Age and Timing of Disclosure

Regarding age and timing of disclosure, the cold expert will typically testify to the following:

> *Preschool children tend to delay disclosure longer. Adolescents tend to have shorter delays when their abuse begins in adolescence.*

Crossing the Expert

It is important that you review the articles "***Discriminate Validity***", "***Confounding Variables***", and "***The Null Hypothesis***" in the "***Basics of Scientific Research***" folder on this website. These will give you the in-depth background for how to cross the cold expert on this topic.

BOTTOM LINE:

Much of the advice in this "*Bottom Line*" is similar to the advice given on other cold expert topics. This will actually streamline your prep for cross when the expert has not specified which of the many topics she is going to actually testify on. Here are some general guidelines. In your cross emphasize that the cold expert doesn't know the specifics of your case. Have the expert explain how s/he accounted for:

- False incidents of abuse claims. How are symptoms for false claims different than those with confirmed abuse?
- How were unique internal variables in the complaining witness in this case accounted for?
- How were unique external variables in the complaining witness in this case accounted for?
- How were cultural and gender variables in the complaining witness in this case accounted for?

Pretrial Interview

You need to decide how in-depth you want to go in your interview of the expert. Because she is "*cold*" she will provide you a long list of topics she might testify about. The most common topics for testimony include *delayed disclosure, recantation, absence of distress during the period of claimed abuse,* and *a third person in the room during the molest*. You might engage in a lengthy interview going over each of the topics and her basis for each topic. Or you might decide to keep the interview short and get into specific challenges in a Daubert.

Daubert

Benefits to a Daubert challenge:

- You have nothing to lose. If the judge denies every objection/rational you argue, you are still where you started.
- It's one of the only times in law that you get to hear the actual testimony the expert will provide in the trial phase and how she will respond to your questions in trial.
- You can quote actual statistics (which is strictly forbidden during the trial-phase).
  (i.e., After repeated forensic interviews 55.5% of children's sexual abuse claims were determined to be unfounded or false.)
  > Connie Nicholas Carnes, et al. Extended forensic evaluation when sexual abuse is suspected: a multisite field study. Child Maltreatment (2001) 6: 230. This study was included in Dr. Dutton's 2011 dissertation.
- The judge won't typically reject the expert whole-cloth, but will often limit some portions of her testimony.

Cost of a Daubert Challenge:

- You show your cards to the prosecutor. They know what your attack on cross will address.

Cross in Trial
Short-and-sweet when possible.

> Q: Ms. Smith. Would you agree that some children who are truly abused delay their disclosure?
> A: Yes.
>
> Q: Would you agree that some children who are making a mistaken or false claim of abuse could also delay their false claim?
> A: Yes
>
> Q: Would you agree that some children who are truly abused will make an immediate disclosure?
> A: Yes
>
> Q: Q: Would you agree that some children who are making a mistaken or false claim of abuse could make an immediate false claim?
> A: Yes
>
> Q: So the immediate or delayed report of abuse could reflect a true or a false report by a child?
> A: Yes
>
> Q: Could you please explain for the jury what "*discriminate ability*" means?
> A: (The ability of a symptom or test to accurately identify what it proports to identify. Demonstrated rates of True and False positives.)
>
> Q: What are some reasons that a child or adolescent would make a false report?
> A: (?)
> (Mikkelson, et al. identify specific subtypes of false allegations (1) arising out of custody disputes, (2) stemming from accusers' psychological disturbances [anger, revenge], (3) resulting from conscious manipulation, (4) being caused by iatrogenic elements.)
>
> Mikkelsen EJ, Gutheil TG, Emens M. False Sexual-Abuse Allegations by Children and Adolescents: Contextual Factors and Clinical Subtypes. American Journal of Psychotherpay. Vol. 46, 1992.

DEEP DIVE:

This final section takes you deep into the weeds to help you develop specific questions.

Quoting Dutton

In her doctoral dissertation, Dr. Dutton cites the following as examples of problems with discriminate validity.

"*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).*"

> **Gender differences in children's disclosures and legal narratives of sexual abuse.**
> Wendy A. Dutton. A dissertation presented in partial fulfillment of the requirements for the degree doctor of philosophy. Approved April 2011, Madelaine Adelman, Chair. Arizona State University. Page 172.

"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."

Gender differences in children's disclosures and legal narratives of sexual abuse.
Wendy A. Dutton. A dissertation presented in partial fulfillment of the requirements for the degree doctor of philosophy. Approved April 2011, Madelaine Adelman, Chair. Arizona State University. Page 30.

"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."

Gender differences in children's disclosures and legal narratives of sexual abuse.
Wendy A. Dutton. A dissertation presented in partial fulfillment of the requirements for the degree doctor of philosophy. Approved April 2011, Madelaine Adelman, Chair. Arizona State University. Page 30.

"A few studies have examined the influence of cultural and race on CSA disclosure."

Gender differences in children's disclosures and legal narratives of sexual abuse.
Wendy A. Dutton. A dissertation presented in partial fulfillment of the requirements for the degree doctor of philosophy. Approved April 2011, Madelaine Adelman, Chair. Arizona State University. Page 26.

"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 (Finkelhore, 1994a)."

Gender differences in children's disclosures and legal narratives of sexual abuse.
Wendy A. Dutton. A dissertation presented in partial fulfillment of the requirements for the degree doctor of philosophy. Approved April 2011, Madelaine Adelman, Chair. Arizona State University. Page 14.

Articles cited by Dutton regarding Age and Timing of Allegations

Let's take an in-depth look at the articles Dr. Dutton relies upon for her testimony on this topic. From "*Areas of Inquiry and Summary for Expert Testimony and Supporting Research Citations, Wendy A. Dutton, Ph.D., LPC, February 2022"*

- Allagia et al, 2004;
- Connolly & Read, 2007;
- Smith et al., 2000;
- Wallis & Woodworth, 2020.

Alaggia

Many ways of telling: Expanding conceptualizations of child sexual abuse disclosure.

Alaggia, Ramona; Child Abuse & Neglect, Vol 28(11), Nov 2004. pp. 1213-1227.

Abstract:

Objective: The aim of this study was to explore influences that inhibit or promote child sexual abuse (CSA) disclosure.

Method: Face-to-face in-depth interviews of 24 female and male survivors of CSA were conducted, using the Long-Interview method to trace disclosure processes. Verbatim transcriptions of the interviews were analyzed by hand and by using a computerized data analysis system (N*Vivo). The results of this investigation identified several patterns of disclosure. Prolonged engagement, persistent observation, negative case analysis, and peer debriefing were among the techniques used to ensure the trustworthiness of data.

Results: Through analysis of the interview data, previously undefined dimensions of disclosure emerged. First, three frequently used categories of 'accidental, purposeful, and prompted/elicited' disclosure types accounted for 42% of disclosure patterns in the study sample. However, over half the disclosure patterns described by research participants did not fit these previously established definitions. Results of the study facilitated expanding conceptualization of additional disclosure patterns to include behavioral and indirect verbal attempts, disclosures intentionally withheld, and disclosures triggered by recovered memories.

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

Critique

This is a seriously flawed study of only 24 adults, with 29% reporting they recovered their memories as adults. "*Recovered memories*" is a controversial and discredited phenomenon. There was absolutely no independent verification of whether the abuse for any of the 24 subjects had actually occurred.

- *Recruitment occurred through community agencies, two university campuses and word of mouth. The study participants reflected a mixed clinical and non-clinical sample, although the majority had received treatment for their victimization at some point in their lives.* (p. 1216)
- *Analyses of the completed narratives* ***of 24 participants*** *revealed themes around types of disclosures. (p. 1217)*
- *Participants were 24 adult survivors between the ages of 18 and 65 who were sexually abused by a family member.* (p. 1217)
- *Of the 58% (N= 14) who had not disclosed, half did not disclose either because they had repressed or forgotten the memory, or the abuse had occurred in preschool years and they had difficulty with recall. Thus, this group of participants who recovered the memories in adulthood constituted 29% of the total sample*. (p. 1218*)*
- *Close to one third (29%) of the participants explained that there was nothing to disclose when they were children because they had no awareness or recall of the sexual abuse. This*

lack of self-awareness is an important phenomenon that emerged as a theme involving disclosures where recovered or remembered memories were involved. Only when they began recovering their memories in adulthood did they disclose purposefully. (p. 1220) *Their statements are strikingly similar when they recount this process, as exemplified by two participant transcripts:*

- *". . . and it was like just like, one day, I had this huge flashback, and it was like (pause) at the end of one of the most severe incidents and then I remember the last part when I was being cleaned up . . ."*
- *"I had been doing a lot of work on myself spiritually, became a Buddhist. I was doing a lot of deep meditation, um, and a lot of work that way. And I just think it was, um, a lot of the memories got unlocked . . .. The images were 'bang!' and it was just sort of 'What are these images about?' And then it was, well, you're having flashbacks . . ."* (p. 1220)

- *The greatest constraint of this study lies in its retrospective design. Asking people to recount events that occurred in childhood is susceptible to memory failure, especially when memories were forgotten, delayed or repressed and later recovered. Distortion and revision of events are also potential problems in recall.* (p. 1223)
- *Corroborating the sexual abuse through other sources was not possible in a study of this nature. This was due, in large part, to the relatively older subjects and the fact that very few participants had ever had their sexual abuse investigated by child protection workers.*

Connolly, D., & Read, J. (2007).
Canadian criminal court reports of historic child sexual abuse: Factors associated with delayed prosecution and reported repression.
In M. Pipe, M. Lamb, Y. Orbach, & A. Cederborg (Eds.). *Child Sexual Abuse: Disclosure, Delay, and Denial,* (pp. 195-217). Mahwah, NJ: Lawrence Erlbaum .

This is a chapter Connolly & Read provide for Pipe, et al.'s book. Basically the chapter argues that repressed/recovered memories of abuse lack scientific credibility.

> *"Followers of the false memory debate may have been led to believe that noncontinuous memories of abuse are normative in cases of CSA. Indeed according to many writers (e.g., Brown et al., 1998) and the Supreme Court of Canada (M. K. v. M. H., 1992), memory impairment (partial or complete amnesia) is normative and to be expected in the majority of CSA victims. Closer inspection of the research data offered in support of this proposition, however reveals other more mundane explanations for the reported high rates of memory impairment following CSA, including sampling and response biases as well as ordinary memory and inferential processes (see Read, 1999; Read and Lindsay, 2000; Schooler, Bendiksen, & Ambadar, 1997; Shobe & Schooler, 2001). Similarly, the APA working group concluded that most CSA victims remember all or part of their abuse experiences, and characterize conjunctions of complete amnesia and full recovery of CSA details as relatively rare (see also Andrews, 2001; Connolly and Read, 20**03**; Polusny & Follette, 1996)."*

Here is an earlier article by **Connolly and Read** (2003)
Remembering Historical Child Sexual Abuse Articles and Addresses
Connolly, Deborah A.; Read, J. Don 2003.
Introduction to the article

Predominantly since the late 1980s, Canadian criminal courts have faced the singular challenge of adjudicating cases of child sexual abuse (hereafter CSA) that is alleged to have occurred many years ago ("historic child sexual abuse", hereafter HCSA). In a recent British Columbia Court of Appeal decision Madam Justice Southin stated, "[hjistoric sexual assault prosecutions... are now a thriving legal industry".' In both the legal and psychological literatures, these kinds of cases sparked and fuelled a debate concerning the veracity of repressed or recovered memories versus the possibility of false memories.[2] With the greatest of respect for those engaged in this very important dialogue, it is important to take notice of the fact that claims of repression and subsequent memory recovery represent a very small proportion of criminal prosecutions involving HCSA - in the vast majority of cases the complainant reports continuous memory for the alleged offence.'

There have been relatively few discussions of delayed prosecutions of CSA wherein the complainant reports continuous memory for the alleged offence.[4] That is an important purpose of this article. In the first section we consider possible explanations for the currently high incidence of HCSA cases and we argue that, in the absence of changes in the law or its application or interpretation, the incidence of criminal prosecutions of HCSA will continue to be high. In the balance of the article, we discuss particular issues related to the credibility and reliability of witnesses' reports of HCSA. Specifically, we discuss (1) the confidence-accuracy relationship, (2) long-term forgetting of autobiographical information, (3) the effect that the age of the complainant when the alleged offence occurred has on memory for the event, (4) memory for instances of repeated events, (5) errors of omission, (6) memory for time, (7) memory for frequency of occurrence of the event and (8) noncontinuous memory. Each of these issues is discussed in terms of their impact at trial and in psychology scholarship.[3].

(pp. 438-439)

Critique

So what is the purpose in referencing Connolly and Read's book chapter (2007)? Remember this part of her testimony is for "*Preschool children tend to delay disclosure longer. Adolescents tend to have shorter delays when their abuse begins in adolescence."* During your pretrial interview have her produce this chapter and point out specifically where authors support this statement.

Ironically Connolly and Read's writings directly undermine the first article that Dutton cites, Alaggia (2004). Recovered memories are not reliable allegations of past abuse. This is worth asking Dr. Dutton about.

"Compared to the timely official reports, a greater percentage of delayed official reports involved young children who were subjected to more intrusive and intimidating abuse involving alcohol abuse by persons who were close to them. . . As described by London at all., (Chapter 2, this volume) ***a close relationship between the child and the perpetrator is inconsistently predictive of delayed disclosure***." (p.199)

"The relationship between age of the child when the abuse began and timeliness of official complaint was complex. For male complainants, there was no association. For female complainants, on the other hand, age when the abuse began was sometimes associated with

timeliness of the official complaint: Being between seven and 11 years old when the abuse begin was associated with a delayed complaint and being between 14 and 15 years old when the abuse began was associated with a timely complaint. London at all. (Chapter 2, this volume) reported that the young age of the child victim is sometimes found to predict LA disclosure and sometimes it is not. . . These data suggest that early childhood and early adolescence are not predictive of delayed complaints for females. On the other hand, being in middle to late childhood or middle adolescents are both predictive of timeliness of complaint, although in opposite directions."

(p.200-201)

Does the description of the instant offense for your client include threats and use of alcohol?

"Our analyses of delayed and timely official complaints of CSA suggest that non-memorial factors important in understanding why some complainants wait a very long time before making an official complaint. In our analyses, being young and subjected to very intrusive abuse involving threats and alcohol by a person who is close to the child is associated with the delayed reports of CSA. However, the correlation suggest that some abuse characteristics tend to co-occur and this greatly complicates the interpretation of predictors of delayed reporting of CSA.

(p.212)

Smith, Daniel

Delay in disclosure of childhood rape: Results from a national survey.

Smith, Daniel W.; Letourneau, Elizabeth J.; Saunders, Benjamin E.;

Child Abuse & Neglect, Vol 24(2), Feb 2000. pp. 273-287.

Abstract:

Gathered representative data regarding the length of time women who were raped before age 18 delayed prior to disclosing such rapes, whom they disclosed to, and variables that predicted disclosure within 1 mo. Data were gathered from 3,220 Wave II respondents from the National Women's Study (H.S. Resnick et al, see record 1994-25706-001), a nationally representative telephone survey of women's experiences with trauma and mental health. Of these, 288 retrospectively reported at least 1 rape prior to their 18th birthday. Details of rape experiences were analyzed to identify predictors of disclosure within 1 mo. Fully 28% of child rape victims reported that they had never told anyone about their child rape prior to the research interview; 47% did not disclose for over 5 yrs post-rape. Close friends were the most common confidants. Younger age at the time of rape, family relationship with the perpetrator, and experiencing a series of rapes were associated with disclosure latencies longer than 1 mo; shorter delays were associated with stranger rapes. Logistic regression revealed that age at rape and knowing the perpetrator were independently predictive of delayed disclosure.

Pull quote:

"The logistic regression analysis revealed that both young age at time of rape and not knowing the perpetrator were independently associated with delayed disclosure. When included in a predictive model with these variables, single versus series rapes and victim's family relationship to the perpetrator did not remain significant. Thus, even when the effects of other variables were controlled, older age at first rape was significantly predictive of disclosure within 1 month. Because age is a continuous variable, the resulting odds ratio (1.11) is somewhat difficult to interpret. Each additional year of age is associated with a 1.11 times increase in the odds of disclosure within 1 month, so the odds

that a female 17-year-old rape victim would disclose within 1 month are 2.84 (1.11 raised to the 10th power) times greater than those for 7-year-old rape victim." (p.285)

***". . . some women in this study may have fabricated stories of child rape**, although this seems unlikely due to the amount of information gathered about reported incidents. In addition, the retrospective design required women to try to remember how much time passed before they told someone about their child rape. It is not unreasonable to presume that women's memories of these periods of time are distressing, which when coupled with the passage of time between the rape and the research interview, inevitably introduces some degree of error into their recall (Bradburn, Rips, & Shevell, 1987). . . **Of course, this does not eliminate the problem of memory distortion, which must be considered a potential limitation of any retrospective study**."* (p.285-286)

*"Another limitation of the present study is that **the sample includes only women**. While research indicates that the great majority of child sexual abuse victims are female, increasing research attention is being paid to male victims (Haskett, Marziano, & Dover, 1996). It must be acknowledged that the results of this study may not be applicable to male victims, whose disclosure patterns may be influenced by a different set of variables."*

(p.286)

***"Finally, the majority of child rapes reported by women in this sample occurred prior to the large scale child assault prevention education programs that were begun in the 1980's** (cf. Daro, 1996). One of the main components of such programs is to teach children that assaults (including child sexual abuse) are wrong and should be disclosed to responsible adults. This information may have influenced (and may currently be influencing) young women's disclosure patterns."*

(p.286)

Did the complaining witness in your case experience actual full rape and was it by a stranger?

*". . . this study demonstrates clearly that the large majority of women who experience childhood rapes do not disclose these events to others soon after they occur. In fact, it is possible that a large proportion of women may never tell about these experiences unless asked specifically, as was done in the National Women's Study. Nearly half of all women did not disclose within 5 years of their rape**. That only two variables, age at first/only rape and rape by a stranger, were independently associated with disclosure within 1 month suggests that our understanding of what leads some children to disclose and others to keep silent remains poor and requires continued investigation**."* (p.286)

Wallis, C.R.D. & Woodworth, M. (2020).
Child sexual abuse: An examination of individual and abuse characteristics that may impact delays of disclosure.
Child Abuse & Neglect, 107 (2020), 104604.

ABSTRACT

Background: Nondisclosure in cases of child sexual abuse (CSA) can lead to numerous aversive outcomes for children who have been sexually abused, the most serious of which include un- treated psychological symptoms and possible further abuse. While victim testimony is often re- quired for perpetrator conviction or disruption of contact, children face multiple barriers to re- porting abuse. Research suggests the likelihood of disclosure is impacted by both characteristics of children (i.e., age and gender), as well as abuse characteristics (i.e., relation to perpetrator, severity and frequency of abuse).

Objective: Although these factors have been studied in relation to rates of disclosure, relatively little is known about their impact on temporal delays in reporting CSA. Participants and Setting: Special access was obtained to review classified RCMP case files on CSA drawn from the greater Okanagan area, British Columbia, Canada (n = 164).

Methods: Cases were coded according to victim and abuse characteristics. A multivariate Cox regression analysis was used in order to analyze the impact each variable of interest had on time until a disclosure was made.

Results: All predictors were found to significantly impact delays of disclosure, x2(6) = 65.558, p = .000. Delays of disclosure were decreased as age of the child increased or if the child was female. Alternatively, if abuse was more severe, occurred at a higher frequency, or if perpetrators were more closely related, delays of disclosure increased.
Conclusions: The current study provides potential for tailored approaches according to individual characteristics and vulnerabilities in CSA investigations and treatments.

Critique

"The current study helps provide a risk profile for both families and legal professionals to better identify children who may be at particular risk to delay disclosures. Specifically, victim characteristics, such as age (e.g., 10−11-years) and gender (male), as well as abuse characteristics such as, children who were abused by a close adult and who experienced severe and more frequent abuse. Findings of the present study also indicate that the risk of nondisclosure is higher if the child who has been sexually abused is younger, male, experiences severe or frequent abuse, is abused by a close relative, and if they receive little support. The implementation of this risk profile would allow a more effective allocation of resources. For example, cases with a high risk to avoid disclosure, or a prolonged period of time until a disclosure, should be considered by expert witnesses and others in a court of law. The implications of current findings are numerous and extend to investigations, treatment, and court proceedings." (p.9)

Notice that no cases of unfounded or false allegations is accounted for in this study.

"Files included: crime reports, incident reports, victim and witness testimony, officer correspondence, evidence, and crown conclusions. Cases were drawn from this database by an investigative services employee according to specific criteria that they must have included a youth who had experienced a sexual offense and that the case must be concluded." (p.3)

M. Pipe, M. Lamb, Y. Orbach, & A. Cederborg (Eds.).
Child Sexual Abuse: Disclosure, Delay, and Denial,

Dr. Dutton cites M. Pipe, M. Lamb, Y. Orbach, & A. Cederborg (Eds.). *Child Sexual Abuse: Disclosure, Delay, and Denial,* as a basis for her testimony.

To foreshadow the results of this review, we conclude that although a substantial proportion of children delay reporting or altogether fail to report incidents of child sexual abuse (the secrecy stage), there is little evidence to suggest that denials, recantations, and redisclosures are typical when abused children are directly asked about abuse during forensic interviews. Child Sexual Abuse (pp. 12-15). Taylor and Francis. Kindle Edition.

Before beginning this review, it is important to point out that there are several difficulties in interpreting the findings of this literature. The first issue regarding accuracy of the retrospective data lies in accuracy of the abuse reports. Specifically, it is possible that some adults in these retrospective studies had been abused but continued to deny abuse (which would work to reduce the overall CSA prevalence rates and inflate the disclosure rates; see Lyon, chapter 3, this volume). Additionally, it is possible that some adults in these retrospective studies had not been abused but claimed to have been (e.g., due to false memories encouraged by suggestive psychological therapeutic practices). Such false allegations would inflate the incidence of CSA and render the data on disclosure nonmeaningful. A second issue surrounding the accuracy of the retrospective data lies in the accuracy of adults' disclosure reports; that is, whether and when they reported the abuse to others as children. Some adults might have disclosed abuse in childhood, despite their reports to the contrary. In other words, they may in fact have told someone but failed to remember having done so. Child Sexual Abuse (p. 15). Taylor and Francis. Kindle Edition.

In summary, although one study yielded high disclosure rates (Fergusson et al., 1996), the other retrospective studies indicated that just over one-third of adults who suffered CSA appear to reveal the abuse to anyone during childhood. Furthermore, among children who do disclose during childhood, delay of disclosure is common (also see Kellogg & Hoffman, 1995; Kellogg & Huston, 1995). Child Sexual Abuse (p. 16). Taylor and Francis. Kindle Edition.

Some authors have posited that CSA disclosure may be mediated by the nature of the relationship between the victims and perpetrators. Two research groups (Hanson, Resnick, Saunders, Kilpatrick, & Best, 1999; Smith, Letourneau, Saunders, Kilpatrick, Resnick, & Best, 2000) reported that CSA disclosure was more likely when the perpetrator was a stranger rather than a family member. Consistent with these findings, Ussher and Dewberry (1995) reported longer delays to disclosure among intraversus nonfamilial abuse. In contrast, five research groups found no association between victim–perpetrator relationship and CSA disclosure (Arata, 1998; Kellogg & Hoffman, 1995; Kellogg & Huston, 1995; Lamb & Edgar-Smith, 1994; Roesler, 1994). Taken together, at least when there is an association between disclosure and relationship to perpetrator, close relationships lead to decreased disclosure. Child Sexual Abuse (p. 17). Taylor and Francis. Kindle Edition.

The association between disclosure and relationship to perpetrator may not be robust. Alternatively, some methodological factors might be suppressing the effect: The samples may not allow adequate detection of the relationship due to sample homogeneity on this variable; or there may be other abuserelated variables that suppress the effect of relationship to perpetrator. The retrospective data are insufficient at this time, then, to conclude whether there is a consistent association between relationship to perpetrator and childhood disclosure of sexual abuse. Child Sexual Abuse (p. 17). Taylor and Francis. Kindle Edition.

Next, we examined the retrospective studies for trends in age at time of abuse and abuse disclosure. Age at time of abuse has not consistently been associated with abuse disclosure. Although Smith et al. (2000) found that younger victims were more likely to delay disclosure than older child victims, other researchers (e.g., Arata, 1998; Kellogg & Hoffman, 1995) failed to find any relationship between age and delay of disclosure. There is one important caveat to this conclusion. When study subjects reported experiencing CSA during adolescence, this was consistently accompanied by high disclosure rates (Everill & Waller, 1995; Kellogg & Hoffman, 1995).
Child Sexual Abuse (p. 17). Taylor and Francis. Kindle Edition.

No systematic relationships have been reported between demographic variables such as race and ethnicity and childhood disclosure rates (e.g., Arata, 1998; Hanson et al., 1999; Kellogg & Hoffman, 1995; Kellogg & Huston, 1995; Smith et al., 2000).
Child Sexual Abuse (pp. 17-18). Taylor and Francis. Kindle Edition.

Next, we searched for studies that examined the relationship between threats that were used to secure the child's silence ("Don't tell or else . . .") and disclosure. We only found a few such studies, but a common problem was that in many cases it is not possible to determine whether the measure of "threat" referred to statements or actions during the commission of the assault to engender physical compliance or to threats used to engender silence (e.g., see Arata, 1998; Hanson et al., 1999; Roesler, 1994; Smith et al., 2000). This failure to provide operational definitions of threats is problematic on methodological grounds (how did the study participant interpret the question?) and on interpretational grounds (how does the consumer of the literature interpret the statistics?). Hence, the extant retrospective data are not informative as to the nature of the association between threats to remain silent and childhood disclosure rates. Future studies are needed that clearly define the term "threaten" to participants and to readers. Child Sexual Abuse (p. 18). Taylor and Francis. Kindle Edition.

Furthermore, in some studies, as will be noted, researchers categorized the children according to the likelihood of abuse (e.g., highly probable, unclear, not abused); in other studies only children who met some prespecified criteria for abuse were included, and in still other studies, the certainty of abuse status was not specified. Of course, as with the adult retrospective reports, the diagnosis of sexual abuse, whether as substantiation or unfounded, almost always comes with some degree of uncertainty. Some children may falsely claim to have been abused after undergoing suggestive, coercive interviewing from a biased investigator or because they were pressured to do so from a parent undergoing a messy divorce; alternatively, some children may falsely deny abuse because of a variety of reasons including pressure from a parent to do so. Substantiation of abuse is a thorny issue, and we return to this issue to discuss its impact on the disclosure data in a subsequent section. Child Sexual Abuse (p. 20). Taylor and Francis. Kindle Edition.

Additionally, there are reasons to suspect that members of certain ethnic groups might face additional and culture-specific barriers to CSA disclosure (see Futa, Hsu, & Hansen, 2001; Rao, DiClemente, & Ponton, 1992; Shaw, Lewis, Loeb, Rosado, & Rodriguez, 2001; Toukmanian & Brouwers, 1998; Wong, 1987). However, to date there is no coherent account of the effects of demographic variables on abuse disclosure in childhood.
Child Sexual Abuse (p. 21). Taylor and Francis. Kindle Edition.

Although no significant relationships between age and denial were found in two studies (Bradley & Wood, 1996; DeVoe & Faller, 1999), the more common finding was that school-aged children were more likely than preschoolers to disclose abuse during formal evaluation. For example, B. Wood, Orsak, Murphy, and Cross (1996) found that older children made more credible disclosures of abuse than younger children (also see Goodman-Brown et al., 2003; Mordock, 1996).1 Similarly, DiPietro et al. (1997) found that older children were more likely to disclose than younger children and that children generally became more likely to disclose abuse after age four (also see Cantlon, Payne, & Erbaugh, 1996; Gries, Goh, & Cavanaugh, 1996; Keary and Fitzpatrick, 1994; Sas & Cunningham, 1995). Child Sexual Abuse (p. 23). Taylor and Francis. Kindle Edition.

That is, younger children are more likely to make spontaneous statements about abuse that are not consistent with the topic of conversation or of the ongoing activity (e.g., stating, while watching TV, “Uncle Bob hurt my bottom”). In contrast, older children are more likely to report the abuse to an adult when asked.

Child Sexual Abuse (p. 23). Taylor and Francis. Kindle Edition.

A second possible explanation for developmental differences in rates of denial is that there may be higher rates of true denials among younger than older children. This hypothesis is based on several interrelated findings. Younger children may be more likely than older children to be brought for assessment due to caregivers’ concerns about behaviors (rather than an abuse disclosure) that often are ambiguous and do not necessarily reflect CSA (see Campis et al., 1992; Fontanella et al., 2000; Levy, Markovic, Kalinowski, Ahart, & Torres, 1995; Nagel et al., 1997). Thus, in any sample there may be a greater proportion of younger nonabused children than of older nonabused children, and the higher denial rates by younger children would then reflect a higher rate of denials that are true negatives. For example, Keary and Fitzpatrick (1994) were less likely to categorize younger children as sexually abused compared to older children; in addition, the younger children were less likely to disclose abuse. Child Sexual Abuse (p. 24). Taylor and Francis. Kindle Edition.

Abuse Substantiation. The third and perhaps most important methodological factor that accounts for variation in disclosure patterns across studies concerns the validity of the diagnosis of child sexual abuse. In conducting studies of CSA disclosure patterns, it is of utmost importance to ensure that the group under study had in fact experienced childhood sexual abuse; otherwise, counts of frequency of delay to disclosure, denials, recantations, and restatements are uninterpretable. That is, children may deny because they in fact never were abused; children may take a long time to disclose because it is only with repeated suggestive interviewing that they will make disclosures which are false; and children may recant in order to correct their prior false disclosures.

Child Sexual Abuse (p. 25). Taylor and Francis. Kindle Edition.

In order to address problems of substantiation of abuse, some researchers have classified children in their sample in terms of the likelihood of abuse. Children meeting one or more of the following criteria (depending on the study) are classified as abused: perpetrator convictions, plea bargains or confessions, medical evidence, other physical evidence, and children's statements. Although the use of such criteria is a good start, it should be noted that there are problems with each of these criteria. First, the accused may be persuaded to accept a plea bargain due to the stress, financial burden, and uncertain outcome of facing trial. There are some accused who have been falsely convicted despite the absence of direct evidence to prove child abuse, and on appeal their convictions have been overturned (Ceci & Bruck, 1995). Although this may not be common, it does happen. Next, medical evidence is not always an accurate indicator of abuse. In the statistically rare case where genital or anal abnormalities are found, similar abnormalities can sometimes be found among nonabused children (Berenson et al., 1991). Finally, in terms of the studies that are included in this report, the children's statements at the time of formal interview are used as indicators of abuse. But this is a circular exercise whereby children who make spontaneous disclosures with much elaboration, for example, are categorized in the “high certainty” group. Then the analysis of the disclosure patterns of the high certainty group indicates that the children disclosed spontaneously and/or with much elaboration (or did not deny). Notwithstanding these problems with the use of certainty criteria, there must be some reliable bases to categorize the children in studies of disclosure of CSA, lest the disclosure

rates obtained merely reflect the overall responses of children (abused and nonabused alike) who are assessed for sexual abuse.

Child Sexual Abuse (pp. 25-26). Taylor and Francis. Kindle Edition.

Sorenson and Snow (1991) selected 116 cases of "confirmed" CSA from a larger sample of 633 children who were involved in child sexual abuse allegations from 1985 to 1989. Sorenson and Snow reported that 72% of children denied abuse when first questioned by either a parent or an investigative interviewer; 78% moved into a "tentative disclosure" stage with partial, vague, or vacillating disclosures of sexual abuse. Eventually, 96% of children made an active disclosure that involved detailed, coherent, first-person descriptions of the abuse. Although Sorenson and Snow's data often are cited as supporting the notion that children commonly deny and recant abuse allegations, there is serious reason to suspect that their findings are an artifact of their therapeutic practices. Sorenson and Snow's declared beliefs and practices that took place in the late 1980's parallel those that we now know run a high risk of producing erroneous, suggestive reports from children (see London et al., 2005, for further discussion of Sorenson & Snow's data). Perhaps the major concern about this study is the fact that Sorenson and Snow assessed and treated a significant number of children for ritualistic childhood abuse which involved allegations of repetitive, bizarre, sexual, physical, and psychological abuse of children that includes supernatural and/or religious activities (Snow & Sorenson, 1990). It appears that a number of such children were subjects in Sorenson & Snow's 1991 study (see London et al., 2005 for further discussion). The problem with the inclusion of these types of cases into studies of disclosure patterns is that there is no evidence to support the once poplar belief that ritualistic sexual abuse is common and further that the large proportion of reported cases of ritualistic abuse can be accounted for by the practices of a small minority of clinicians (see Bottoms, Shaver & Goodman, 1996; Goodman, Qin, Bottoms, & Shaver, 1995; Lanning, 1991; Nathan & Snedekor, 1995). Because Sorenson and Snow diagnosed so many "ritually abused" children in their practice, this, by inference, leads to the possibility that these children's allegations were a product of the practices and beliefs of these clinicians.

Given the nature of the "validated" cases in the Sorenson and Snow sample, as well as their use of apparently biased and suggestive interviewing/therapeutic techniques, the results of the study are uninterpretable. The patterns of disclosure may merely be characteristic of children who come to make false allegations as a result of suggestion. This would explain why these children originally denied having been abused (because they were telling the truth), why they eventually disclosed (because they were pressured into making allegations), and why they recanted (they wanted to restate the truth).

The Gonzalez et al. (1993) study suffers from many of the same problems. These authors examined the disclosure and recantation patterns of 63 children in therapy for sexual and ritualistic abuse in daycare. Gonzalez et al.'s source of data was the therapists' retrospective accounts of the reports made by their patients. They found that within the first 4 weeks of therapy, 76% of the children had made vague disclosures ("bad things had happened"); by 8 weeks, 45% of the children had disclosed highly specific terrorizing acts (killing of adults, children, and animals); and by 20 weeks, 43% of the children had reported aspects of ritualistic abuse (organized cults). However, for the same reasons that apply to the Snow and Sorenson article, the findings of this study are scientifically problematic. First, the children in this study were from the Mc-Martin Preschool case and other cases that arose in the community at the same time. The allegations in this case, which involved claims of ritualistic abuse, arose after multiple highly suggestive interviews with evaluators and therapists (see Nathan & Snedekor, 1995). At the time of their study,

children had been in therapy on average for over one year. There was no physical or corroborative evidence of abuse and the charges in these cases were eventually all dropped. The interviewing methods used by children's therapists and evaluators have been documented elsewhere (e.g., Garven, Wood, Malpass, & Shaw, 1998), and the scientific evidence now shows that these methods can produce erroneous reports when used in interviews with children.

Finally, the results of the Bybee and Mowbray study (1993) may be open to the same criticism as detailed above. The subjects in this study were all involved in a Michigan daycare case that involved multiple perpetrators. The case eventually resulted in only one conviction, which was overturned on appeal. Compared to the other studies in table 2.2, disclosure rates were quite low; 58% of the 106 children disclosed abuse.

Child Sexual Abuse (pp. 28-29). Taylor and Francis. Kindle Edition.

Before reviewing the findings reported in the studies, it is important to point out that there could be two different interpretations of recantation. The first is that the child is withdrawing a true statement of abuse. The second is that the child is withdrawing a false allegation of abuse. The relevant evidence is not available in most studies to determine the child's underlying motivation for recantation.

The recantation rates of the studies listed in table 2.2 range from 4% to 27%. Our analysis of the variability is very similar to that just carried out with respect to the denial rates; namely, the highest rates of recantation are obtained for studies that have the least certain diagnoses of sexual abuse. The two studies with the highest recantation rates were those of Gonzalez et al. (1993) and Sorenson and Snow (1991) in which the recantation rates were 27% and 22%, respectively. Because of concerns about the actual abuse status of the children in these studies, one might argue that recantation rates reflect the number of children who attempt to discredit their own previous false allegations by setting the record straight.5 (If this is indeed the case, then the Gonzalez et al. (1993) and Sorenson and Snow (1991) data suggest that these attempts appeared to have failed, however, as most of the children reinstated their earlier accusations.)

Child Sexual Abuse (pp. 31-32). Taylor and Francis. Kindle Edition.