CIB Symptoms are not Falsifiable

The previous section described how CIB research fails to account for the ratio of true-to-unfounded-to-false reports of sexual assault. In a similar vein, the symptoms that are purported to reflect CIB also suffer the same flaw. All scientific hypotheses or theories must be falsifiable (Popper, 1957). This is a central tenet in a *Daubert* challenge. In plain language – the expert must be able to demonstrate instances in which CIB symptoms are <u>not</u> indicators of abuse. This is a particularly important vulnerability for the expert. In their guide, the *American Prosecutors Research Institute* provide a list of common responses to sexual trauma:

Physical Reactions

- Aches and pains like head, back, and/or stomach aches
- Sudden sweating and/or heart palpitations (fluttering)
- Changes in sleep patterns, appetite, interest in sex
- Constipation or diarrhea
- Easily startled by noises or unexpected touch
- More susceptible to colds or illnesses
- Increased use of alcohol or other drugs and/or overeating

Emotional Reactions

- Shock and/or disbelief
- Fear and/or anxiety
- Grief, disorientation, denial
- Hyper-alertness or vigilance
- Irritability, restlessness, outbursts of anger or rage
- Emotional mood swings (e.g., crying then laughing)
- Worrying or ruminating (i.e., intrusive thoughts of the trauma)
- Nightmares
- Flashbacks (i.e., feeling as if the trauma is currently happening)
- Feelings of helplessness, panic, feeling out of control
- Increased need to control everyday experiences
- Minimizing the experience
- Attempts to avoid anything associated with the trauma
- Tendency to isolate oneself
- Feelings of detachment
- Concern with burdening others with problems
- Emotional numbing or restricted range of feelings
- Difficulty trusting and/or feelings of betrayal
- Difficulty concentrating or remembering
- Feelings of self-blame and/or guilt
- Shame
- Diminished interest in everyday activities or depression
- Unpleasant past memories resurfacing
- Loss of a sense of order or fairness in the world; expectation of doom and fear of the future (p.4-5)

Notice how expansive, vague and disconnected these CIB symptoms are. Yet the *American Prosecutors Research Institute* offers <u>no</u> scientific substantiation for a single symptom. Is there a single behavior that is demonstrated by every victim of sexual assault? How about 90%? Half?

"*If all roads lead to Rome, which one leads to Paris?*" Some CIB advocates testify meaning an expansive list of symptoms confirm sexual assault occurred, but never rule it out. This is a critical over-reach that goes well beyond what science has revealed.

Think about this – if someone has constipation, diarrhea, a cold or "illness", is that a result of sexual assault or simply reflects being a normal human being? Scientists call this error a lack of "*Discriminant Validity*". Every behavioral response described above can <u>also</u> be consistent with the reactions of someone who has never been sexually assaulted or has made a <u>false</u> report of sexual violence. And herein lies an important question on cross – *How have CIB surveys regarding behavioral reactions accounted for true, unfounded, or false reports?*

I recently consulted for the Defense team in a USMC court-martial. Government's expert was a respected and well-published college professor who specialized in CIB research. He gave a long and eloquent tutorial on CIB. On cross, Defense utilized many of the points in this paper and closed with a devastating last question – "*Dr. Jones, is there a single symptom you can name that would <u>not</u> be consistent with a person who has been sexually assaulted?*" I watched as the expert stared in confusion and the members leaned in to hear his response. After a long pause, the doctor replied *"I can't think of one."* The defendant was acquitted of all charges.