 6 to 8 weeks prior to this date.
 5. Submission of a final report (on the Permanent Closure/Final Report form*) within 30 days of the study's completion.
 6. Reporting of any protocol/consent form changes to the IRB for approval prior to implementation. (Changes necessary to eliminate immediate hazards to subjects may be implemented prior to IRB approval.)
- *Reporting forms and submission guidelines are available from the IRB Coordinator.

This letter is for your confirmation. This information will be presented to the Institutional Review Board for Human Research at its November 10, 2009 meeting. Your presence is not required. If you have any questions regarding the above please contact Kim Hadden at 602-406-3195.


C. Philip Daspi, M.D.
Chair, Institutional Review Board

CPD:kh