

COUNTERING Counterintuitive Testimony for Claims of Child Sexual Abuse: What Every Attorney Should Know October 21, 2022 State Bar of Arizona

Introduction

Part I: Big Picture Problems with Counterintuitive Testimony

1. Discriminate Validity: True, Unfounded, and False Claims.....	p. 5
2. CSA Symptoms and Falsifiability	p. 11
3. Motivations for Intentional False Reporting.....	p. 16
4. Failure to Account for Confounding Variables	p. 20
5. Confirmation Bias.....	p. 22
6. Appropriate Forensic Interview Techniques	p. 24
7. The Devil is in the Details.....	p. 37
Conclusion for Part I.....	p. 40

Part II: An Examination of Specific Topics

Counterintuitive Topic #1: Delayed Disclosure of Sex Abuse	p. 42
Counterintuitive Topic #2: Continued Relationship with the Accused	p. 53
Counterintuitive Topic #3: Inconsistent, Piecemeal, Changing, Memories	p. 54
Counterintuitive Topic #4: Age and Timing of Disclosure.....	p. 64
Counterintuitive Topic #5: Process of Victimization	p. 74
Counterintuitive Topic #6: Difficulty with Identifying Dates of Abuse.....	p. 81
Counterintuitive Topic #7: Disclosing Abuse (various aspects).....	p. 85
- Reasons Children Disclose Purposefully.....	p. 85
- Recantation.....	p. 85
- Reluctant Disclosers and Avoidant Children in Forensic Interviews	p. 85
- Stranger v. Family Abuse.....	p. 86
- Types of Disclosure.....	p. 86
- Under-Disclosure of Sexual Abuse	p. 86
- To Whom Disclosure Made and Effects of Disclosure	p. 86
- Research Articles on Child Disclosure.....	p. 88
- The Child Sexual Abuse Accommodation Syndrome (CSAAS).....	p. 97
Counterintuitive Topic #8: Sexual Behavior in Children.....	p. 101

Part III: Child Memory, Suggestibility and Testimony

1. Brain Development and Eyewitness Testimony	p. 104
2. Suggestibility	p. 107
- Research on Suggestibility in Children.....	p. 113
- Research on Suggestibility in Adults.....	p. 121
3. Memory for Traumatic Events.....	p. 127
4. Memory and Drift.....	p. 134
5. Misattribution Error.....	p. 141
6. Schema / Script Memory	p. 146

Part IV: In the Courtroom

1. A Cure for a Non-problem..... p. 150

2. The Daubert Hearing..... p. 159

Part V: Various Topics

Hypnogogic/Hypnopompic Hallucinations in Children..... p. 165

Parental Alienation..... p. 172

APPENDIX A: False & Unfounded Child Sexual Abuse Allegations... p. 176

About Dr. Paul Simpson..... p. 186

COUNTERING Counterintuitive Testimony for Claims of Child Sexual Abuse: What Every Attorney Should Know

Our talk today began as a series of trainings I provided to the Pima County and Maricopa County Public Defender's Offices during 2013. I have since taught *Countering Counterintuitive Testimony* for Air Force and Marine Corps JAGs (government and defense) on a number of occasions. Today's seminar is an effort to better equip defense attorneys to challenge counterintuitive testimony regarding child sexual abuse claims. This can be done in a pretrial motion, *Daubert* challenge, or during cross-examination (or all three). But my talk is also designed for prosecutors acquire a better understanding of the research on child sexual abuse (CSA) and the ethical parameters of expert testimony that the state seeks to elicit.

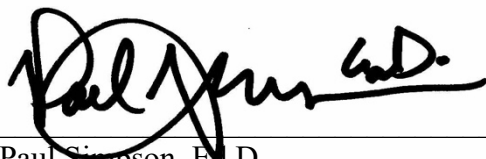
A special note about this paper's repeated references to Dr. Wendy Dutton. For more than two decades Dr. Dutton has provided counterintuitive / cold expert testimony in thousands of Arizona trials involving claims of CSA. She has also helped train the next generation of counterintuitive experts. During my seminars in 2013 the defense attorneys in Pima and Maricopa counties had a keen interest in how to best address Dr. Dutton's testimony during cross. In my subsequent trainings for the Air Force and Marine Corps I have removed reference to her. But for today's talk I have reintroduced her material because of its relevance.

There is a critical balance to bear in mind while reviewing this paper. Much of child sexual abuse testimony can be legitimate and apply to victims who have truly been sexually assaulted. But there is a tendency for child advocates to overstate the science and make claims that cannot be backed up from research. This excess, without a humble recognition of the limits of the current science, is where problems arise. I have testified numerous times for government and defense regarding victim behaviors. This paper isn't about the elimination of CSA testimony. It is about finding a healthy balance in professional testimony and how to best assist the trier-of-fact, the accused and the complaining witness.

Also bear in mind I am not an attorney, nor do I want to be one. I love the discipline of forensic psychology and pursuing a scientific understanding of human thought and behavior. There will be tactics in this paper and on my website that aren't allowed in Arizona state courts or don't reflect good legal strategy. There are numerous legal cases that aren't referenced. This is a forensic psychologist talking to attorneys. You have to decide what makes the most sense for the specifics of your current case, ignore the other items, and build your case from there.

In our exploration of CSA expert claims, we're seeking a delicate balance between reactions of actual victims of sexual assault while also accounting for false and unfounded reports. This document is designed as a dynamic resource that evolves with time. Be sure to visit my website: psy.law > *resources* (on the top ribbon) > *COUNTERING Counterintuitive Testimony: Child*. This will give you the latest resources and update of this seminar handout.

I hope you have an excellent learning experience today and that this training, handout, and the materials on my website prove to be of good help to you.



Paul Simpson, Ed.D.
Arizona Psychologist, #1967.

PART I: BIG PICTURE PROBLEMS WITH COUNTERINTUITIVE TESTIMONY

In this first section we'll examine the general problems underlying counterintuitive testimony.

1. Discriminate Validity
2. CSA Symptoms and Falsifiability
3. Motivations for Intentional False Reporting
4. Failure to Account for Confounding Variables
5. Confirmation Bias
6. Appropriate Forensic Interview Techniques
7. The Devil is in the Details

1. Discriminate Validity: True, Unfounded, and False Claims

There are true victims of sexual assault that demonstrate a variety of reactions, including those described in this paper. But there is a tendency for CSA experts to overstate the science, ignore “*false positives*” and insinuate that counterintuitive behaviors are dispositive indicators that the complaining witness’s testimony is truthful. In a sentence; CSA lacks “*discriminant validity*” – its overly “*sensitive*” at the cost of “*specificity*” (it fails to account for false reports of sexual assault). Let’s try to unpack that dense sentence.

Sensitivity vs. Specificity

In medical diagnosis, test sensitivity is the ability of a test to correctly identify patients with a particular disease (true positive rate), whereas test specificity is the ability of a test to correctly identify those without the disease (true negative rate)

For instance, if a physician suspects a patient has strep throat, she might administer a “*Rapid Antigen Test*” (RAT). This test can detect strep bacteria in minutes and will correctly identify 100% of patients suffering from strep. In scientific terms, the RAT has high sensitivity to detecting strep in a patient.

However, the RAT also has a high “*false positive*” rate, meaning it will often show positive results for a person that does not have strep throat. In scientific terms, the test is overly sensitive and has a high level of “*false positives*”. Another way of stating this is the RAT lacks specificity.

If the implications of a false positive are low risk, an overly sensitive test might be acceptable. For instance, treatment for strep (prescribing antibiotics) is a low-risk intervention. So, a physician might not worry about prescribing antibiotics for a person who actually does not have strep. But as the implications of a false diagnosis become more serious (i.e. diagnosing cancer or being falsely accused of a sex crime) a higher level of specificity is required.

From a scientific standpoint, CSA symptoms can be overly “*sensitive*” and lack “*specificity*”.

Diagnostic sensitivity: “*Can this symptom rule in a reaction to a true sexual assault?*”

Diagnostic specificity: “*Can this symptom rule out a false claim of sexual assault?*”

Rate of Unproven and False Reports

Research on child sexual abuse typically involves anecdotal surveys about reactions to self-reported sexual victimization in the past. And herein lies one of the fundamental flaws in the research - there is no accounting for subjects who are mistaken or lying about sexual assault. So, in *Daubert* or in the trial phase, consider working to establish research’s findings for what percent of sexual assault claims are proven, unproven or false (the judge will normally allow percentages to be discussed in *Daubert*, but not in the trial phase).

We begin with a basic question: “*What percent of sexual assault claims have been found to be unproven or false?*” Unproven is different than false.

A) “*What percent of sexual assault claims have been found to be unproven?*”

This is intuitively the best way to ask the question. Law enforcement investigates a suspected crime and gives their findings to prosecutors, who then determine whether to move forward with charges. The American legal system doesn’t seek to prove the negative – i.e. a jury does not determine “*a defendant is innocent of the crime in question.*” Our legal system affirms the positive – the accused did or did not commit the crime and is innocent until proven otherwise.

B) “*What percent of sexual assault claims have been found to be false?*”

In a similar vein, the American legal system normally does not determine if a complaining witness gave a false report. Most often, the legal system accepts the finding of “*not guilty*” and moves on to other cases. Very rarely does an investigating agency determine that a claim was false.

It is difficult to estimate the proportion of true-to-unproven-to-false accusations, due in part to inconsistent definitions of what constitutes an unproven or false accusation (Saunders, 2012). But research has discovered unproven or false reports occur on a regular basis. Here's some of the more prominent studies (in blue print).

Establishing ground truth in studies of child sexual abuse.

Steven W. Horowitz, Michael E. Lamb, Phillip W. Esplin, Tascha D. Boychuk, Lisa Reiter-Lavery, and Orit Krippen.

Expert Evidence, January 1995. 4(2), 42-51.

Abstract:

Reports of field research on child sexual abuse can be difficult to interpret when the criteria for inclusion of subjects in abused, non-abused, and false allegation groups are not specified. Since no single reliable and valid method exists for establishing what really did or did not occur to alleged victims (ground truth), multiple, convergent, and explicitly stated criteria are required. In this paper, examples from published field research are used to illustrate the advantages of specifying such criteria. Nine sources of information that could contribute to a decision about ground truth in child abuse cases are then described. Procedures for assessing the validity of these sources of information are then suggested.

Three general categories merit differentiation in research on sexually abused children; abused children, non-abused children about whom no allegations have been made, and non-abused children about whom false allegations have been made. Unfortunately, although most researchers have sought to compare children in the first two groups, they have not always excluded children in the third group. Differentiation between the last two (nonabused) groups is necessary because false allegations may lead to invasive and disruptive investigations that themselves affect children's behavior and performance. (p. 43)

If only a small percentage of cases can be absolutely confirmed, studies that deal only with such cases risk threats to external validity, because the cases included are so unrepresentative . . . (p. 43)

The authors list nine sources of information for validation of child sexual abuse.

1. Medical evidence (certainty, consistency, quality)
2. Confessions (source of information, richness, motivation)
3. Witness statements (verification of central or peripheral details, motivation)
4. Coaching admissions (motivation)
5. Serial victim statements (drift of core and peripheral details)
6. Recantations (richness, disruption, pressure)
7. Polygraph examination (type of test, uniformity of results, source of information)
8. Physical evidence
9. Statement analysis

Regarding Serial Victim Statements:

Alleged victims are often interviewed many times, and the consistency of these repeated statements can be evaluated. Some peripheral details should change, disappear, and reappear in the different statements, but core elements of the statements should not vary (Christianson, 1989; Undeutsch, 1989). If the most central elements of the statement vary, it may indicate that the accusation is false and that the child is changing the story to satisfy the demands of different interviewers.

Summary:

When researchers do not specify how ground truth was established or when they depend on a single index to assign cases to abused, non-abused, and the false allegation groups, they risk confusion rather than insight. (p. 49)

Studies on Unproven and False Child Abuse Claims

The following is a compilation of research regarding false child abuse claims:

- A study of 576 child sexual abuse allegations made to the Denver Department of Social Services found that 3% were unreliable accounts and 8% were purely fictitious. Clinical features relevant to the fictitious accounts included: lack of emotion and an absence of coercion and threat in the recount, Jones and McGraw (1987).
Jones & McGraw, Reliable and fictitious accounts of sexual abuse to children. Journal of Interpersonal violence, Vol 2(1), Mar 1987, pp. 27-45
- One study of 410 children referred for suspected child sexual abuse, 197 (48%) were confirmed abused, 63 (15%) were determined to be false allegations.
Anthony and Watkeys. False allegations in child sexual abuse: The pattern of referral in an area where reporting is not mandatory. Children & Society, Vol 5(2), Sum 1991, pp. 111-122.
- 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
- 2.98 million American children underwent a Child Protective Services investigation (or alternative CPS response) for an allegation of child abuse or neglect in 2010. One-fifth of the claims met the legal requirements of abuse. In the other four-fifths of the claims, the investigation determined that there was not sufficient evidence under state law to conclude or suspect that the child was maltreated or at-risk of being maltreated.
Administration for Children and Families. Child Maltreatment 2010. Washington DC. Department of Health and Human Services. Page 6. <http://www.acf.hhs.gov/programs/cb/pubs/cm10/index.htm>
Administration for Children and Families. Child Maltreatment 2010. Washington DC. Department of Health and Human Services. Table 3-2. <http://www.acf.hhs.gov/programs/cb/pubs/cm10/index.htm>
Administration for Children and Families. Child Maltreatment 2010. Washington DC. Department of Health and Human Services. Pages 7-8. <http://www.acf.hhs.gov/programs/cb/pubs/cm10/index.htm>
- A review of the literature concerning systematic research into the frequency of false allegations of sexual abuse revealed rates ranging from two to eight percent of referrals to child abuse clinics, six percent of emergency room referrals and substantially higher rates of 36.4% to 55.5% for the special circumstance of allegations arising out of the context of custody disputes.
False sexual-abuse allegations by children and adolescents: Contextual factors and clinical subtypes. Mikkelsen, Edwin J., et al., American Journal of Psychotherapy, Vol 46(4), Oct, 1992. Boundaries, behavior, and sexual misconduct: Current issues and the medicolegal interface. pp. 556-570.
- In a large retrospective review involving all 576 complaints of sexual abuse made to the Denver, Colorado, Department of Social Services in 1983, Jones and McGraw^[8] utilized the innovative strategy of breaking away from a strict Yes/No dichotomy and put forward four categories that capture the ambiguity of many of these situations. Their four categories and the frequency of each are as follows: confirmed--53%; suspicious but not conclusive--17%; insufficient evidence to reach a conclusion--24%; and, definite false allegations--2%. (43% were unfounded) Mikkelsen, et al.
- An important variable that has been analyzed in this research is the age of the child as it relates to the frequency of false allegations. This research as summarized by Everson and

Boat indicates that the relative frequencies for different age groups is as follows [N for each group indicated in ()]: 1 to 2.9 years of age (N = 124) 6%; 3 to 5.9 years of age (N = 301) 7%; 6 to 11.9 years of age (N = 414) 4.3%; and 12 to 17.9 years of age (N = 410) 8.0%. Thus, it would appear that the risk of an allegation being false is greater with older children. Mikkelsen, et al.

- Simon B Miranda, Licensed Clinical Psychologist specializing in Child Sexual Abuse reports that some powerful negative motive usually underlies the birth of a false sex abuse allegation, and often questionable (however pro-socially clothed) motives energize its flow through the governmental systems. At the entry point of a false allegation one almost always finds a parent who has questioned a child in indeterminate ways and often also exposed the child to powerful emotional messages. This parent will then pass that exchange through her/his personal psychological filter (beliefs, memories, attitudes, resentments, fears) before delivering this filtered information to a law enforcement professional. This professional has the unique opportunity of detecting the false or doubtful nature of the allegations and stopping them. Unfortunately, too often this person also has the power to give the allegation life and elevate it to an official status. (her father)

Exonerations

- Over the past two decades, 102 persons who had been convicted for child sex abuse were later exonerated (NRE Report, Table 1).
- Of these 102 persons: 75% had been convicted based on a false accusation or perjury (NRE Report, Table 15).
- In two-thirds of these cases, the alleged crime had been fabricated (NRE Report, Table 15).
- 37 had been given life sentences.

False sexual-abuse allegations by children and adolescents: Contextual factors and clinical subtypes. Mikkelsen, Edwin J., et al., American Journal of Psychotherapy, Vol 46(4), Oct, 1992. Boundaries, behavior, and sexual misconduct: Current issues and the medicolegal interface. pp. 556-570.

What factors contribute to false allegations of child abuse?

- Lack of presumption of innocence: According to the National Child Abuse Defense and Resource Center, in *“alleged physical abuse cases, there is seldom a search for an ‘equally competing hypothesis’ for causation of any injuries. In most cases, the presumption is made that the injurie(s) were non-accidental and therefore must have been inflicted by someone.”*
National Child Abuse Defense and Resource Center. <http://www.falseallegation.org/>.
- Overly broad definitions: Each state has its own legal definition of child abuse that often includes vague terms like being “at-risk” for “emotional” abuse. In California, “family problems” can meet the statutory definition of abuse and neglect. In Utah, a child’s mere knowledge (not witnessing) of domestic violence by a parent is classified as abuse.
Administration for Children and Families. Child Maltreatment 2010. Washington DC. Department of Health and Human Services. Appendix D. <http://www.acf.hhs.gov/programs/cb/pubs/cm10/index>
- Low standards of proof: Thirty-two states use the weakest “preponderance of evidence” standard: AL, AK, AR, CA, CO, CT, DE, GA, ID, IA, KY, ME, MD, MI, MN, MO, MT, NE, NH, NJ, NC, ND, RI, SC, SD, TN, TX, VA, WA, WV, WI, and WY. Only two states employ the strong “clear and convincing” standard: KS and PA.

Administration for Children and Families. Child Maltreatment 2010. Washington DC. Department of Health and Human Services. Appendix D. <http://www.acf.hhs.gov/programs/cb/pubs/cm10/index>

- Mikkelsen, et al. identify specific subtypes of false allegations (1) arising out of custody disputes, (2) stemming from accusers' psychological disturbances, (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 Psychotherapy. Vol. 46, 1992.
- After repeated forensic interviews 55.5% of children's sexual abuse claims were determined to be unfounded or false. Of these, 5 children appeared to have been exposed to an overly sexualized environment but did not appear to have been overtly abused. . . In 4 cases (3% of the sample), it appeared evident an adult had initially coached a child to make a false statement of abuse. A variety of other circumstances existed in this category, including experimentation with age mates, impulsivity and boundary issues, and initial misinterpretation of innocuous activities. . (p. 235)
Connie Nicholas Carnes, et al. Extended forensic evaluation when sexual abuse is suspected: a multisite field study. Child Maltreatment (2001) 6: 230

Be sure to read Appendix A for a more in-depth review of false reports of sexual assault.

Quoting Dr. Dutton

Here is some material to help you develop cross if your counterintuitive expert is Dr. 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 feeling 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 (Finkelhor, 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.

Bottom Line:

- How have the studies the expert is citing accounted for the demonstrated high rate of unproven or false sexual assault reports (ground truth)?
- How has the expert accounted for an unproven / false sexual assault report that might exist in this trial?

When crossing the CSA expert during a Daubert challenge, consider asking the following. But remember that the expert will not be able to speak to specific percentages during the trial phase.

- “What is the percentage of unfounded and false sexual assault claims?”
- “How have you accounted for that high rate of unproven or false sexual assault allegations when forming your opinion that . . . ?”

The articles described above are provided for you at my website: psy.law > resources (on the top ribbon) > COUNTERING Counterintuitive Testimony: Child > Articles You Should Have. **Please see Appendix C in this document for a more complete review.** Also, be sure to read Rumney’s complete article “Purported False Allegations of Rape, Child Abuse and Non-Sexual Violence: Nature, Characteristics and Implications” in the Journal of Criminal Law (2017). It is available at my website psy.law > resources (on the top ribbon) > COUNTERING Counterintuitive Testimony: Child > Articles You Should Have.

A tip for prosecutors – The most logical way this comes out in court is if a CSA expert testifies as a means to rehabilitate the alleged victim’s testimony. Then the judge must find that a fair cross-examination on that testimony necessarily includes the ability to challenge the research upon which the expert is basing their opinion and how that research factors in proven/unproven allegations. Therefore, the members should only be able to consider the evidence to that end, and not for an impermissible purpose i.e. “Most child sex abuse cases result in not guilty, so this allegation is probably not true.”

If you’re a prosecutor and you think the defense is going to present this kind of cross of your expert in front of members, consider asking for a closed hearing prior to cross to get a ruling on whether the judge is going to allow this challenge based on how the direct went.

2. CSA Symptoms and Falsifiability

The previous section described how CSA 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 CSA also suffer the same flaw. Dr. Wendy Dutton is a cold/counterintuitive expert that has been utilized by the state in thousands of trials. She states:

Many children are asymptomatic-demonstrating no changes in behavior that indicate a reaction to a traumatic event. Many children are symptomatic, but no one symptom, or pattern of symptoms, is diagnostic of sexual abuse. Common symptoms include depression, anxiety, regressions in behavior, sleep disturbances, eating disorders, aggression, sexual misbehavior, somatic complaints, chronic health problems, and sexual dysfunction.

Articles cited by Dutton: Briere, 1992, Hindman, 1989; Kendall-Tackett et al., 1993; Perry, 2001b; Summit, 1983.
Areas of Inquiry and Summary for Expert Testimony and Supporting Research Citations
Wendy A. Dutton, M.A., Ph.D., LPC, February 2022

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 CSA symptoms are not indicators of abuse. This is an important vulnerability for the expert.

From the *Institute for Psychological Therapies* (2014).

Mental health professionals may testify about behavioral characteristics of a particular child that are "typical" of sexually abused children. Such behavioral indicators include a wide variety of symptoms such as regression, withdrawal, aggression, nightmares, bed wetting, fears, masturbation, and tantrums but are completely nonspecific (Wakefield and Underwager, 1991b). They appear in many different situations, including conflict between parents, divorce, economic stress, wartime separations, father absence, natural disaster, and physical, emotional, but nonsexual abuse (Emery, 1982; Hughes and Barad, 1983; Jaffe et al., 1986; Porter and O'Leary, 1980; Wallerstein and Kelly, 1980; Wolman, 1983). There are no behaviors that occur only in victims of sexual abuse. With the exception of sexualized behavior, the majority of symptoms shown in sexually abused children characterize child clinical samples in general (Beitchman et al., 1991).

Even sexualized behavior cannot be used as proof of abuse. What children normally do sexually is more involved than most people believe (Best, 1983; Gundersen et al., 1981; Langfeldt, 1981; Leung and Robson, 1993; Martinson, 1981; Okami, 1992). Friedrich et al. (1991) asked mothers of 880 nonabused two- to twelve-year-old children to complete questionnaires concerning sexual behavior. Although behaviors imitative of adult sexual behaviors were rare, the children exhibited a wide variety of sexual behaviors at relatively high frequencies. Mannarino et al. (1991) report no differences in sexual behavior between abused girls and a clinical control group, although both scored higher than did the normal controls. Gordon et al. (1990) found no differences in sexual knowledge between their samples of sexually abused and nonabused children. Haugaard and Tilly (1988) found that approximately 28% of male and female undergraduates reported having engaged in sexual play with another child when they were children. Lamb and Coakley (1993) report that 85% of their sample of female undergraduates described a childhood sexual game experience. A third of these experiences, which the respondents rated as "normal," involved genital fondling with or without clothing and some reported oral-genital contact and attempts at sexual intercourse.

In addition, since many sexually abused children do not suffer significant trauma (Browne and Finkelhor, 1986; Finkelhor, 1990; Gomes-Schwartz et al., 1990; Kendall-Tackett et al., 1993; Wakefield and Underwager, 1988a), an abused child may fail to exhibit any behavioral signs. It is a mistake to use the *absence* of behavioral signs as support for an allegation being false.

Using behavioral indicators to assess sexual abuse may result in a mistake in either direction. Besharov (1990) observes that behavioral indicators, by themselves, are not a sufficient basis for a report. Levine and Battistoni (1991) state that none of these indicators, in any combination, are valid without a direct statement by the child about sexual involvement or sexual knowledge. A statement representing the consensus of a group of international, interdisciplinary experts in child sexual abuse (Lamb, 1994b) concluded:

“No specific behavioral syndromes characterize victims of sexual abuse. Sexual abuse involves a wide range of possible behaviors which appear to have widely varying effects on its victims. The absence of any sexualized behavior does not confirm that sexual abuse did not take place any more than the presence of sexualized behavior conclusively demonstrates that sexual abuse occurred; rather, both pieces of information affect the level of suspicion concerning the child's possible experiences and should to serve to promote careful and nonsuggestive investigation.” (p. 154)

Questions for crossing an expert who claims a child has symptoms of abuse

From the *Institute for Psychological Therapies* (2014).

In the 1980s and early 1990s there have been lists of behaviors circulating in legal circles, mental health meetings, medical conferences, etc. None of the behaviors on any of these lists were empirically/scientifically validated at that time and can be found in the general population. In the middle and latter 1990s the researchers found that these behaviors are widespread with the abused and non-abused and overlap to such an extent that they cannot be used diagnostically (Kendall-Tackett and Friederich).

The correct answer to each question should be “Yes” unless otherwise indicated.

1. Is it your belief/opinion that the behavioral indicators you relied on in arriving at your opinion in this matter are, in fact, reliable (accurate) and diagnostic indicators of sexually abused children?
2. If these indicators are reliable (accurate) indicators of sexually abused children, then can we expect that two or more mental health professionals – independently evaluating the same child – would reach the same conclusions using these indicators?
3. If two or more mental health professionals independently evaluate the same child and reach the same conclusion, does that demonstrate inter-rater reliability?
4. In your opinion this list of behavioral indicators is reliable (accurate), is it true that you cannot cite any empirical/scientific evidence published in a legitimate, peer reviewed journal demonstrating their inter-rater reliability?
5. In other words, this court can only rely on your unsubstantiated opinions regarding the reliability of these indicators. Correct?
6. Would you please tell the court what the difference is between diagnostic **sensitivity** and diagnostic **specificity**? [**Sensitivity** (also called the *true positive rate*) measures the proportion of actual positives which are correctly identified as such (e.g. the percentage of sick people who are correctly identified as having the condition). **Specificity** measures the proportion of negatives which are correctly identified as such (e.g. the percentage of healthy people who are correctly identified as not having the condition, sometimes called the *true negative rate*). These two measures are closely related to the concepts of type I and type II errors. A perfect predictor would be described as 100% sensitive (i.e. predicting all people

from the sick group as sick) and 100% specific (i.e. not predicting anyone from the healthy group as sick).

7. Would you agree that applied to this case, a) diagnostic sensitivity refers to how accurately an indicator identifies children who have been sexually abused? B) Diagnostic specificity refers to how accurately an indicator identifies children who have not been sexually abused?
8. In arriving at your opinions in this matter, I assume you were very concerned with considerations of diagnostic sensitivity. Isn't it true that these indicators do not clearly indicate and differentiate between the abused and not abused?
9. In arriving at your opinions in this matter, did you even think about considerations of diagnostic specificity, that is, do these indicators accurately identify children who have not been sexually abused?
10. Is it true that indicator lists have been designed for the express purpose of ruling in allegations of sexual abuse?
11. Is it true that indicator lists do not allow a mental health expert to rule out such allegations?
12. Is it true that there is no empirical/scientific evidence published in a legitimate, peer reviewed journal reporting the diagnostic sensitivity and diagnostic specificity of these indicators? (Note no evidence exists as of this time)
13. Would you agree that it is absolutely ill advised for any mental health professional to rely on indicator lists when testifying under oath in a legal proceeding?
14. Once again, then, this court can only rely on your unsubstantiated opinions regarding the diagnostic sensitivity and diagnostic specificity of the indicators. Correct?
15. Are you stating that you are using an indicator list(s) that is not accepted by the relevant professional community?
16. If your thinking in this case responded more to considerations of diagnostic sensitivity rather than diagnostic specificity, could that be because of a systematic/pervasive/persistent bias on your part? (Note: forces admission of bias)

Behaviors

Behaviors cannot be used as diagnostic indicators of abuse. Behaviors are specific, observable and countable (tabulated) such as punching, tardiness, crying, etc. Terms such as "anxiety" are non-specific, too suggestive, judgment calls, vague and not directly observable.

1. Is it true that there are no behaviors exhibited by children that are "consistent" with sexual abuse? "Diagnostic" of sexual abuse?
2. Is it also true that many of the supposed behaviors associated with sexual abuse (fighting, sleeplessness, separation anxiety, aversion to certain foods, bad temper, bed wetting, etc.) are commonplace in childhood? With the abused and non-abused?
3. Is it also true that signs of "hypersexual behavior" are no proof of actual sexual abuse?
4. Is it true that "hypersexual behavior" signs are often exhibited after the investigators had arrived? After parents and investigators had subjected the child to days of talk about bad touching? About genitals? About pee-pees? And people pulling their pants down? Watching television? Watching movies with violence? Watching movies with explicit sexual subjects? Playing video games?
5. Would it surprise you that children immersed in any of these activities might show signs of increased sexual awareness? (Let them answer either yes or no)
6. Would you agree that children are also immersed in the sexual world because of television? Magazines? Movies? National events?
7. Would you also agree that counseling or forensic interviewing for sexual abuse may increase a child's sexual awareness? May contaminate the child's memory? May be a form of abuse in itself?

8. Would you agree that it would be unethical to counsel a child for sexual abuse when sexual abuse has not been established? At least questionable ethics?
9. Would you agree that group counseling with children who are known to have been sexually abused might taint/contaminate their memories?
10. Would you agree it would be unethical to subject a child to group counseling with known sexually abused children when sexual abuse of that child has not been established?
11. Would you agree that some children who have not been sexually abused act out sexually?
12. Would you agree that only a minority of sexually abused children exhibit sexual behavior problems?
13. Would it be fair to say that while the presence of sexual behavior may be significant, it is not determinative of abuse?
14. Would you agree that you cannot automatically assume the child was sexually abused because of his/her sexualized behavior(s)?
15. Would you agree that on the issue of sexualized behaviors that there still needs to be additional research?
16. Would it be fair to say that just because there are certain behaviors that are exhibited by a child does not mean automatically that that child was sexually abused?
17. Would you agree with the consensus of research that states that sexualized behaviors can't be used alone to satisfactorily distinguish between sexually abused and non-sexually abused children?

First Note: Indicator lists have been used previous to research. In 1985, the American Medical Association published a list claiming to identify children who have been sexually abused. The various behavioral indicators have not been scientifically supported. The list includes:

- Become withdrawn and daydream excessively
- Evidence poor peer relationships
- Express general feelings of shame or guilt
- Display a positive relationship toward the offender
- Display regressive behavior
- Display enuresis and/or encopresis
- Engage in excessive masturbation, etc.

Other lists contain items such as: overly compliant behavior, acting-out aggressive behavior, pseudo-mature behavior, arriving early at school or leaving late with few, if any, absences, inability to concentrate at school, sudden drop in school performance, etc.

Sgroi, S.M., 1982, *Handbook of Clinical Intervention in Child Sexual Abuse*, Lexington, MA: Lexington Books

2nd Note: Diagnostic sensitivity refers to how accurately an indicator identifies a population exhibits some characteristic of such as sexual abuse. Diagnostic specificity refers to how accurately an indicator identifies the population that does not exhibit that characteristic. In other words:

- Diagnostic sensitivity: *“Can this indicator rule in sexual abuse?”*
- Diagnostic specificity: *“Can this indicator rule out sexual abuse?”*

“...fundamentally, there is little, if any, empirically based evidence that the criteria discriminate sexually abused from non-sexually abused children”. Berliner & Conte (1983) from Kuehnle (p-159)

Bottom Line:

Notice how expansive, vague and disconnected these CSA symptoms are. 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 CSA experts testify that 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 a child is bedwetting, has poor relationships with peers, feels close to the accused; 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 also be consistent with the reactions of someone who has never been sexually assaulted or has made a false report of sexual violence. And herein lies an important question on cross – *How have CSA surveys regarding behavioral reactions accounted for true, unfounded, or false reports?*

I once consulted for a Defense team in a court-martial. Government’s expert was a respected and well-published college professor. He gave a long and eloquent tutorial on symptoms of abuse. 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 not 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.

3. Motivations for Intentional False Reporting

BOTTOM LINE

Why does a child make an intentional or unintentional false allegation of sexual abuse? One of the best surveys of the literature is by Mikkelsen (1992). These researchers identified four subtypes:

- **Subtype I: False Allegations In The Context Of Custody Dispute**
- **Subtype II: False Allegations Resulting From The Accuser's Psychological Disturbance**
- **Subtype III: False Allegation as Conscious Manipulation by The Child Or Adolescent**
- **Subtype IV: Iatrogenic**
- **Combination Subtype**

An important additional finding is that the risk of false allegations is greater with older children (p. 557). Figure out which motivations fits the facts of your case. Ask the cold expert to opine on these motivations.

DEEPER DIVE

False sexual-abuse allegations by children and adolescents: Contextual factors and clinical subtypes.

Mikkelsen, Edwin J., Gutheil, Thomas G., Emens, Margaret
American Journal of Psychotherapy, Vol 46(4), Oct, 1992. Boundaries, behavior, and sexual misconduct: Current issues and the medicolegal interface. pp. 556-570.

Abstract:

Develops, based on a review of the empirical literature, a typology of false allegations of sexual abuse by children. The specific subtypes described are false allegations **(1) arising out of custody disputes, (2) stemming from accusers' psychological disturbances, (3) resulting from conscious manipulation, and (4) being caused by iatrogenic elements.** Clinical examples are presented.

The risk of an allegation being false is greater with older children. (p. 557)

(Page 562)

Subtype I: False Allegations In The Context Of Custody Dispute

As noted above this would appear to be the most frequent type of false allegation based both on the empirical and case-report literature. This type of allegation is a conscious manipulation on the part of one parent or caregiver to obtain custody of children from another parent or caregiver often as a countermeasure two damning allegations.

(Page 562)

Subtype II: False Allegations Resulting From The Accuser's Psychological Disturbance

This type of false allegation is the outgrowth of psychological disturbance of the reporting individual, be it the child himself/herself, caregiver, relative or neighbor. When the reporter is the child the nature of the disorder is usually such that it compromises the ability to differentiate fantasy from reality, such as borderline personality disorder or a psychotic process. In cases where the reporter is an adult caregiver, the disorder usually entailed a circumscribed delusional process in an individual who in general appears to be functioning adequately.

(Page 563)

Subtype III: False Allegation as Conscious Manipulation by The Child Or Adolescent

This type of false allegation refers to those instances where child makes an allegation of abuse towards an adult either as a means to obtain a specific goal or out of vindictiveness, desire for revenge or rage. . . Most of the case example cited in the literature involve children who want to extricate themselves from a living situation with a stepparent or foster family there's not to their liking. There are also cases involving an allegation that is the outgrowth of anger over a perceived injustice or feelings of abandonment.

(Page 564)

Subtype IV: Iatrogenic

Iatrogenic components can be found in many cases involving false allegations. Those factors most often consist of contamination errors involved in the conduct of the evaluation. There's also a iatrogenic quality to much of the pseudo-clinical lore that has developed concerning allegations of sexual abuse by children. Taken in their totality these baseless clinical "axioms," such as "children never lie," make it logically impossible for an allegation not to be found to be true once it has been made. For example, if the child later retracts the allegation is said to be due to the child's ambivalence in need to protect the perpetrator.

(Page 565)

Combination Subtype

As indicated above, most cases of false allegations do not evolve as purely as the examples cited in this article and involve elements with more than one subtype, (although it is usually possible to discern a major subtype).

Dr. Dutton lists the Sorensen & Snow (1991) article in her dissertation.

Qualitative Research: How and Why Children Disclose CSA

Sorensen & Snow (1991) studied the disclosure patterns of 116 children, 3- to 17- years of age, evaluated or treated in their private clinical practice. . . **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).

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 28-29

Research on Disclosure of Child Sexual Abuse

By Daniel H. Swerdlow-Freed, Ph.D., P.C., from www.expertpages.com.

Although the psychological literature clearly documents that child sexual abuse is a critical problem, disagreement exists about its prevalence. The true scope of child sexual abuse is difficult to measure because of inaccuracies inherent in the methodology of empirical research. For example, incidence figures from child protection agencies include only cases where reports have been substantiated. If a report of child sexual abuse is true but unsubstantiated, it is not included in prevalence estimates. In addition, some cases of child sexual abuse are not reported to authorities and cannot be included in prevalence estimates.

Whether disclosure of child sexual abuse is a singular act or an ongoing process has been widely debated in the professional literature and different theories have been posited. For example, disclosure has been theorized to be a continuous process that can be either immediate or delayed, accidental or intentional, and certain or marked by recantation, denial and re-disclosure.

One empirical method for studying disclosure of child sexual abuse involves surveying adults who experienced sexual abuse as children, and determining their pattern and rate of disclosure. Some retrospective studies of adults who said they were sexually abused as children found that approximately two-thirds did not disclose the abuse during childhood. This finding supports the position that most cases of child sexual abuse (e.g., about 66%) are not immediately reported and are often delayed by months and years.

Other findings from these cumulative studies reveal that disclosure is influenced by the child's age at the time sexual abuse occurs, and by the availability of a same-aged peer with whom the abuse could be discussed. Adults who indicated they were sexually abused as adolescents reported higher disclosure rates than adults who said they were abused as children. And, these adolescents reportedly disclosed the sexual abuse to a friend sooner to its occurrence, while adults who said they were sexually abused as young children, usually disclosed to a parent. These studies also found that children were more likely to disclose sexual abuse if the perpetrator was not a family member, and disclosure occurred sooner when sexual abuse was perpetrated by a stranger or non-family member.

Another method of studying disclosure rates involves investigating children who are known to have been sexually abused. For research purposes, sexual abuse is typically established by one of three methods: confession by the perpetrator or a guilty plea, criminal conviction for an illegal sexual act, or medical evidence that strongly indicates sexual contact occurred (e.g., sexually transmitted disease).

Studies of children who have reported sexual abuse reveal disclosure occurs at varying rates, as opposed to a singular pattern. One study found less than half of children disclose sexual abuse within 48 hours, while others take up to one year, or more. Another study found three-quarters of children delayed disclosure until one-year after the abuse occurred, and almost 20% did not disclose until more than five years later.

Various reasons have been cited in the literature to account for disclosure and failure to disclose. Some tentative evidence indicates that "grooming" a child and establishing a close relationship is associated with delayed disclosure, and that children are quicker to disclose sexual abuse by non-family members. In addition, there is some evidence that children who experience a short duration of sexual abuse delay disclosure or do not report it at all. Finally, an age effect appears related to disclosure with children younger than five being the least likely to disclose abuse during formal interview, even if they had previously disclosed it to someone else.

Studies that examine age differences have found that school-aged children disclose sexual abuse more readily during formal evaluation when compared to pre-school aged children, and disclosures by older children are usually considered more credible than reports made by pre-schoolers. One study found school-age children are more likely to disclose sexual abuse than pre-schoolers. Consistent with this data a national study of Israeli children found that 47.5% of 3- to 6-year-olds reported abuse during formal interview, while 66.7% of 7- to 10-year-olds and 74.1% of 11- to 14-year-olds disclosed their abuse.

Research also indicates that older children are more likely to intentionally disclose sexual abuse, particularly when asked, while younger children's disclosures are more likely to be unintentional, involving a spontaneous comment while discussing an unrelated topic or engaged in an innocuous activity. For older children, disclosure to an adult (e.g., parent or teacher) is associated with disclosure during formal interview, and studies have shown that once children disclose abuse they tend to maintain their report during formal examinations.

The national study of Israeli children dealing with both physical and sexual abuse found 65% disclosed abuse during formal interview. Of these children, more than 70% reported sexual abuse, while slightly more than 60% said they were physically abused, indicating that children are more likely to report sexual than physical abuse.

Recantations are another source of controversy discussed in the child sexual abuse literature. Some children renounce true allegations, while others retract false claims. At least two hypotheses account for children making an allegation and then denying its veracity. According to one source, studies have found recantation rates ranging from 4% to 27%. The studies with the most reliable finding of sexual abuse have the lowest recantation rates, while studies with the highest rates of recantation involve questionable diagnoses. Underscoring this pattern is the finding that the two studies with the highest rates of recantation include the most unreliable diagnoses of sexual abuse.

One main point of these findings is that a majority of children who undergo a formal interview disclose sexual abuse and do not later recant. Therefore, recantation is not a common characteristic of disclosure.

The data outlined above indicates the need for mental health and law enforcement professionals to make careful and detailed evaluations of children in situations where sexual abuse is suspected or alleged.

Sources:

Hershkowitz, I., Horowitz, D., & Lamb, M.E. (2005). Trends in children's disclosure of abuse in Israel: A national study. *Child Abuse & Neglect*, 29, 1203-1214.
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. Vol. 11, No. 1, 194-226.

Bottom Line

Defense should try to get these motivations described through their expert or government's. Defense can tie specific motivations to their theory of the case. They can ask the CSA expert what they know about motives to fabricate false allegations. How has government's expert accounted for those motivations in your case? Aren't the behaviors in your case consistent with someone who has a motive to lie?

4. Failure to Account for Confounding Variables

“*Confounding variables*” get a bit technical but join me in the weeds on this one. There are **internal**, **external**, **cultural**, and **gender** factors that impact how children react to claimed sexual assault.

A. Subject (internal) Variables

“*Subject variables*” asks the question “*What is going on inside a child that impacts their behaviors?*” Problematic behaviors cannot be assumed to be exclusively caused by a sexual assault. Symptoms can be due to a wide assortment of personal factors. But experts testifying about Child Sexual Abuse (CSA) typically have failed to conduct a clinical assessment of the complaining witness and to account for other psychopathology that may better explain symptoms (e.g., anxiety, depression). Also consider that CSA theory often does not distinguish between child, adolescent and adult victims. It is not clear how reactions generalize across ages or developmental stages.

All of these internal conditions may have existed long before the purported sexual assault. How has the CSA expert accounted for the presence or absence of these psychological conditions in the complaining witness? Could these psychological conditions be a better explanation for the odd behaviors or a false report?

B. Possible External Mediators

How have external events impacted a person displaying problematic behaviors (i.e., divorcing parents, bullying at school?)

- Are symptoms better or worse if a complaining witness reports their sexual assault right away as compared to delaying for several months?
- Does getting therapy change their report or behaviors?
- What about talking with friends?

What research can the expert point to that accounts for important mediating factors?

- Was there information regarding whether research participants did or did not receive any type of treatment between the initial assault and subsequent research interview?
- How did counseling (if any) influence the relationship between sexual assault and symptom severity?
- Research has shown that social support and coping styles impact CSA symptom development and severity (Ullman, Relyea, Peter-Hagene, & Vasquez, 2013; Wright, Kelsall, Sim, Clarke, & Creamer, 2013). How has the expert accounted for these influences in this particular victim?
- In published research there is typically no information about how recent the claimed sexual assault(s) had occurred.
- There are various levels of sexual assault. The Sexual Experiences Survey (SES; Koss & Gidycz, 1985), is a measure frequently used in sexual trauma research (Marx & Soler-Baillo, 2005; Wilson, Calhoun, & Bernat, 1999; Yeater & O’Donohue, 2002). The SES distinguishes between sexual contact, attempted penetration and completed penetration, as well as the types of penetration. CSA experts typically describe reactions in victims of sexual assault but make no distinctions between various levels of sexual assault (i.e., digital penetration of the vagina versus anal intercourse).

C. CSA Testimony Is Not Culturally or Gender Sensitive

“In attempting to adjust or find meaning in the traumatic event, victim behavior may vary considerably from person to person. In addition, responses may also be varied when compared across different racial and ethnic minority groups.”

- There is little in the research literature on the cultural sensitivity of CSA behaviors, meaning advocates have failed to describe how symptoms differed across ethnicities. This is problematic because members of different cultures report different symptoms of the same disorder (e.g., somatic versus cognitive symptoms of depression; Kirmayer, 2001).
- There is little description for how boys and girls differ in their response to sexual assault.

Bottom Line:

In the cross of the counterintuitive expert, defense wants to challenge him/her on:

Subject (internal) variables:

- What has research discovered about how internal factors impact CSA behaviors?
- How has the expert accounted for these in the victim?
- How has the research distinguished between true and unproven claims of sexual assault?
- How does a complaining witness who is lying impact their behaviors?

What about external mediating factors?

- How does research distinguish between various degrees of sexual assault, time since the assault, number of sexual assaults, getting therapy versus no therapy, disclosing to friends, etc.
- How has the expert accounted for these in the present case?

What about cultural and gender issues?

- How did the CSA researchers control for different ethnicities in their studies?
- How do boys and girls differ in their reactions?

5. Confirmation Bias

“Confirmation Bias”

“the tendency to process information by looking for, or interpreting, information that is consistent with one’s existing beliefs. This biased approach to decision making is largely unintentional and often results in ignoring inconsistent information. Existing beliefs can include one’s expectations in a given situation and predictions about a particular outcome. People are especially likely to process information to support their own beliefs when the issue is highly important or self-relevant.”

(The Encyclopedia Britannica, britannica.com/science/confirmation-bias)

“When the only tool you have is a hammer, every problem looks starts to look like a nail.”

Psychological science has found that experts tend to find what they “expect” to find. This goes by different names: “*Confirmatory Bias*”, the “*Rosenthal Effect*” (“*Pygmalion Effect*”), the “*Rosenthal Experiment (Sane in Insane Places)*”, “*Mental Set*”, “*Primacy Effect*”, or “*First Impressions*” dynamic. The CSA expert needs to demonstrate they are cognizant of this phenomenon that adversely affects objective decision-making and show reasonable steps have been taken to avoid the various pitfalls. For example - the tendency for information gathering to be influenced by first impressions or a bias. There is a natural (albeit it unintentional) tendency to accept the essential accuracy of the self-reports of subjects in a study.

- Confirmation biases can occur through a researcher engaging in hypothesis-confirming information seeking and interpretation, overweighting confirmatory signs and underweighting dis-confirmatory signs, especially in unstructured interviews.
- Interviewers’ characteristics and biases can influence how interviewers interpret information and determine subsequent queries (Tanaka-Matsumi, 2004).
- A lack of training and experience on the part of the research interviewers can result in erroneous information and weaken the validity of their findings (Bootzin & Ruggill, 1988).
- Data gathered from interviews can be biased due to social desirability and participants’ own discomfort with disclosing personal information (Guinn et al., 2010). Self-report data can be accurate, but also can be an exaggeration or a minimization (Haynes, Mumma, & Pinson, 2009; Haynes, O’Brien, & Kaholokula, 2011).
- Because the interview method requires retrospective recall, information gathered is prone to memory errors and recall biases (Graham, Catania, Brand, Duong, & Canchola, 2003)."

Psychological research can utilize techniques for mitigating the effects of confirmation biases, called “*blind*” or “*double-blind*” experimental protocols (Gluud, 2006). This is where the interviewer and/or the interviewee do not know the underlying purpose of the study. This helps to eliminate confirmatory bias. This writer doesn’t know of a single CSA study that has used “*blind*” interviewers or interviewees. This is an important failure that undermines research into CSA.

Problematic Behaviors Should Not Be Used to Infer That Sexual Assault Has or Has Not Occurred

The Defense attorney should never allow behaviors to be an implied “*dispositive tool*” (truth-telling instrument). As already described, the data reported in anecdotal studies do not distinguish between true, unfounded, or false reports of sexual abuse. In addition, because no determination was made to gain additional assurance that sexual assault indeed had occurred, few if any quantitative relations of symptoms or stages have been developed. There can be many other pathways to the symptoms found (other trauma, previous childhood abuse, etc.). These symptoms were not shown in CSA studies to be unique to sexual assault. Thus, it would be improper to reason backward in an attempt to conclude that because features of the CSA were or were not found in an individual case that the person was or was not sexually assaulted.

A Logical Error

CSA experts can sometimes insinuate a flawed logic in cause-and-effect. Here’s how it works.

Situation A

- a) Bob went snow skiing,
- b) While doing so, he broke his foot. (Forward logic - “a” led to “b”)
- c) I see a number of people day-to-day who have a broken foot.
- d) THEREFORE, they must have broken it while skiing. (Backwards logic – a broken foot means the person was skiing)

Situation B

- a) A person is sexually assaulted.
- b) That person goes on to display a number of maladaptive behaviors in the future, like staying in the abusive relationship and delaying disclosure of the abuse. (Forward logic – “a” leads to “b”)
- c) The complaining witness in this case stayed in the relationship with the accused and delayed disclosing until after they broke up.
- d) This is behavioral proof that the victim was sexually assaulted. (Backwards logic)

This is a logical fallacy termed “*affirming the consequent*.” In the first situation backwards logic would lead the jury to conclude all individuals with a broken foot did so while skiing. In the second situation a complaining witness staying with her assailant is proof that the abuse happened. When examined rationally the conclusion is nonsensical. However, jurors might accept this line of reasoning because it *sounds* logical, when in fact it is completely illogical. Counterintuitive behaviors are not dispositive as to whether sexual abuse actually occurred.

Problematic behaviors are never evidence that the sexual abuse actually occurred.

Bottom Line:

CSA research is prone to confirmation biases because proponents conducted all of their study interviews without “*double blinds*” and were not protected from confirmation bias. Defense should consider asking the expert:

- *What is confirmatory bias?*
- *How do researchers correct for confirmatory bias?*
- *Can you name a single CSA study that has included a blind or double-blind format?*
- *Did the gathering of psychological data systematically rule out rival explanations? What contradictory points of data were found?*
- *Did researchers believe the self-reports of children were factual truths?*

6. Appropriate Forensic Interview Techniques

Dr. Dutton suggests the following regarding appropriate forensic interviews of children. The use of the semi-structured cognitive interview or the modified-NICHHD protocol is encouraged in Arizona. These interview protocols consist of the following steps:

1. Rapport/language sample/narrative practice/guidelines
2. Narrative invitation about the topic of concern
3. Elaboration of the narrative account using open-ended questions
4. Direct, non-leading questions as needed to elicit details
5. Neutral closure

Areas of Inquiry and Summary for Expert Testimony and Supporting Research Citations
Wendy A. Dutton, M.A., Ph.D., LPC, February 2022

Articles cited by Dr. Dutton:

Lamb et al., 2003; Lamb et al., 1998; Lamb et al., 1995; Orbach & Lamb, 2001; Orbach & Lamb, 2000; Orbach et al., 2000; Pipe et al., 2004; Poole & Lamb, 1998; Reed, 1996; Saywitz & Nathanson, 1993; Saywitz & Goodman, 1996; Saywitz et al., 1991; Sternberg et al., 2002; Sternberg et al., 2001, Steward et al., 1993; Walker, 1999.

The Standard of Care for Forensic Child Interviews.

- ***Forty Years of Forensic Interviewing of Children Suspected of Sexual Abuse, 1974–2014: Historical Benchmarks.*** This article provides a good overview of the development of standards of care in forensic child interviews.
- The U.S. Department of Justice’s ***Child Forensic Interviewing: Best Practices*** (September, 2015). This publication provides an important, objective standard of care in forensic child interviews.
- The National Children’s Alliance ***Standards for Accredited Members*** (2017) also provides an important, objective standard of care.

Here are some of the issues that can be of concern in your case.

A) Lack of Neutrality of the Forensic Interviewer:

In some outlying counties the investigating officer is also the forensic child interviewer of the complaining witness. This violates the objective status of a forensic child interviewer.

The U.S. Department of Justice published *Child Forensic Interviewing: Best Practices* in September, 2015. Page 2 of that document cautions:

*A forensic interview of a child is a developmentally sensitive and legally sound method of gathering factual information regarding allegations of abuse or exposure to violence. This interview is conducted by a competently trained, **neutral** professional utilizing research and practice-informed techniques as part of a larger investigative process.*

Page 6.

*Forensic interviewers should . . . be attentive to the possibility that their **preconceived ideas may bias the information gathered**—particularly if the interview is conducted in an unduly leading or suggestive manner—and should **avoid such practices** (Ceci and Bruck, 1995; Faller, 2007).*

The National Children’s Alliance *Standards for Accredited Members* (2017) also provides objective standards of care.

Page 20.

The purpose of a CAC forensic interview is to obtain information from a child about abuse allegations that will support accurate and fair decision making by the MDT within the criminal justice, child protection, and service delivery systems. Forensic interviews are conducted in a manner that is developmentally and culturally sensitive, **unbiased**, fact-finding, and legally sound.

B. Multiple Interviews:

The National Child Advocacy Center is recognized as one of the best training programs in the United States. On their website they prominently promote the standard of care created by the U.S. Department of Justice *Child Forensic Interviewing: Best Practices* (September, 2015). This document includes cautions against multiple interviews of a child.

Page 11:

*Multiple, Nonduplicative Interviews: **One comprehensive forensic interview is sufficient** for many children, particularly if the child made a previous disclosure, possesses adequate language skills, and has the support of a family member or other close adult (APSAC, 2002; Faller, 2007; London et al., 2007; NCA, 2011; Olafson and Lederman, 2006). **The literature clearly demonstrates the dangers of multiple interviewers repeatedly questioning a child or conducting duplicative interviews** (Ceci and Bruck, 1995; Fivush, Peterson, and Schwarzmueeller, 2002; Malloy and Quas, 2009; Poole and Lamb, 1998; Poole and Lindsay, 2002).*

The National Children's Alliance *Standards for Accredited Members* (2017) also cautions:

Page 20.

*The CAC/MDT **must adhere to research-based forensic interview guidelines that create an interview environment that enhances free recall, minimizes interviewer influence, and gathers information needed by all the MDT members in order to avoid duplication of the interview process.***

The National Children's Alliance *Standards for Accredited Members* (2017) instructs:

Page 20.

The CAC/MDT must adhere to research-based forensic interview guidelines that create an interview environment that enhances free recall, minimizes interviewer influence, and gathers information needed by all the MDT members **in order to avoid duplication of the interview process.**

Page 23.

G. The CAC/MDT coordinates information gathering including history taking, assessments, and forensic interview(s) **to avoid duplication**. . . All members of the MDT need information to complete their respective assessments and evaluations. Whether it is initial information gathered prior to the forensic interview, history taken by the medical provider, or intake by the mental health or victim services provider, **every effort should be made to avoid duplication of information gathering from the child** and family members and ensure information sharing among MDT functions.

The authors of "Tell Me What Happened" caution:

"However, repeated interviewing may also compromise the reliability of children's accounts if errors reported during earlier interviews (either self-generated or in response to suggestive questioning) become incorporated into memory

representations (e.g. Ceci, Huffman, Smith, & Loftus, 1994). Additionally, children may be exposed between interviews to information from other sources that is subsequently incorporated into their accounts (via source-monitoring errors or social pressure). Children may also produce inconsistent accounts in successive interviews, reflecting errors of both omission and commission (Peterson, 2011). . . Studies that examine repeated recall using optimal interviewing techniques (i.e., open-ended questioning) show that, as with other dimensions of eyewitness testimony, the length of delay and the question strategy employed are both influential (e.g., Goodman & Quas, 2008; La Rooy et al., 2009, 2010). With short delays, reporting of increased amounts of information that is highly accurate is facilitated (i.e., by both reminiscence and hypermnesia: La Rooy, Pipe, & Murray, 2005; Quas et. al., 2007).”

Lamb, Brown, Hershkowitz, Obrach and Esplin. *Tell Me What Happened: Questioning Children About Abuse*. (p.50, 2018)

C. Timeliness:

The passage of time between multiple interviews of a child is of deep concern. Page 2 of the U.S. Department of Justice *Child Forensic Interviewing: Best Practices* (September, 2015) cautions:

Conduct the forensic interview as soon after the initial disclosure of abuse, or after witnessing violence, as the child’s mental status will permit and as soon as a multidisciplinary team response can be coordinated (APSAC, 2012; Saywitz and Camparo, 2009). As time passes, the opportunity to collect potential corroborative evidence may diminish, children’s fortitude to disclose may wane, and opportunities for contamination, whether intentional or accidental, increase (Johnson, 2009).

The authors of “*Tell Me What Happened*” warn:

When the delay between interview is more substantial (6 months or longer), new information reported is often inaccurate, whereas information that is consistently reported tends to be accurate (e.g., La Rooy et al., 2005; Salmon & Pipe, 1997, 2000).”

Lamb, Brown, Hershkowitz, Obrach and Esplin. *Tell Me What Happened: Questioning Children About Abuse*. (p.50, 2018)

D. Forensic Training:

What is the interviewer’s formal, supervised training? The National Children’s Alliance *Standards for Accredited Members* (2017) cautions:

Page 20.

Quality interviewing involves an appropriate, neutral setting, effective communication among MDT members, and employment of legally sound interviewing techniques.

CACs vary with regard to who conducts the forensic interview, **but the role must be fulfilled by a selected, supervised, and appropriately trained professional.** This includes a CAC-employed forensic interviewer, law enforcement officers, CPS workers, federal law enforcement officers, or other MDT members according to the resources available in the community. **At a minimum, any professional in the role of a forensic interviewer must have initial and on-going formal forensic interviewer training** that is approved by National Children’s Alliance (NCA) for purposes of accreditation. State laws may dictate which professionals can or should conduct forensic interviews.

The CAC/MDT's written documents must include the general interview protocol, selection of an appropriately trained interviewer, specifications for sharing of information among MDT members, and a mechanism for collaborative case planning. Additionally, for CACs that conduct Extended Forensic Evaluations, a separate, well-defined protocol must be also be articulated.

E. Place of Interview:

As cited earlier, the National Children's Alliance *Standards for Accredited Members* (2017) provides objective standards of care.

Page 6:

Neutral and Objective Setting

The National Children's Alliance (NCA), as a part of its accreditation process, requires CACs to provide child- focused settings that are "comfortable, private, and both physically and psychologically safe for diverse populations of children and their non-offending family members" . . . Interview rooms come in all shapes and sizes, are often painted in warm colors, may incorporate child-sized furniture, and should only use artwork of a non-fantasy nature. The room should be equipped for audio- and video-recording, and case investigators and other CAC staff should be able to observe the forensic interview (Myers, 2005; NCA, 2013; Pence and Wilson, 1994). Although it is generally recommended that there be minimal distractions in the interview room (APSAC, 2012; Saywitz, Camparo, and Romanoff, 2010), opinions differ about the allowance of simple media, such as paper and markers.

Page 21-22

C. CAC/MDT protocol must reflect the following items:

1. Case acceptance criteria
2. Criteria for choosing an appropriately trained interviewer (for a specific case)
3. Personnel expected to attend/observe the interview
4. Preparation, information sharing and communication between the MDT and the forensic interviewer
5. Use of interview aids
6. Use of interpreters
7. Recording and/or documentation of the interview
8. Interview methodology (i.e., state or nationally recognized forensic interview training model(s))
9. Introduction of evidence in the forensic interviewing process
10. Sharing of information among MDT members
11. A mechanism for collaborative case coordination
12. Determining criteria and process by which a child has a multi-session or subsequent interview

Page 22.

Forensic interviews of children, as defined in the CAC/MDT's written protocols, will be conducted at the CAC, where the MDT is best equipped to meet the child's needs during the interview.

On rare occasions when interviews take place outside the CAC as determined and approved by the MDT, the agreed-upon forensic interview guidelines must be

utilized. Some CACs have established interview rooms outside of the primary CAC such as at a satellite office.

Page 23.

G. The CAC/MDT coordinates information gathering including history taking, assessments, and forensic interview(s) to avoid duplication. . . All members of the MDT need information to complete their respective assessments and evaluations. Whether it is initial information gathered prior to the forensic interview, history taken by the medical provider, or intake by the mental health or victim services provider, every effort should be made to avoid duplication of information gathering from the child and family members and ensure information sharing among MDT functions.

A DEEPER DIVE

Interviewing Children about Allegations of Sexual Abuse

By Daniel H. Swerdlow-Freed, Ph.D., P.C. at www.expertpages.com

The prevalence of child sexual abuse is a disputed topic marked by disagreement of whether national statistics accurately reflect its incidence rates. Some experts argue that studies underestimate the true extent because all cases are not reported to authorities, while others argue that studies overestimate the incidence rates because they include unproven claims. There are at least four difficulties preventing resolution of the prevalence controversy: First, child sexual abuse does not always produce incontrovertible physical evidence. Second, behavioral symptoms associated with sexual abuse also occur for other unrelated reasons. Third, interviews of children do not always yield indisputable results. Fourth, disclosure may be followed by recantation making it difficult to ascertain which assertion is credible.

Identifying sexual abuse is further complicated by many factors. These include the child's age, maturity and understanding of the events in question, the child's understanding of anatomy and familiarity with sexual behavior, whether the abuse occurred once or multiple times, and whether the abuse was experienced as stressful.

Research has shown that children are capable of providing accurate accounts of their experiences provided that questions are simply stated and worded using language they understand. The interviewer must be aware that children make idiosyncratic interpretations of terms that are well known to adults. For example, one study found that children do not necessarily classify clothes the same way as adults. Thus, a child wearing pajamas at the time he was sexually abused might answer "No" when asked if he was wearing clothes. However, the same child may answer "Yes," when asked if his pajamas were taken off.

Research shows that the accuracy of children's reports can be adversely affected by questions that are poorly phrased or suggestive. This literature indicates that children can be confused by questions that contain single or double negatives, complicated vocabulary, or that utilize multiple parts or embedded propositions. Because children do not necessarily realize when they misunderstand a question, they may not ask for clarification and the misunderstanding can go undetected.

Forensic interviews of children, whether they occur in criminal or civil litigation, should include two essential features. First, a forensic interview should be geared toward the developmental age of the child and its content should be developed from information furnished by the child.

Interviewers must avoid suggesting events that have not been mentioned by the child or suggesting that a specific person was responsible for any alleged behavior.

Second, the interview should test alternative hypotheses that explain the allegation and differentiate plausible from implausible explanations. A well conducted interview should clarify whether sexual abuse actually occurred or whether the alleged behavior can be accounted for by another explanation. Ideally, if it is determined that abuse took place the interview will reveal the perpetrator's identity. Violating either of these guidelines may contaminate the child's account, making it difficult to determine what exactly occurred.

A forensic interview should begin by explaining its purpose to the child and ensuring that the child is ready to proceed. It is good practice to establish ground rules such as that the child knows the difference between the truth and a lie and intends to tell the truth, and that the child will alert the interviewer if the interviewer says something the child does not understand.

The substantive portion of the interview should be conducted without suggestive comments or questions. Statements such as, "*Tell me about when your father touched your privates,*" or "*Let's talk about when your mom touched your butt*" are highly suggestive and are likely to contaminate the child's response. It is preferable, for example, to ask if the child knows the reason for the interview or to discuss the problems that have been going on in the family.

It is important to initially permit the child to give a narrative of the event in question and to withhold questions or comments. Free narratives can be initiated by statements such as "*Tell me everything that happened, from the beginning to the end,*" or "*Tell me everything that happened when you and Bob were home.*" Follow-up questions should be open-ended (i.e., "*Tell me what happened next.*") because children respond to these with longer and more detailed answers, and some children will answer focused questions (i.e., "*Did Bob touch your butt?*") even if they do not remember what actually transpired.

A proper inquiry builds on the free narrative by soliciting elaboration of what the child has already volunteered. Open-ended questions seek elaboration of a specific aspect of an account (e.g., "*You said Bob got into the bed with you. Tell me everything that happened when Bob got into bed with you.*"), or clarify information that is contradictory (e.g., "*First you said you were in the kitchen with Bob, but then you said you and Bob were downstairs. I'm confused about where you and Bob were. Can you tell me about that again?*")

Specific but non-leading questions seek clarification of information the child has already volunteered. For example, an interviewer might ask, "*Do you remember what you were doing just before Bob got into bed with you?*"

Closed questions include those that can be answered 'Yes' or 'No,' or provide for only a few answers. Multiple choice questions should be avoided whenever possible because some children choose only one of the options, and responses to these inquiries are less accurate than to open-ended questions. If multiple choice questions are used it is preferable not to include the correct answer to avoid being suggestive. Thus, if an event happened in the basement, the interviewer could ask, "*Did that happen in the kitchen, your bedroom or somewhere else?*"

Interviewing children about allegations of sexual abuse takes specialized skill and knowledge. Questions must be carefully worded to ensure responses provide accurate, reliable information.

Children use language differently from adults and interpret concepts in extremely concrete terms. Thus, if you ask a child what a sentence "*says,*" the child may answer, "*Nothing, paper can't talk.*" Young children, especially preschoolers, tend to answer questions even if they have no knowledge of the subject. Furthermore, children tend to answer "*Yes*" when uncertain because this answer

implies cooperation and may be perceived as the desired answer, especially if it is part of a tag question (e.g., "*He touched you, didn't he?*").

A "tag question" is a declarative statement followed by a short question that seeks confirmation of the statement's truth. This form of question can be very suggestive, especially for young children, because children are taught not to disagree or argue with adults and the "tag" seeks confirmation of the statement's accuracy.

When questioning children, certain practices will enhance the accuracy of their responses and reduce the likelihood that the child is misunderstood or considered unreliable. It is important to use simple, ordinary, common words, phrased in short sentences containing a subject, verb and object.

Young children have limited or no experience with the legal system and, consequently, they do not understand the technical terms used in legal settings, such as testify, oath, deny, pursuant, notwithstanding, et cetera. When complex, unfamiliar words are used along with complicated phrases (e.g., "*Isn't it true that you did not report that he touched you until three weeks after the last time you saw him?*" or "*Do you swear to tell the truth, the whole truth and nothing but the truth?*") young children may become confused. Confusion in this circumstance is likely to create the appearance that a child's report of an experienced event is invalid or unreliable when, in fact, the problem may stem from how the question was phrased.

Young children do not possess good understanding of language and, in particular, they do not consistently understand pronouns, even though they may use them correctly in their own speech. Children understand questions better when proper names are used instead of pronouns. Thus, it is better to ask, "*What did Bob do?*" rather than "*What did he do?*", or "*Who was at Sue's house?*" instead of "*Who was there?*"

Children are very literal in their use and interpretation of words, especially in comparison to adults, and often do not understand the relationship between a general concept (furniture) and one that is more specific (bed). Thus, a child may deny being on the furniture when an event happened, only later to report that he was sitting on the bed when he was touched. Or, a child may say 'No' when asked if he was "*touched*" at a particular time, but may subsequently report being "*tickled*," "*poked*" or "*pinched*".

Children use and understand the word "*touch*" much differently than adults. "*Touch*" is a "*higher order*" word that adults realize includes other forms of contact such as kissing, hugging, slapping, kicking, et cetera, but children do not share this understanding. Thus, a child may report that an adult did not "*touch*" him but later report that the same adult "*poked*" him in the butt or "*hit*" him on the arm.

Children also use adult-like words but may not understand their meaning. This is particularly true for concepts dealing with age, time, space, and kinship. For example, young children tend to equate age with size, so a person that is "*tall*" is also "*old*." To a four-year-old, all adults and most children are "*old*," and not taking the child's perspective into account when evaluating this kind of information can cast doubt on his/her credibility.

Children learn some things by rote well before they understand the underlying concept. Thus, knowing how to count to 20 does not mean a child understands that ten is larger than six, or that a child can accurately estimate how many times an event occurred. A child may respond to an inquiry ("*How many times did Joe touch you?*") with an answer ("*One hundred times.*"), intending to satisfy the adult questioner without regard for accuracy. Young children tend to indiscriminately use large numbers to indicate that an event occurred many times because they do not understand the relationship between the number given and the actual frequency of the event.

Similarly, the ability to recite a list (days of the week, months of the year) does not mean a child understands that Sunday is the first day of each week, that June comes after May or that Thanksgiving follows Christmas. The concept of days, weeks, months, and years develops after the ability to recite these lists, and it can be misleading to assume that a child understands a particular concept simply because he possesses its vocabulary. Stated in different terms, there is no reason to assume that a preschooler is competent at spelling simply because she can recite the alphabet.

Children at different ages may or may not understand the concept underlying specific words. For example, children under six have difficulty with spacial concepts like *"ahead of"* and *"behind"* (*"Was he ahead of you or behind you?"*), while children younger than five do not grasp the absolutes of *"never," "always," "any,"* or *"ever."* Questions such as, *"Have you ever told a lie?" "Did anyone say anything to you?"* or *"Did he always do it that way?"* require a child to make a thorough search of all relevant experiences, and are so vague they promote inconsistent answers. It is generally preferable to phrase the question more specifically, such as *"Did someone tell you to keep a secret,"* or *"Did something happen at Tommy's house?"*

Obtaining accurate reports from children about their experiences require understanding of how they use language and conceptualize ideas, since cognitive and verbal skills develop as they grow. The use of unfamiliar words or complicated questions can easily create the impression that a child's report is unreliable or lacks credibility, and these consequences may result from an interviewer's use of developmentally inappropriate words or phrase. There is considerable research that demonstrates young children are able to provide valid, consistent and accurate reports of events they experienced, provided that questions are asked in a developmentally appropriate and non-leading fashion.

Toward a Better Way to Interview Child Victims of Sexual Abuse

Sara Harris, National Institute of Justice (nij.gov). NIJ Journal No. 267, Winter 2010, NCJ 233282

A study tests interview protocols in the hope of getting better case outcomes.

Child protection authorities substantiated 68,000 cases of child sexual abuse in 2008, according to the Department of Health and Human Services.^[1] In many child sexual abuse cases, there is no witness other than the child and no corroborating evidence — the entire case can hang on a child's recollection of the alleged abuse. One way to help avoid false accusations and ensure justice in these cases is to strengthen law enforcement's ability to elicit accurate information from children. As the authors of the study discussed in this article note, "The quality of forensic interviewing practices is of utmost importance if child victims are to be protected, at the same time as the rights of the innocent suspects are to be upheld."^[2]

We have gained considerable knowledge in the last two decades about child development, memory and cognition, and researchers have developed several techniques for improving the way child victims of sexual abuse are interviewed. One technique that showed promise in a laboratory has now been tested in the field in Utah's criminal justice system. The interview protocol was developed by the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD). The NICHD began developing its interview protocol in the 1990s. According to Margaret-Ellen Pipe, a member of the team that has developed and tested the protocol, "In the '80s people started recognizing children could provide reliable evidence. There had been real skepticism prior to that whether you would believe children."

In an NIJ-funded study, a team of researchers led by Pipe investigated how the NICHD protocol might affect prosecution outcomes. Their findings make it clear that the training and NICHD protocol elicit more information from possible victims. The findings cannot, of course, determine whether the information is more accurate — that is, the findings cannot definitively confirm details of what happened. But it is clear that after the protocol was introduced, prosecutors accepted more cases; and more cases that went to trial resulted in conviction than before the protocol was introduced.

The NICHD Protocol

The techniques employed by the NICHD protocol were designed to integrate advances in scientific understanding about memory and children's linguistic and cognitive development.

Over the years, various aspects of the NICHD protocol have been evaluated in the field. In fact, the authors note, the techniques developed under the auspices of the NICHD constitute the only protocol for forensic interviews with children to have been evaluated systematically. "The NICHD protocol has been researched in the field; that's what sets it apart," Pipe said.

Training in forensic interviewing techniques often increases interviewer knowledge without resulting in any meaningful change in how interviewers conduct the interviews.^[3] NICHD training is effective in getting interviewers to use the new information learned. Studies testing the protocol have examined how best to train people in its use and, in particular, how to ensure that interviewers reliably acquire and actively use the new skills. Training can raise awareness, Pipe et al. note in their report, but it is important to guarantee that new techniques are adopted as a matter of practice. The NICHD training model promotes this by providing guidance and feedback for interviewers even after training has concluded.

The NICHD interview protocol includes three phases:

- Introductory
- Rapport-building
- Substantive or free recall

At the beginning of the conversation, the child and the interviewer discuss expectations and set ground rules: this is the introductory phase. Interviewers then ask children to talk about events unrelated to the suspected abuse; the idea is to encourage the child to be comfortable leading the conversation by developing this rapport. In this phase, the "child learns the conversational rules, because they are different from many conversations in which children take part," Pipe explained. Later, interviewers encourage children to recall the target incident and talk about it in a narrative stream, as opposed to answering directed questions about it, one after another. Evidence indicates open-ended prompts draw out more accurate information than ones that simply elicit a child's recognition. The techniques discourage suggestive leads or questions with yes/no or either/or answers: "Where were his clothes?" for example, is preferred over, "Were his clothes on the floor?"

Nearly a decade of research confirms that when interviewers follow the guidelines outlined in the NICHD protocol, children give both more and higher-quality information. Their narrative accounts reveal greater detail when the NICHD protocol is implemented.

How the Study Was Conducted

The study examined the outcomes of cases before and after police detectives were trained on the NICHD Investigative Interview Protocol. The 11 detectives in the study performed forensic interviews at the Salt Lake County Children's Justice Center (CJC), an arm of the Utah Attorney General's Office. They were all experienced in conducting child abuse investigations and child forensic interviews but had never been trained in the NICHD protocol. The detectives' NICHD training took place over several days, included both simulated and actual forensic interviews, and included ongoing contact and feedback from the trainers.

Researchers from the City University of New York, Cambridge University in England, the NICHD and the CJC examined 1,280 sexual abuse cases between 1994 and 2000 that were referred to authorities in Salt Lake County, Utah, and investigated by the 11 detectives. Of the total sample, these detectives conducted 551 interviews before receiving training on the NICHD protocol and 729 after they had implemented the protocol. The same detectives, prosecutors and judges who handled the cases were used throughout the study period.[\[4\]](#)

Among the cases of alleged abuse that the researchers reviewed, nearly 60 percent involved improper touching and 5 percent were characterized by exposure; penetration was alleged in 35 percent of the cases reviewed. Detectives interviewed children between the ages of 2 and 14 and then presented their evidence to the district attorney, who decided whether or not to prosecute.[\[5\]](#)

Impact of Using the Interview Protocol

Researchers compared the outcomes of the cases that used the interview protocol with cases that did not. They found that after local detectives adopted the NICHD interview protocol, the percentage of investigated cases in which the district attorney filed charges rose from 45 percent to over 54 percent. Furthermore, these cases held up as they progressed through the system.

Although the number of cases that went to trial was small — 30 of a total of 513 cases in which charges were filed — 94 percent of those prosecuted after implementation of the NICHD protocol resulted in conviction (16 of 17 cases), compared with 54 percent before its introduction (7 of 13 cases). In the majority of cases, both before and after the NICHD protocol was implemented, a plea agreement was reached. Of those, 81 percent led to a guilty plea on one or more charges. See Table 1 for more details on case outcome.

Table 1. Case Outcome by Interview Type

	Pre-Protocol Protocol	
Total	551	729
Cases accepted for prosecution	198 (35.9%)	315 (43.2%)
Cases with plea agreements	160 (80.8%)	255 (81%)
Pled guilty	105 (53%)	177 (56.2%)
Reduced	52 (26.3%)	76 (24.1%)
Cases with charges dismissed	15 (7.5%)	36 (11.4%)
Cases that went to trial	13 (6.6%)	17 (5.4%)
Not guilty verdict	6 (3%)	1 (0.3%)
Guilty verdict	7 (3.5%)	16 (5.1%)

(Cases that were diverted or were active/had no outcome information available were omitted from this table.)

While the percentage of cases in which charges were filed increased for three of the four age groups after the protocol was implemented, the impact of the protocol was strongest in cases in which the children were between 7 and 9 years old. This age group accounted for approximately 26 percent of the pre-protocol and post-protocol samples (135 and 167 cases respectively). For children in this age group, the rate at which prosecutors filed charges rose from 42 percent before to 64 percent after detectives were trained.

Given the nature of testing an interview protocol in the field, results like those in this study cannot definitively determine whether or not a protocol elicits more complete or accurate information from children; there is usually no way for researchers to know with absolute certainty if the alleged sexual abuse occurred.

Previous studies have established that use of the NICHD protocol increases the amount of information children reported with little or no interviewer input, a core feature of the NICHD protocol. There is a significant body of research demonstrating that interview techniques emphasizing the use of open-ended prompts and other methods that encourage a child's free recall elicit more accurate details than more focused prompts — ultimately, the kind of details on which investigators build their case. These techniques have proven effective at getting better information from preschoolers, elementary school children and teenagers alike. The evidence-based nature of the NICHD protocol lends credence to the researchers' assertion that, when employed by well-trained interviewers, the protocol likely improves the detail and accuracy of information elicited from children in most age groups during forensic interviews and positively affects case outcome.

Notes

[1] U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, *Child Maltreatment 2008* (pdf, 182 pages), Washington, DC: U.S. Government Printing Office, 2010.

[2] Pipe, M., Y. Orbach, M. Lamb, C. Abbott, and H. Stewart, *Do Best Practice Interviews with Child Sexual Abuse Victims Influence Case Outcomes?* (pdf, 123 pages), Final report for the National Institute of Justice, Washington, DC: National Institute of Justice, November 2008, NCJ 224524.

[3] Lamb, M., Y. Orbach, I. Hershkowitz, P. Esplin, and D. Horowitz, "Structured Forensic Interview Protocols Improve the Quality and Informativeness of Investigative Interviews with Children: A Review of Research Using the NICHD Investigative Interview Protocol," *Child Abuse & Neglect* 31 (2007): 1201-1231.

[4] The judges and prosecutors were likely aware that the detectives received new training on a forensic interview protocol.

[5] The study divided the children into four age groups: 2- to 4-year-olds; 5- to 6-year-olds; 7- to 9-year-olds; and 10- to 13-year-olds. The youngest child in the study was 2.80 years old; the oldest was 13.97 years old.

Research on NICHD

Assessing the value of structured protocols for forensic interviews of alleged child abuse victims.

Orbach, Yael, Hershkowitz, Irit, Lamb, Michael E., Esplin, Phillip W., Horowitz, Dvora. Child Abuse & Neglect, Vol 24(6), Jun, 2000. pp. 733-752.

Abstract: Examined the effectiveness of the National Institute of Child Health and Human Development (NICHD) investigative protocol, a flexibly structured protocol incorporating a wide range of strategies believed to enhance retrieval with child witnesses. Six forensic investigators were trained to use the NICHD protocol while conducting feedback-monitored simulation interviews. The protocol's was evaluated by comparing 55 protocol interviews (PRIs) with 50 prior interviews by the same investigators, matched with respect to characteristics likely to affect the richness of the children's accounts. The comparison was based on analysis of investigators' utterance types, distribution, and timing, and quantitative and qualitative characteristics of information produced. PRIs contained more open-ended prompts than non-PRIs did. More details were obtained using open-ended invitations and fewer were obtained using focused questions in PRIs than in non-PRIs, although total number of details elicited did not differ significantly. In both conditions, older children provided more details than younger children did.

A structured forensic interview protocol improves the quality and informativeness of investigative interviews with children: A review of research using the NICHD Investigative Interview Protocol.

Lamb, Michael E., Orbach, Yael, Hershkowitz, Irit, Esplin, Phillip W., Horowitz, Dvora, Child Abuse & Neglect, Vol 31(11-12), Nov, 2007. pp. 1201-1231.

Abstract: Objective: To show how the results of research on children's memory, communicative skills, social knowledge, and social tendencies can be translated into guidelines that improve the quality of forensic interviews of children. Method: We review studies designed to evaluate children's capacities as witnesses, explain the development of the structured NICHD Investigative Interview Protocol, and discuss studies designed to assess whether use of the Protocol enhances the quality of investigative interviews. Results: Controlled studies have repeatedly shown that the quality of interviewing reliably and dramatically improves when interviewers employ the NICHD Protocol. No other technique has been proven to be similarly effective. Conclusions: Use of the structured NICHD Protocol improves the quality of information obtained from alleged victims by investigators, thereby increasing the likelihood that interventions will be appropriate.

Review of 'A structured forensic interview protocol improves the quality and informativeness of investigative interviews with children: A review of research using the NICHD Investigative Interview Protocol'.

American Journal of Family Therapy, Vol 36(4), Jul-Sep, 2008. pp. 346-347.

Abstract: Reviews the article, A structured forensic interview protocol improves the quality and informativeness of investigative interviews with children: A review of research using the NICHD Investigative Interview Protocol by M. E. Lamb, Y. Orbach, I. Hershkowitz, P. W. Esplin, and D. Horowitz (see record 2007-18380-006). This review paper aims to, "show how the results of research on children's memory, communicative skills, social knowledge, and social tendencies can be translated into guidelines that improve the quality of forensic interviews of children." The other primary purpose of the article was to describe and report on the utility of a new interview tool and training materials that were designed specifically with this research in mind. In reviewing the current knowledge base, the authors state that the most important issue is the, "interviewer's ability to elicit information and the child's willingness and ability to express it, rather than the child's ability to remember it." The paper also presents a

summary of a series of studies conducted nationally and internationally in which the NICHD protocol was used.

Re: The development of forensic interview training models: A reply to Lamb, Orbach, Hershkowitz, Esplin, and Horowitz (2007). Vieth, Victor, Child Abuse & Neglect, Vol 32(11), Nov, 2008. pp. 1003-1006.

Abstract: Comments on an article by M.E. Lamb et al. (see record 2007-18380-006). The article contains several statements about the NICHD as well as the Finding Words forensic interviewing models that warrant clarification or elaboration. The authors properly note that the most effective forms of forensic interview training programs are those that "provide continued support, guidance, and feedback on interviewer behavior in interviews conducted after starting to use the Protocol." However, the authors incorrectly assert that "only the NICHD training model includes feedback beyond the training period (i.e. in post-training investigative interviews as well)." The authors contend it is "well-established" that the NICHD protocol elicits "accounts that are more likely to be accurate and less likely to be challenged in court." The authors, however, do not provide any evidence that the NICHD protocol has met the rigorous legal standards for its admissibility in a court of law or that investigators using the model have been qualified as experts in a court of law on forensic interviewing issues. The authors' claim that drawings and dolls are "potentially risky tools," ignores the fact that the vast majority of research supports the usage of these tools provided they are properly used. Moreover, these tools are widely accepted in court. The authors recognize that NICHD is not a "panacea" and that more research needs to be done to assess whether the protocol assists in finding corroborating evidence and how it can be modified to address "special circumstances."

Authors' response to Vieth (2008): Legal and psychological support for the NICHD interviewing protocol. Lyon, Thomas D., Lamb, Michael E., Myers, John, Child Abuse & Neglect, Vol 33(2), Feb, 2009. pp. 71-74.

Abstract: Reply by the current authors to the comments made by Victor Vieth (see record 2008-17415-002) on the original article (see record 2007-18380-006). Vieth agreed with Lamb and colleagues that there is a "substantial degree of consensus regarding the ways in which investigative interviews should be conducted". It is indeed well accepted that interviewers should "introduce as little information as possible while encouraging children to provide as much information as possible in the form of narratives elicited using open-ended prompts ('Tell me what happened.')." Research has shown that among children disclosing abuse, "responses to individual free-recall prompts are three to five times more informative than responses to more focused prompts". Vieth did not question this research. Also, Vieth did not question the well-replicated finding that interviewers trained to use the NICHD Protocol use more open-ended prompts and reduce their use of more risky question-types, risky because they elicit less accurate information. He also agreed that improving the quality of forensic interviewing requires "continued support, guidance, and feedback on interviewer behavior", pointing to ways in which the Finding Words program encourages peer review of interviews.

7. The Devil is in the Details

It is essential that the defense attorney delve into the details of studies the CSA expert is saying s/he is basing their testimony on. Dr. Wendy Dutton has been utilized by prosecution on thousands of child sexual abuse (CSA) trials here in the State of Arizona. For many years Dutton has based her opinions on a set of research articles. **One study she cites found that after repeated forensic interviews 55.5% of children's sexual abuse claims were determined to be unfounded or false.** You read that correctly. This is a very interesting article she has relied upon. Not only does she refer to it as a basis of her testimony, but she also listed it in her doctoral dissertation in 2011. But she is typically not asked about this important finding in Daubert or the trial phase.

Connie Nicholas Carnes, et al. Extended forensic evaluation when sexual abuse is suspected: a multisite field study. *Child Maltreatment* (2001) 6: 230

Here's another example of "*the Devil is in the Details*". For decades Dr. Dutton has referenced a study that she claims supports the notion that perpetrators commonly sexually abuse a child when someone else is in the room.

Do Sexual Offenders Molest When Other Persons Are Present? A Preliminary Investigation

Rocky C. Underwood, Peter C. Patch, Gordon G. Cappellety, and Roger W. Wolfe
Sexual Abuse: A Journal of Research and Treatment, Vol. 11, No. 3, 1999

Abstract:

This study utilized a rough clinical survey to assess the prevalence of child molestation perpetrated in the presence of other non-collaborating persons. Survey data were gathered on 131 post-incarcerated adult sex offenders at two community treatment programs. Subjects were divided into two groups, child molesters (CMs) and nonmolesters (NCMs). Results indicated that 54.9% of the CMs had molested when another child was present, 23.9% had molested when another adult was present, and 14.2% had molested when both a child and an adult were present. Both groups implicated increased excitement, a sense of mastery, and compulsive sexual behavior as the reasons for this type of offense. Moreover, the data indicated that approximately 63% of the offenders who had not molested in the presence of other persons felt they may have progressed to that point had they not been arrested and placed in treatment. Limitations of the study are discussed.

- Two community-based treatment facilities specializing in the treatment of sexual offenders.
- Total of 113 child molesters and 18 nonmolesters ("*hands-off*" – non child molesters)
- 131 (of 150) returned a completed questionnaire.
- Questionnaire had 13 items.
- "*A search of the literature revealed little on the presence of other persons as a factor influencing offending behavior.*" (p.243)
- "*Due to many subjects responding to numerically based questions with simple check marks, the data was reported predominantly for positive endorsement of the questions.*" (p.245)
- "*Finally, we would like to acknowledge the weaknesses of the questionnaire and the data derived from it. . . We acknowledge that the construction of the questionnaire is simplistic and thus, may have confounded the data. . . We encourage the reader to bear in mind that this was quickly created for clinical purposes only. We make no claim as to its validity at this juncture. Clearly, this questionnaire could benefit from revision.*" (p.247)

But this study has a number of problems.

- The authors name their article as a “*preliminary study*” and readily admit their study is not valid and should only be considered for counseling purposes. It is not meant to be described as scientific research.
- review of APA’s psychINFO (an academic search tool) indicates that since the article was published in 1999 it has only been cited in 7 other journals.
- None of the four authors ever went on to revisit this topic in their subsequent research.

Ironically, a more recent research study was published in the same professional journal 16 years later. Leclerc, et al. state:

- “. . . the mere presence of another person in vicinity of the crime location – even if that person is another child – may be enough to prevent an escalation of the severity of sexual acts performed by the offender.” (p.190)
- “The concept of “capable guardian” refers to the presence of any person who has the capacity to interrupt crime commission either directly or indirectly. According to Felson (1995), a person can prevent crime simply by his/her presence, that is, by being visible and/or in close proximity to the offender.” (p.190)
- “On the other hand, Beauregard and Leclerc (2007) found that most sexual offenders do estimate the risks of apprehension before committing an offense by taking into account factors such as the presence of others. In any event, it is possible that the presence of somebody nearby may in some cases be enough to deter sexual offenders from committing an offense, or more specifically, from performing severe sexual acts such as penetration.” (p.191)
- “In child sexual abuse, depending on the circumstances, prevention may only be accomplished by the presence of other children, especially as this crime is likely to be committed in a private home. It is clear that children may not act as capable guardians as they do not have the capacity to supervise or physically intervene. Nonetheless, children may act as potential guardians. Indeed, a child may, merely by their presence, to some extent dissuade the offender from having sexual contact with another child or at the least from involving the child in more intrusive and extensive sexual activities. This is because, from the offender’s perspective, performing intrusive sexual acts in the presence of other children may increase his risk of detection.” (p.192)
- “We found that the presence of a potential guardian can reduce the severity of abuse even if that presence did not prevent the initiation of the abuse. Leaving aside victim and situational characteristics, the presence of a potential guardian appears to reduce the duration of sexual contact and the occurrence of penetration. Indeed, the presence of a potential guardian decreases the risk of sexual penetration by 86%.” (p.199)
- “Another intriguing finding is that the occurrence of penetration was less likely when the abuse took place during the evening (6.00 p.m. to 9.00 p.m.).” (p.200)
- “In summary, assuming that sexual arousal (or other factors such as alcohol and drugs) does not completely impair decision making (e.g., Loewenstein, Nagin, & Paternoster, 1997), these offenders are unlikely to ignore the risks of apprehension. Rather, they would consider what they can do and not do sexually with a child at a particular time and place when a potential guardian is present.” (p.200)

Prevention Nearby: The Influence of the Presence of a Potential Guardian on the Severity of Child Sexual Abuse. Benoit Leclerc, et al., Sexual Abuse: A Journal of Research and Treatment. 2015, Vol. 27(20) 189-204.

The poorly done study in 1999 which the authors readily admitted had no validity should not meet Rule 702 that a concept has general acceptance in the professional community. Furthermore

government expert's failure to cite contradictory and better done research is an indicator of bias. The second study (Leclerc, 2015) has been referenced 73 times in other scholarly works. Indicating broad acceptance within the scholarly community. The basis for her testimony is ripe for cross and/or a Daubert challenge. But the defense attorney can't pursue a challenge if they don't know the details of the studies the counterintuitive expert cites.

Bottom Line:

The devil is in the details. Defense should have Government's expert provide the titles and copies of the research articles they are basing their opinions upon. Defense should not allow the expert to dump them on defense at the last last minute. Defense should then read through each study to identify ways in which it might not apply to their case and the cautions/limitations that are always described at the end of a research article. The defense should identify the specific behaviors the expert is going to testify about and do their own research for studies that are contradictory. I have made a laborious effort to provide defense critiques of commonly cited articles and topics by counterintuitive / CSA experts. The articles described above are provided for you at my website: [psy.law > resources](#) (on the top ribbon) > *COUNTERING Counterintuitive Testimony: Child > CSA Testimony Topics.*

Conclusion for Part I of this Paper

Nothing in all the world is more dangerous than sincere ignorance and conscientious stupidity.

Martin Luther King, Jr., *Strength to Love*, 1963

Counterintuitive testimony regarding child sexual abuse is meant to address an important question: “*What are a child’s reactions to being sexually assaulted?*” But the first question implies a second: “*What are a child’s reactions who is making a mistaken or false claim of sexual assault?*” The answers to these questions are critical in bringing about justice for a true victim of sexual assault and avoiding a miscarriage of justice against someone falsely accused.

As I mentioned at the start of this paper; much of counterintuitive testimony can be legitimate and apply to victims who have truly been sexually assaulted. But there is a tendency for CSA experts to overstate the science and make claims that cannot be backed up from research. This excess, without a humble recognition of the limits of the current science, is where problems arise.

- How does CSA research and the expert’s testimony distinguish between true, unproven and false reports of sexual assault?
- Are CSA symptoms falsifiable?
- Has the research and the expert accounted for motivations to make an intentional false report of sexual assault?
- How has CSA research and the expert accounted for subject-variable interactions, external mediating factors, cultural and gender issues, and consumption of alcohol and/or alcohol blackout?
- How have CSA research and the expert actively worked to overcome confirmatory bias?

Part II: An Examination of Specific Counterintuitive/CSA Topics

In this section we'll examine specific behaviors that are the central to CSA testimony. It is important that you review the articles in the "***Basics of Scientific Research***" folder on the website. These include, "***Confounding Variables***", "***Discriminate Validity***", and "***The Null Hypothesis: Proven and Unfounded Claims of CSA***". These will give you the in-depth background for how to cross the expert on the various topics. Government's counterintuitive expert will tell you which topics s/he is going to testify about. For each of these you want to make sure to utilize one-or-more of the strategies in Part 1 of this paper.

Much of your strategy for cross on a number of topics is the same. This can actually streamline your prep for cross when the expert has not specified which of the many topics s/he is going to testify on. Here are some general guidelines. If Government's expert is a "*cold*" (uninformed) expert, s/he won'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 pretrial interview of the expert. If s/he is "*cold*" s/he will provide you a long list of topics s/he 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 his/her basis for each topic. Or you might decide to keep the interview short and get into specific challenges in a Daubert hearing.

The next step . . .

What follows in this section is an examination a few of the more common topics the counterintuitive expert addresses. Each topic begins with a common definition of that behavior and the research the expert tends to rely upon. This will include my critique of many of these studies. Notice that some of the same studies are cited for different topics. So the critique of a particular article will be repeated in different topics. This allows you to read each of the topics independent of the others. Here's the topics:

- Counterintuitive Topic #1: Delayed Disclosure of Sex Abuse
- Counterintuitive Topic #2: Continued Relationship with the Accused
- Counterintuitive Topic #3: Inconsistent, Piecemeal, Changing, or Incomplete Memories
- Counterintuitive Topic #4: Age and Timing of Disclosure
- Counterintuitive Topic #5: Process of Victimization or Perpetrators' Process of Victimization
- Counterintuitive Topic #6: Difficulty with Identifying Dates of Abuse
- Counterintuitive Topic #7: Disclosing Abuse (various aspects)
 - Intrafamilial versus Extrafamilial Abuse
 - The *Child Sexual Abuse Accommodation Syndrome* (CSAAS)
- Counterintuitive Topic #8: Sexual Behavior in Children.

Counterintuitive Topic #1: Delayed Disclosure of Sex Abuse

The CSA expert will often address why the complaining witness delayed disclosing or provided “*piecemeal*” disclosure.

- Not sure it was wrong
- Fear
- Belief that it will not do any good
- Anger comes later or from another party (e.g., best friend) who encourages reporting
- Indirect or encouraged disclosure
- Culture and socialization to systems
- Potential Consequences

Articles Commonly Cited by Counterintuitive Experts for Delayed Disclosure

The counterintuitive CSA expert will typically describe Delayed Disclosure as:

Delayed disclosure of abuse is common. Long delays in disclosure are more closely associated with two factors—close relationship between the victim and the perpetrator, and the degree to which the victim feels responsible or complicit in the abuse.

Reasons Children Delay Disclosure

Dr. Wendy Dutton explains:

Reasons why children delay disclosure vary. Young children, toddlers and preschool-aged, may not understand that abuse is wrong, or may believe the perpetrators’ explanations for their behavior. Many children report that they fear the consequences of disclosure, such as disbelief, ridicule, blame, or family disruption. Many children report that perpetrators manipulate, bribe, or threaten them with social or violent consequences should they tell. Other children report reluctance to disclose due to feelings of embarrassment, guilt, shame, or loyalty to the perpetrator.

Articles cited by Dutton: Allagia et al, 2019; Crisma et al., 2004; Dutton, 2011; Jensen et al., 2005; Staller & Nelson-Gardell, 2005; Wallis & Wordworth, 2021.
Areas of Inquiry and Summary for Expert Testimony and Supporting Research Citations
Wendy A. Dutton, M.A., Ph.D., LPC, February 2022

Here are some studies the counterintuitive expert might cite:

Alaggia, Ramona

Many ways of telling: expanding conceptualizations of child sexual abuse disclosure

Child Abuse & Neglect 28 (2004) 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.

- *“In reviewing the disclosure literature, it becomes clear that the term is problematic for a number of reasons. Importantly, there is a lack of clarity as to whether the term refers to the act of simply telling someone, or to a more official act of reporting abuse to an authoritative body (Jones, 2000). In addition, the term sometimes has developmental connotations. For instance, the word “disclosure” is more commonly used in reference to a child’s reporting of abuse, while “telling” is more often used when adults share their abuse experiences.” (p.1214)*
- *“Delayed disclosures are also linked to repressed, recovered, or delayed memories (Flathman, 1999; Pope & Brown, 1996).” (p. 1215).*
- Comment – Recovered memories had been completely debunked by the mid-1990s.
- Research was anecdotal for adults reporting. Two hour interview of 24 participants between the ages 18 and 65 who were sexually abused by a family member (p. 1217). One third had also been victimized by people outside of their family. 57% were female. Seven subjects did not disclose because they had repressed or forgotten the memory (29% of the subjects).
- *Triggered disclosure. 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)*

Summary critique by Simpson

This extremely small study of 24 adults lacked any confirmation of the veracity of the reported abuse. In fact, 30% had highly suspect claims based on the faddish “*recovered memories*” that was prevalent when this article was written. The author notes:

- *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. In the few cases where the participant did report that there was child welfare involvement or criminal charges, attempts were not made to access the corroborating documentation. (p. 1224)*
- *The . . . majority of the participants did not go through a formal child welfare or police investigation. . (p. 1224)*

Bottom line:

The study didn’t make any effort to identify the “ground truth” rates in their subjects (unproven and false). See Horowitz (1995) - *Establishing ground truth in studies of child*

sexual abuse. (described earlier in this document). This has important implications for a Daubert challenge and cross. The study lacks discriminate validity.

Ramona Alaggia

Disclosing the trauma of child sexual abuse: a gender analysis

Journal of loss and trauma (2005). 10:453-470.

Abstract

This study qualitatively explored dynamics that impede or promote disclosure of child sexual abuse. Findings on the impact of gender on disclosure are reported based on data from 30 in-depth interviews of adult survivors. While there were strong similarities, noteworthy differences connected to gender and disclosure emerged. The overall trend was toward delaying disclosure, and for those who tried to disclose in childhood, attempts were often made in behavioral or indirect verbal ways. However, males reported difficulty disclosing because they feared being viewed as homosexual and as victims. Women's difficulties centered on feeling conflicted about responsibility, and they more strongly anticipated being blamed or not believed. Findings are linked to therapeutic work with traumatic loss.

- *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. Clearly, this is one constraint of the present study. Corroborating the sexual abuse through other sources was also not possible in this study. This was largely due to the relatively older subjects and to the fact that very few participants had ever had their sexual abuse investigated by child protection workers. In the few cases where the participant did report that there was child welfare involvement or criminal charges, attempts were not made to access the corroborating documentation. Future investigations might focus on younger victims whose sexual abuse was investigated by police or child welfare authorities and where files would be available. (pp. 465-466)*
- *Given the modest number of participants recruited, these results clearly cannot be generalized to the larger population; rather, results can be transferred to other cases with similar characteristics. (p. 466)*

Critique by Dr. Simpson

- Pay attention to the details in this study. This involved 30 adults self-reporting many years after the abuse. So how is a adult reporting related to your case where a child disclosed while they were still a child? Doesn't this study say they won't disclose until they are adults? How has the cold expert accounted for the significant variables of age and gender in your case?
- They eliminated research subjects who were still "in the process of recovering memories." Others because they claimed ritualistic abuse. Of the remaining subjects, 26% based their abuse beliefs on completed "recovered memories" (which has been completely debunked)?
- The study didn't make any effort to identify the "ground truth" rates in their subjects (*unproven and false*). See Horowitz (1995) - *Establishing ground truth in studies of child sexual abuse*. (described earlier in this document). This has important implications for a Daubert challenge and cross. The study lacks discriminate validity.

Ramona Alaggia, Delphine Collin-Vezina, and Rusan Lateef

Facilitators and Barriers to Child Sexual Abuse (CSA) Disclosures: A Research Update (2000–2016)

Trauma, Violence, & Abuse (2019). Vol. 20(2) 260-283

Abstract

Identifying and understanding factors that promote or inhibit child sexual abuse (CSA) disclosures has the potential to facilitate earlier disclosures, assist survivors to receive services without delay, and prevent further sexual victimization. Timely access to therapeutic services can mitigate risk to the mental health of survivors of all ages. This review of the research focuses on CSA disclosures with children, youth, and adults across the life course. Using Kiteley and Stogdon's literature review framework, 33 studies since 2000 were identified and analyzed to extrapolate the most convincing findings to be considered for practice and future research. The centering question asked: What is the state of CSA disclosure research and what can be learned to apply to practice and future research? Using Braun and Clarke's guidelines for thematic analysis, five themes emerged: (1) Disclosure is an iterative, interactive process rather than a discrete event best done within a relational context; (2) contemporary disclosure models reflect a social–ecological, person-in-environment orientation for understanding the complex interplay of individual, familial, contextual, and cultural factors involved in CSA disclosure; (3) age and gender significantly influence disclosure; (4) there is a lack of a life-course perspective; and (5) barriers to disclosure continue to outweigh facilitators. Although solid strides have been made in understanding CSA disclosures, the current state of knowledge does not fully capture a cohesive picture of disclosure processes and pathways over the life course. More research is needed on environmental, contextual, and cultural factors. Barriers continue to be identified more frequently than facilitators, although dialogical forums are emerging as important facilitators of CSA disclosure. Implications for practice in facilitating CSA disclosures are discussed with recommendations for future research.

However, defining the period of time that would delineate a disclosure as delayed varied widely across studies, wherein some studies viewed 1 week or 1 month as a delayed disclosure (i.e., Hershkowitz et al., 2007; Kogan, 2004; Schonbucher, Maier, Moher-Kuo, Schnyder, & Lamdolt, 2012). Other studies simply reported average years of delay sometimes as long as from 20 to 46 years (Easton, 2013; Jonzon & Linblad, 2004; Smith et al., 2000). (p. 276)

*. . . although a few studies strived to obtain representative samples in quantitative investigations (Hershkowitz, Horowitz, & Lamb, 2005; Kogan, 2004; Smith et al., 2000), sampling was for the most part convenience based, relying on voluntary participation in surveys and consent-based participation in file reviews (Collings, Griffiths, & Kumalo, 2005; Priebe & Svedin, 2008; Schonbucher et al., 2012; Ungar, Barter, McConnell, Tutty, & Fairholm, 2009a). **Therefore, generalizability of findings is understandably limited.** (p. 276)*

Sixteen of the studies drew on samples of children and youth, while the other 15 studies sampled adults over the age of 18, and a further two studies used mixed age-groups (refer to Table 1). Among the child and youth samples, the age ranges spanned from preschool to late adolescence (3–17 years of age), with varying methodological approaches implemented across age cohorts.

Comment: What is the age and gender of the complaining witness in your case. Half or more of the studies potentially don't apply in this case. It is up to Dutton to point out which studies apply to your case.

*Victims of intrafamilial abuse when the offender is a parent, caregiver, significant family member, or someone in a family-like role **are less likely to disclose immediately or at all in childhood/adolescence** because of obvious power differentials and dependency needs (Collings et al., 2005; Dumont et al., 2014; Hershkowitz et al., 2005; Kogan, 2004; Leclerc & Wortley, 2015; Paine & Hansen, 2002; Schaeffer et al., 2011). **Further, the perpetrator residing with their victim(s) increases the likelihood of no disclosure** (Leclerc & Wortley, 2015). (p. 279)*

Dr. Simpson's comment: In your client's case, is s/he a family member to the child and/or did s/he reside with the accuser? This study says that the child would be *less* likely to disclose immediately or at all. You should ask the counterintuitive expert about this discrepancy.

Limitations: Although comprehensive in nature with its life-course coverage, this review may be limited by its qualitative, thematic focus rather than providing an evaluative, quantitative accounting of CSA disclosures.

Critique by Dr. Simpson

- Pay attention to the details in this study. Less than half of the 33 studies reviewed involved minors. And those were split into younger children and adolescents. Which ones apply to your case? How has the cold expert accounted for the significant variables of age and gender?
- None of the 33 studies accounted for “false positive” rates in the general population. So is the phenomenon of delayed disclosure the same for false allegations of abuse? The study didn't make any effort to identify the “ground truth” rates in their subjects (*unproven* and *false*). See Horowitz (1995) - *Establishing ground truth in studies of child sexual abuse*. (described earlier in this document). This has important implications for a Daubert challenge and cross. The study lacks discriminate validity.

Arata, Catalina M.

To tell or not to tell: Current functioning of child sexual abuse survivors who disclosed their victimization.

Child Maltreatment, Vol 3(1), Feb, 1998. pp. 63-71.

Abstract

Examined the effects of childhood disclosure on current mental health functioning of female survivors of child sexual abuse and identified characteristics of abuse that were associated with disclosure. 204 women (aged 17–47 yrs) with a history of child sexual abuse completed questionnaires describing sexual victimization history, circumstances of childhood disclosures, and measures of current symptoms. Disclosure was not directly related to overall current functioning; however, disclosure was associated with fewer intrusive and avoidant symptoms. Disclosure tended to be less common with more severe levels of assault and when the assailant was related to the victim. The results suggest that disclosure may be beneficial in preventing the development of specific post-traumatic symptoms; however, disclosure was found to be least common for the types of assaults that produced the greatest psychological distress.

- *There are a number of limitations to this study that should be considered in interpreting the results. The use of a self-report survey with college students presents a number of problems. College students may represent a narrow range regarding the potential effects of child sexual abuse. In addition, there may be self-selection biases.*

Critique by Dr. Simpson

The study didn't make any effort to identify the “ground truth” rates in their subjects (*unproven* and *false*). See Horowitz (1995) - *Establishing ground truth in studies of child sexual abuse*. (described earlier in this document). This has important implications for a Daubert challenge and cross. The study lacks discriminate validity.

Additional Research Articles on “*Delayed Disclosure of Child Sex Abuse*” (oldest to latest)

The child sexual abuse accommodation syndrome. Summit, Roland C.; Child Abuse & Neglect, Vol 7(2), 1983. pp. 177-193.

Abstract

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

Disclosure of child sexual abuse: For better or for worse. Sauzier, Maria; Psychiatric Clinics of North America, Vol 12(2), Jun 1989. pp. 455-469.

Abstract

Evaluated 156 sexually abused children (mean age 10.1 yrs). Ss received crisis intervention and were administered a standardized test battery. 55% of Ss disclosed their abuse most frequently to their mothers. Ss' ability to tell of the abuse was influenced by characteristics of the experience. The dynamics of the disclosure process are presented as important variables in the victim-to-patient process. 115 Ss were reevaluated at 18-mo follow-up. Most Ss showed a significant decrease in psychopathology and an increase in self-esteem. Most Ss also showed improvement on standardized tests, but some regretted their disclosure.

How children tell: The process of disclosure in child sexual abuse. Sorensen, Teena; Snow, Barbara; Child Welfare Journal, Vol 70(1), Jan-Feb 1991. pp. 3-15.

Abstract

Examined the disclosure process in 116 sexually abused children (aged 3-17 yrs) to show that the process typically proceeds from denial to tentative and active disclosure and that Ss often recant but later reaffirm. Most protocols for investigating child sexual abuse are geared for Ss in active disclosure, but a retrospective analysis of the Ss' records showed only 11% to be in active disclosure at the time of the initial interview. This suggests that a child's initial denial, failure to provide immediate detail, or recantation may result in the dismissal of a valid complaint. 79% of the Ss initially denied the abuse or were tentative in disclosing it. 74% of Ss disclosed accidentally, which may be age- and developmentally related in the case of Ss' sexualized behavior and inappropriate statements. Peers and educational programs often motivated disclosure.

Abuse of the Child Sexual Abuse Accommodation Syndrome. Summit, Roland C.; Journal of Child Sexual Abuse, Vol 1(4), 1992. pp. 153-163.

Abstract

Discusses the origins of the concept of the Child Sexual Abuse Accommodation Syndrome ([CSAAS] R. C. Summit; see record 1984-15274-001) and the subsequent distortions that court misuse has imposed. The CSAAS is a clinical observation that has become both elevated as gospel and denounced as dangerous pseudoscience. It is hoped that such a contextual review can serve as a guide toward a more accurate understanding among clinicians, judges, and advocate attorneys.

Developmental differences in detection and disclosure of sexual abuse. Campis, Leslie B.; Hebden-Curtis, Joanne; DeMaso, David R.; Journal of the American Academy of Child & Adolescent Psychiatry, Vol 32(5), Sep 1993. pp. 920-924.

Abstract

Examined developmental differences in the detection and disclosure of child sexual abuse. A random medical record review was conducted of 72 children and adolescents (aged 23 mo to 17 yrs) seen over a 3-yr period for suspected sexual abuse in the emergency room of a pediatric hospital. Data on demographics, presenting symptomatology, type of disclosure, and precipitants to disclosure were gathered. Preschool-age Ss were significantly more likely than school-age Ss and adolescents to exhibit behavioral or physical symptoms that prompted caregivers' suspicion of sexual abuse. Preschool-age Ss made disclosures accidentally and typically with an immediate precipitating event unrelated to the abuse itself. In contrast, sexual abuse disclosures from school-age Ss were purposeful and not associated with a precipitating event.

Children's disclosure of sexual abuse during formal investigation. Keary, Kay; Fitzpatrick, Carol; *Child Abuse & Neglect*, Vol 18(7), Jul 1994. pp. 543-548.

Abstract

251 children who had full assessments over a 12-mo period were divided at time of referral into 2 groups, those who had previously told someone about abusive experiences prior to investigations and those who had not. There was a strong positive correlation between having previously told someone about sexual abuse and disclosure of such abuse during formal investigation. There was also a strong positive correlation between not having previously told someone and not disclosing during formal investigation. Age was an important variable, with children under 5 yrs being least likely to disclose abuse during formal investigation, irrespective of whether they had previously told someone about abuse. Disclosure of sexual abuse during investigation was strongly correlated with abuse being regarded as confirmed.

Forensic sexual abuse evaluations of older children: Disclosures and symptomatology. Elliott, Diana M.; Briere, John; *Behavioral Sciences & the Law*, Vol 12(3), Sum 1994. pp. 261-277.

Abstract

Examined the results of forensic evaluations of 320 children (aged 8-15 yrs) who were seen at an urban evaluation center regarding allegations of sexual abuse. Ss were given a medical examination and were asked to complete the Trauma Symptom Checklist for Children to assess psychological distress. Ss and primary nonoffending caretakers were interviewed to determine demographic, family environment, and abuse variables. Ss were grouped according to the outcome of the evaluation: nonabused, abused-disclosing, and abused-nondisclosing. Variables that predicted group membership included race, sex, cognitive delays, mother's belief or disbelief in the allegation, and psychological distress. Sexually abused Ss who disclosed abuse reported particularly high levels of distress, while abused but nondisclosing Ss reported the lowest levels. Nonabused Ss reported intermediate symptom levels.

Factors associated with disclosure during child sexual abuse assessment. Gries, Leonard T.; Goh, David S.; Cavanaugh, Jeanne; *Journal of Child Sexual Abuse*, Vol 5(3), 1996. pp. 1-20.

Abstract

Studied the relationship among the eliciting stimulus for sexual abuse disclosure, the child's age and gender, and the sexual abuse type reported by the child. 96 3-17 yr old children in foster care placement were referred due to suspicion of sexual abuse or a previous disclosure by the S or another person. Interviews indicated close to 67% of the Ss disclosed at least 1 type of sexual abuse, with almost 40% of those who had not disclosed before disclosing for the 1st time. Fondling, physical abuse, genital penetration, and touching the offender were the most frequently disclosed sexual abuse types. "Personal history" and "interview/worst experience" were the most effective stimuli in eliciting disclosure. A number of significant differential effects due to age, gender, and diagnosed disorder of the S were found on the eliciting stimuli and/or types of sexual abuse disclosed. Implications for child sexual abuse assessment practice are discussed.

How do children tell? The disclosure process in child sexual abuse. Bradley, April R.; Wood, James M.; *Child Abuse & Neglect*, Vol 20(9), Sep 1996. pp. 881-891.

Abstract

Examined children's disclosures of sexual abuse in 234 sexual abuse cases validated by Protective Services in Texas. Denial of abuse occurred in 6% of cases, and recantation in 4% of cases in which a

child had already disclosed abuse. Four of the 8 victims who recanted appeared to do so in response to pressure from a caretaker. 72% had disclosed abuse to someone else prior to contact with Protective Services or the police. 96% made a partial or full disclosure of abuse during at least 1 interview with Protective Services or police. The child sexual abuse accommodation syndrome described by R. C. Summit (1983) seems to be infrequent among the types of cases seen by child protection agencies. Findings do not support the view that disclosure is a quasi-developmental process that follows sequential stages.

False negatives in sexual abuse interviews: Preliminary investigation of a relationship to dissociation. Chaffin, Mark; Lawson, Louanne; Selby, Abby; *Journal of Child Sexual Abuse*, Vol 6(3), 1997. Pp. 15-29.

Abstract

Examined 8-12.5 yr old female children who presented to a hospital emergency room with physical complaints which were later determined to be compelling evidence of sexual abuse. Cases were selected where there was no prior history, suspicion, or disclosure of abuse, and the child failed to disclose any sexual contact in the initial sexual abuse disclosure interview. These interview "false negatives" previously had been found to be related to caretaker biases against considering the possibility that abuse may have occurred. However, it was not clear what role, if any, individual psychological processes may have played in the false negative interviews. The present study re-located and assessed a small number of these children for dissociative and behavioral symptoms. Two non-contemporaneous comparison groups were used: (1) "true-positive" (i.e., disclosing) sexually abused children from the same hospital emergency room and (2) nonabused, non-psychiatric controls from the same hospital. False negative children were found to have significantly higher levels of dissociative symptoms, although they did not differ from true positives and non-abused controls on general behavioral problems. The results are consistent with an association between false negatives in sexual abuse interviews and dissociation.

The characteristics of disclosure among children who may have been sexually abused. DeVoe, Ellen R.; Faller, Kathleen Coulborn; *Child Maltreatment*, Vol 4(3), Aug 1999. pp. 217-227.

Abstract

Seventy-six 5-10 yr olds (47 females), who were referred because of concerns about sexual abuse, were interviewed as part of a larger study testing the efficacy of a computer-assisted interview in sexual abuse evaluations. Data from initial interviews were coded according to the presence of disclosure and the details revealed about sexual abuse. The presence and amount of corroboration were coded through case review. Although 56 children were coded as having disclosed prior to evaluation, only 44 subjects disclosed during the initial interview. Only 1 child disclosed spontaneously. An additional 8 children (11%) disclosed possible sexual abuse in a second or later interview. Although girls disclosed at a higher rate than boys, children did not differ in the amount or types of information they provided about alleged sexual abuse. Findings are discussed in terms of the conceptualization of disclosure as a process. Implications for interviewing strategies are addressed.

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.

Children's self-disclosure of sexual abuse: Effects of victim, perpetrator, and abuse characteristics. Paine, Mary Lou; Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 61(4-B), Oct 2000. pp. 2215.

Abstract

A child's disclosure of sexual abuse is critical to end the abuse, initiate legal and therapeutic intervention, and protect other children. Research findings indicate delayed disclosure is the norm and many victims never disclose. An extensive review of the literature revealed few empirical studies specific to disclosure. Most studies have examined disclosure in the context of a formal abuse investigation, medical examination, or psychotherapy. Using an archival design, data was gathered on 103 victims (75 girls, 32 boys) accessed through the files of convicted adult males who received treatment in an inpatient sex-offender program. The study was a comprehensive, integrated examination of self-disclosure of sexual abuse by child victims prior to investigation. The effects of victim, perpetrator, victim-perpetrator relationship, and abuse characteristics on disclosure and delay to disclosure were examined. Gender differences in abuse characteristics and aspects of disclosure were also examined. Delay to disclosure proved to be a more sensitive measure with the capacity to detect degrees of reluctance. Abuse by a parent/parent-figure, penetration, home violence, abuse duration, and younger age at onset were associated with significantly longer disclosure delays. Prior research reveals mixed findings regarding gender differences in disclosure. It is generally believed boys are more hesitant than girls to disclose. Findings of the present study revealed no gender differences in rates of disclosure prior to investigation. The mean disclosure delay was twice as long for girls than boys, however. The gender difference observed appeared secondary to the relationship between the victim and the perpetrator. Compared to boys, proportionately more girls were victimized by a parent/parent-figure and fewer were victimized by a non-family member. The confidant delayed or failed to report the abuse to the appropriate authorities in 24% of the cases in which the victim disclosed. Social and research implications are discussed. Suggestions are offered for data collection during investigative interviews in order to facilitate research on disclosure and reporting failures.

Variables in delayed disclosure of childhood sexual abuse. Somer, Eli; Szwarcberg, Sharona; American Journal of Orthopsychiatry, Vol 71(3), Jul 2001. pp. 332-341.

Abstract

In a study of 41 adult survivors (aged 16-56 yrs) of childhood sexual abuse, the level of childhood traumatization was found to have contributed to delayed disclosure of the abuse. Other delaying variables included: belief in the importance of obedience to grownups, mistrust of people, fear of social rejection, and fear of the criminal justice system. Variables such as media attention to similar cases and experiences of personal achievement were inversely related to the age at disclosure. Recommendations for policy are discussed.

Factors influencing children to self-disclose sexual abuse. Paine, Mary L.; Hansen, David J.; Clinical Psychology Review, Vol 22(2), Mar 2002. pp. 271-295.

Abstract

Self-disclosure by victims of child sexual abuse (CSA) is critical to initiate legal and therapeutic intervention. Unfortunately, research indicates that lengthy delays in disclosure and even nondisclosure are common. A comprehensive review of the clinical and research literature on CSA and an overview of related bodies of literature was conducted. Areas addressed include the context of sexual abuse as it relates to disclosure, the context and elements of children's disclosures, motivational factors inhibiting disclosure, and models of the disclosure process. Ancillary and analogue research on secrecy and disclosure are also reviewed. Implications for future research and practice are discussed.

The hearsay rule and delayed complaints of child sexual abuse: The law and the evidence. Cossins, Anne; Psychiatry, Psychology and Law, Vol 9(2), 2002. pp. 163-176.

Abstract

This article discusses the implications of two recent High Court cases on the admissibility of hearsay evidence of a child's delayed disclosure of child sexual abuse. It compares and contrasts the traditional legal significance of delayed disclosure (as being evidence of fabrication) with prevalence studies from the psychological literature which show that a majority of children delay disclosure and that, rather than being an aberrant feature of child sexual abuse, delay is a typical response of sexually abused children as a result of confusion, denial, self-blame and overt and covert threats by offenders. In addition, several self-report studies of offenders confirm that grooming processes create a relationship of power between the child and offender such that delayed disclosure appears to reflect the position of powerlessness of the sexually abused child within that relationship. In light of what the psychological literature tells us, this article challenges the narrow legal approach to the admissibility of hearsay evidence of delayed disclosure and suggests that a special exception should be made for hearsay statements of a child's delayed disclosure in child sexual assault trials.

Disclosure of Child Sexual Abuse: What Does the Research Tell Us About the Ways That Children Tell? London, Kamala; Bruck, Maggie; Ceci, Stephen J.; Psychology, Public Policy, and Law, Vol 11(1), Mar 2005. pp. 194-226.

Abstract

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

Delayed Disclosure of Alleged Child Abuse Victims in Israel. Hershkowitz, Irit; American Journal of Orthopsychiatry, Vol 76(4), Oct 2006. pp. 444-450.

Abstract

This study identifies characteristics of alleged child abuse victims that are associated with delayed disclosure of abuse. The database includes all alleged victims investigated in Israel between 1998 and 2004. Analyses suggest that most children delay disclosure and that delay is associated with type of abuse, child's age and gender, relationship to suspect and characteristics of abusive event.

Relationship to Perpetrator, Disclosure, Social Reactions, and PTSD Symptoms in Child Sexual Abuse Survivors. Ullman, Sarah E.; Journal of Child Sexual Abuse, Vol 16(1), 2007. pp. 19-36.

Abstract

This research examined victim relationship to the perpetrator, disclosure characteristics, social reactions, and PTSD in adult survivors' of child sexual abuse (CSA) identified in a convenience sample of 733 college students. Results indicated that relationship to the perpetrator was related to CSA characteristics and outcomes. More negative reactions such as disbelief were observed for those victimized by relatives compared with acquaintance and stranger victims, especially for those disclosing in childhood. Victims of relatives had more PTSD symptoms if they delayed disclosure, received more negative reactions in childhood, and engaged in self-blame at the time of the abuse. Results are discussed in the context of Fred's (1996) betrayal trauma theory, in order to better understand the traumatic impact of CSA.

Disclosure, delay, and denial: In search of truth. Bradley, April R.; Rusinko, Holly M.; PyscCRITIQUES, Vol 53 (2), 2008.

Abstract

Reviews the book, Child sexual abuse: Disclosure, delay, and denial by Margaret-Ellen Pipe, Michael E. Lamb, Yael Orbach, and Ann-Christin Cederborg (Eds.) (see record 2007-06518-000). The book provides a comprehensive review of the literature in the area of abuse disclosure and includes an abundance of new research findings. The reviewers thought the editors compiled a well-organized book-

-one in which the overall structure of the book was easy to follow. They also thought the chapter authors did an excellent job emphasizing the complicated nature of this issue, and provided analyses of multiple research methodologies and conclusions. Several chapters report new research data related to various aspects of disclosure. The book concludes with chapters discussing policy implications of research on disclosure (delay and denial). For the reviewers, this section was especially helpful in synthesizing all of the information with recommendations for application in various settings. In their review, Bradley and Rusinko comment on the authors' discussions of: (1) clinical and forensic ramifications; (2) false memories and intentional deception; (3) reasons for non-disclosure; (4) interviewing techniques and protocols (including the National Institute of Child Health and Human Development investigative interview protocol); (5) developmental issues; (6) behavioral correlates of abuse denial; and (7) evidence-based strategies. In summary, the reviewers believe this book offers one of the most comprehensive reviews of literature in this area and presents important new research findings. In their opinion, the book is a must read for anyone directly involved with victims of child sexual abuse.

For additional insight on this topic see my seminar handout for the State Bar of Arizona CLE training – *Child Abuse Allegations: What Every Attorney Should Know*. You can access this at my website: [psy.law > resources](#) (on the top ribbon) > *Educational Resources > Child Sexual Abuse Allegations: What Every Attorney Should Know*.

Counterintuitive Topic #2: Continued Relationship with the Accused

This is a common issue for the counterintuitive/CSA expert to address. Typical explanations for the complaining witness to remain in a positive relationship with the accused after the alleged abuse can include:

- Shock or disbelief
- Rush to normalization
- Relationship to offender
- Prior history of assault or abuse
- Attachment, love
- “*Pretend Normal*”
- Relief/Return to safety/Tension Free
- Lack of resources

Trauma Bonding

- The process by which the victim gets highly attached and bonded to the offender
- Connection to the unpleasant
- Idea/belief in responsibility for the crimes
- Hope
- Comfort from the abuser
- Reliance on the abuser
- Adapted from J. Hindman (1989) *Just Before Dawn*. Ontario: Oregon, Alexandria Associates.

Quotes about Trauma Bonding

- “*When victims have a certain dysfunctional attachment that occurs in the presence of danger, shame, or exploitation*” (Carnes, 1997, p. 29).
- “*A traumatic bond is created when pain is inflicted into the attachment. This bond is stronger than a non-traumatic bond. The more traumatic the bond, the harder to get out*” (Anderson, 2009).
- “*The process by which the victim gets attached to trauma or the perpetrator of trauma*” (Hindman, 1989).
- “*When person, male or female, has suffered harsh, painful treatment over an extended period of time, he or she naturally feels a flood of love and gratitude towards anyone who brings relief, like the surge of affection one might feel for the hand that offers a glass of water on a scorching day. But in the situation of abuse, the rescuer and the tormentor are the very same person.*” (Bancroft, 2002, p.220).

Critique by Dr. Simpson

- Hindman’s book may be cited as a basis for *Trauma Bonding*. Hindman’s *Just Before Dawn* is a therapy book written by an unlicensed child advocate with no identified college education. The book has no objective peer review. It should not be mistaken as a scholarly publication.

Counterintuitive Topic #3: Inconsistent, Piecemeal, Changing, or Incomplete Memories

The counterintuitive/CSA expert will often testify that when children initially disclose abuse, they may “*test the waters*” and report the least embarrassing information first, and wait to see the recipient’s reaction. If the report is met with belief and support, it is not unusual for children to disclose more details or additional incidents in subsequent interviews or in counseling.

Here a flaw in that rational:

Alleged victims are often interviewed many times, and the consistency of these repeated statements can be evaluated. Some peripheral details should change, disappear, and reappear in the different statements, but core elements of the statements should not vary (Christianson, 1989; Undeutsch, 1989). If the most central elements of the statement vary, it may indicate that the accusation is false and that the child is changing the story to satisfy the demands of different interviewers.

Establishing ground truth in studies of child sexual abuse.

Steven W. Horowitz, Michael Lamb, Phillip Esplin, Tascha Boychuk, Lisa Reiter-Lavery, and Orit Krippen.
Expert Evidence, January 1995. 4(2), 42-51.

Common Articles Cited for Supporting Piecemeal Disclosure

Alaggia, Ramona

Many ways of telling: expanding conceptualizations of child sexual abuse disclosure

Child Abuse & Neglect 28 (2004) 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 by Dr. Simpson

- “In reviewing the disclosure literature, it becomes clear that the term is problematic for a number of reasons. Importantly, there is a lack of clarity as to whether the term refers to the act of simply telling someone, or to a more official act of reporting abuse to an

authoritative body (Jones, 2000). In addition, the term sometimes has developmental connotations. For instance, the word “disclosure” is more commonly used in reference to a child’s reporting of abuse, while “telling” is more often used when adults share their abuse experiences.” (p.1214)

- “Delayed disclosures are also linked to repressed, recovered, or delayed memories (Flathman, 1999; Pope & Brown, 1996).” (p. 1215).
- Comment – Recovered memories had been completely debunked by the mid-1990s.
- Research was anecdotal for adults reporting. Two hour interview of 24 participants between the ages 18 and 65 who were sexually abused by a family member (p. 1217). One third had also been victimized by people outside of their family. 57% were female. Seven subjects did not disclose because they had repressed or forgotten the memory (29% of the subjects).
- *Triggered disclosure. 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)
- Comment – Almost one third of the small subject pool have very suspect abuse claims.

Summary critique by Simpson

This extremely small study of 24 adults lacked any confirmation of the veracity of the reported abuse. In fact, 30% had highly suspect claims based on the faddish “recovered memories” that was prevalent when this article was written. The author notes:

- *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. In the few cases where the participant did report that there was child welfare involvement or criminal charges, attempts were not made to access the corroborating documentation.* (p. 1224)
- *The . . . majority of the participants did not go through a formal child welfare or police investigation.* . (p. 1224)

Bottom line: The study didn’t make any effort to identify the “ground truth” rates in their subjects (*unproven and false*). See Horowitz (1995) - *Establishing ground truth in studies of child sexual abuse*. (described earlier in this document). This has important implications for a Daubert challenge and cross. The study lacks discriminate validity.

Ramona Alaggia, Delphine Collin-Vezina, and Rusan Lateef

Facilitators and Barriers to Child Sexual Abuse (CSA) Disclosures: A Research Update (2000–2016)

Trauma, Violence, & Abuse (2019). Vol. 20(2) 260-283

Abstract

Identifying and understanding factors that promote or inhibit child sexual abuse (CSA) disclosures has the potential to facilitate earlier disclosures, assist survivors to receive services without delay, and prevent further sexual victimization. Timely access to therapeutic services can mitigate risk to the mental health of survivors of all ages. This review of the research focuses on CSA disclosures with children, youth, and adults across

the life course. Using Kiteley and Stogdon's literature review framework, 33 studies since 2000 were identified and analyzed to extrapolate the most convincing findings to be considered for practice and future research. The centering question asked: What is the state of CSA disclosure research and what can be learned to apply to practice and future research? Using Braun and Clarke's guidelines for thematic analysis, five themes emerged: (1) Disclosure is an iterative, interactive process rather than a discrete event best done within a relational context; (2) contemporary disclosure models reflect a social–ecological, person-in-environment orientation for understanding the complex interplay of individual, familial, contextual, and cultural factors involved in CSA disclosure; (3) age and gender significantly influence disclosure; (4) there is a lack of a life-course perspective; and (5) barriers to disclosure continue to outweigh facilitators. Although solid strides have been made in understanding CSA disclosures, the current state of knowledge does not fully capture a cohesive picture of disclosure processes and pathways over the life course. More research is needed on environmental, contextual, and cultural factors. Barriers continue to be identified more frequently than facilitators, although dialogical forums are emerging as important facilitators of CSA disclosure. Implications for practice in facilitating CSA disclosures are discussed with recommendations for future research.

However, defining the period of time that would delineate a disclosure as delayed varied widely across studies, wherein some studies viewed 1 week or 1 month as a delayed disclosure (i.e., Hershkowitz et al., 2007; Kogan, 2004; Schonbucher, Maier, Moher-Kuo, Schnyder, & Lamdolt, 2012). Other studies simply reported average years of delay sometimes as long as from 20 to 46 years (Easton, 2013; Jonzon & Linblad, 2004; Smith et al., 2000). (p. 276)

*. . . although a few studies strived to obtain representative samples in quantitative investigations (Hershkowitz, Horowitz, & Lamb, 2005; Kogan, 2004; Smith et al., 2000), sampling was for the most part convenience based, relying on voluntary participation in surveys and consent-based participation in file reviews (Collings, Griffiths, & Kumalo, 2005; Priebe & Svedin, 2008; Schonbucher et al., 2012; Ungar, Barter, McConnell, Tutty, & Fairholm, 2009a). **Therefore, generalizability of findings is understandably limited.** (p. 276)*

Sixteen of the studies drew on samples of children and youth, while the other 15 studies sampled adults over the age of 18, and a further two studies used mixed age-groups (refer to Table 1). Among the child and youth samples, the age ranges spanned from preschool to late adolescence (3–17 years of age), with varying methodological approaches implemented across age cohorts.

Comment: What is the age and gender of the complaining witness in your case. Half or more of the studies potentially don't apply in this case. It is up to Dutton to point out which studies apply to your case.

*Victims of intrafamilial abuse when the offender is a parent, caregiver, significant family member, or someone in a family-like role **are less likely to disclose immediately or at all in childhood/adolescence** because of obvious power differentials and dependency needs (Collings et al., 2005; Dumont et al., 2014; Hershkowitz et al., 2005; Kogan, 2004; Leclerc & Wortley, 2015; Paine & Hansen, 2002; Schaeffer et al., 2011). **Further, the perpetrator residing with their victim(s) increases the likelihood of no disclosure** (Leclerc & Wortley, 2015). (p. 279)*

Comment: In your client's case, is he a family member to the child and/or did he reside with the accuser? This study says they the child would be less likely to disclose immediately or at all. You should ask Dutton about this discrepancy.

Limitations: Although comprehensive in nature with its life-course coverage, this review may be limited by its qualitative, thematic focus rather than providing an evaluative, quantitative accounting of CSA disclosures.

Critique by Dr. Simpson

- Pay attention to the details in this study. Less than half of the 33 studies reviewed involved minors. And those were split into younger children and adolescents. Which ones apply to your case? How has the cold expert accounted for the significant variables of age and gender?
- The study didn't make any effort to identify the "ground truth" rates in their subjects (*unproven and false*). See Horowitz (1995) - *Establishing ground truth in studies of child sexual abuse*. (described earlier in this document). This has important implications for a Daubert challenge and cross. The study lacks discriminate validity.

Connie Nicholas **Carnes**, et al.

Extended forensic evaluation when sexual abuse is suspected: a multisite field study.

Child Maltreatment (2001) 6: 230, pp.

Abstract

*A subset of children referred due to suspected sexual abuse require more than one interview for professionals to reach an opinion about the **veracity of allegations**. The National Children's Advocacy Center's forensic evaluation model was designed for that specific group of children. The multisite study of the model reported here followed a 2-year pilot study. Professionals in 12 states adopted the model and collected data for 2 years on a total of 147 participants. In 44.5% of the cases, a credible disclosure was obtained, with 73% of these cases supported in the legal system. The forensic evaluation procedure yielded clear information to be used in child protection and prosecutory decisions in 64% of the cases (combining cases with credible disclosures and abuse unlikely findings). Finally, the study examined the effects of the length of the evaluation and of the case and child characteristics on evaluation outcomes.*

- *This study was designed to test the efficacy of an extended forensic evaluation model that was designed as a fact-finding procedure for children who, if they were abused, are reluctant to disclose or who are too young or frightened to give clear details in a single interview or whether abuse actually occurred. In addition to testing the general efficacy of the forensic evaluation model, the study was designed to examine how the pace of the evaluation and case characteristics might affect evaluation outcomes. (p. 231)*
- *The forensic evaluation model examined here was designed to be conducted by licensed mental health clinicians, who have had specialized training on accumulated research knowledge of the following; forensically appropriate interviewing techniques . . . ; developmental factors including language, memory, suggestibility, and sexual behaviors of children . . . ; and factors pertaining to credibility assessment of children's statements . . . " (p. 231)*
- *Abuse likely cases. . . in 61 (44.5%) of the 137 valid cases in the sample, evaluators were able to gain credible disclosures from children that could help investigators continue the investigation and could serve as direct evidence for triers of fact. (p. 235)*
- **Comment: Over half (55.5%) of children who were repeatedly forensically interviewed were determined to have unfounded claims of abuse. Of that number 19% were actually determined to be "abuse unlikely"!**

- *Abuse unlikely cases. There was a wide variety of cases in the abuse unlikely category (n=26, 19%). Of these, 5 children appeared to have been exposed to an overly sexualized environment but did not appear to have been overtly abused. . . In 4 cases (3% of the sample), it appeared evident an adult had initially coached a child to make a false statement of abuse. A variety of other circumstances existed in this category, including experimentation with age mates, impulsivity and boundary issues, and initial misinterpretation of innocuous activities. . (p. 235)*
- *As was pointed out earlier in this article, it is impossible to know ground truth. This is another major limitation of the study. Although legal corroboration exists for a majority of the abuse likely cases, we cannot know for sure how often the interviewers' judgement coincided with the truth of the situation. (p. 236)*
- *All children judged to be in the abuse likely category required more than one interview opportunity to adequately describe the abuse, and some required as many as eight opportunities (counting the original investigative interview). (p. 236)*
- *In the context of this study, it is important that the results of the evaluation are not only accurate and useful to investigators but also that they are acquired in ways acceptable to the courts. The model sought to take the requirements of the courts and the cautions of the research into account. Although the number of cases tested in the courts is too small to draw generalizable conclusions, we discovered no cases in which a family or criminal court excluded information obtained in the evaluation. The model is not a magic bullet, and evaluators were unable to provide clear information on the credibility of the allegations in 36% of the cases. (p. 237)*

Critique by Dr. Simpson

Dr. Dutton is citing a well-done study that concludes after repeated forensic interviews 55.5% of children's sexual abuse claims were determined to be unfounded or false.

147 children

- 10 were eliminated (down to 137)
- Abuse likely – 61 (44.5%)
- Abuse unlikely – 26 (19%)
- Outcome unclear – 50 (36%)

Ellen R. **Devoe** and Kathleen Coulborn Faller

The characteristics of disclosure among children who may have been sexually abused.

Child Maltreatment (1999), 4 pp. 217-227

Abstract:

Seventy-six children (5 to 10 years old), who were referred because of concerns about sexual abuse, were interviewed as part of a larger study testing the efficacy of a computer-assisted interview in sexual abuse evaluations. Data from initial interviews were coded according to the presence of disclosure and the details reveals about sexual abuse. The presence and amount of corroboration were coded through cases review. Although 56 children were coded as having disclosed prior to evaluation, only 44 subjects disclosed during the initial interview. Only 1 child disclosed spontaneously. An additional 8 children (11%) disclosed possible sexual abuse in a second or later interview. Although girls disclosed at a higher rate than boys, child did not differ in the amount or types of information they provided about alleged sexual abuse. Findings are discussed in terms of conceptualization of disclosure as a process. Implications for interviewing strategies are addressed.

Critique by Dr. Simpson

- This study is 76 children (5 to 10 years old) who sat at a computer and answered questions about their suspected abuse. The computer-aided interview never went further than this study.
- The study didn't make any effort to identify the "ground truth" rates in their subjects (*unproven* and *false*). See Horowitz (1995) - *Establishing ground truth in studies of child sexual abuse*. (described earlier in this document). This has important implications for a Daubert challenge and cross. The study lacks discriminate validity.

Wendy A. **Dutton**

Gender differences in children's disclosures and legal narratives of sexual abuse.

Dissertation at Arizona State University, May 2011

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 make prompted disclosures to caretakers, primarily mothers. Girls more often make purposeful disclosures, and revealed the abuser 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 contextual detailed narrative than boy did. Children's account 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 narrative revealed several common themes including themes of force and resistance. Implications of legal intervention on behalf of children and the effectiveness of abuse prevention programs were discussed.

One of the 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. (p. 172)

The subjects in this study may not be representative of children whose abuse was not corroborated. (p. 174)

Critique by Dr. Simpson

- This is a dissertation of a very small number of children (20). It is not a peer-reviewed and was never accepted by the scientific community for publication. Why?
- She lists Carnes' study (Extended forensic evaluation when sexual abuse is suspected: a multisite field study, 2001). This is further evidence that she has relied on the Carnes study for an extended period of time.
- Interestingly, she shows awareness of the problem of unfounded or false reports (p. 174) and readily admits that her study doesn't apply to those children. But she doesn't look for this better standard in the studies that she relies upon for her testimony.

Goodman-Brown, Tina B., et al.

Why children tell: a model of children's disclosure of sexual abuse.

Child abuse & neglect 27 (2003), 525-540.

Abstract

Objective: The present study investigated variables associated with delay of disclosure of child sexual abuse and tested a model of time to disclosure.

Method: Data were obtained for 218 alleged child sexual abuse victims whose cases had been referred to District Attorneys' Offices. Five variables were posited to influence the delay between an abusive event and children's disclosure of that event to a reporting adult: child's age, gender, type of abuse experienced (intrafamilial or extrafamilial), perceived responsibility for the abuse, and fear of negative consequences of disclosure. These variables were used to create a model of factors influencing children's disclosure of sexual abuse.

Results: Results indicated that age, type of abuse, fear of negative consequences, and perceived responsibility all contributed to predicting time to disclosure. There was significant support for the model, suggesting that children who were older, came from incestuous families, felt greater responsibility for the abuse, and feared negative consequences of disclosure took longer to disclose.

Conclusions: Children's cognitive appraisal of others' tolerance of disclosure of child sexual abuse, and their own perceptions of responsibility for the abuse, are crucial to the decision to disclose. When evaluating children for possible sexual abuse, developmental, cognitive, and socio-emotional factors need to be taken into consideration.

Critique by Dr. Simpson

This study was on 218 children whose cases were referred for prosecution. There was no attempt to establish "*ground truth*" (unfounded or false claims). The researchers could easily have done this by following all the cases to completion. What percent, after careful investigation, resulted in a not-guilty verdict?

Robert L. Emerick and Wendy A. Dutton

The effect of polygraph on the self report of adolescent sex offenders: implications for risk assessment.

Annals of sex research, (1993). 6, 83-103.

Critique by Dr. Simpson

- Bob Emerick was an unlicensed therapist when this was published.
- This study examined the use of polygraphs on adolescent sex offenders. What does that have to do with piecemeal disclosure in suspected victims? Dr. Dutton lists this as one of the studies she relies upon when testifying about piecemeal disclosure.

Jan Hindman and James Peters

Polygraph testing leads to better understanding adult and juvenile sex offenders.

Federal Probation (2001). Volume 65, Number 3, pp. 8-15.

Critique by Dr. Simpson

- This study examined the use of polygraphs on adult and adolescent sex offenders. Again, I'm confused - what does this study have to do with piecemeal disclosure in suspected victims? Dr. Dutton lists this as one of the studies she relies upon when testifying about piecemeal disclosure.

Keary, Kay and Fitzpatrick, Carol

Children's disclosure of sexual abuse during formal investigation.

Child Abuse & Neglect, Vol 18(7), Jul, 1994. pp. 543-548.

Abstract:

251 children who had full assessments over a 12-mo period were divided at time of referral into 2 groups, those who had previously told someone about abusive experiences prior to investigations and those who had not. There was a strong positive correlation between having previously told someone about sexual abuse and disclosure of such abuse during formal investigation. There was also a strong positive correlation between not having previously told someone and not disclosing during formal investigation. Age was an important variable, with children under 5 yrs being least likely to disclose abuse during formal investigation, irrespective of whether they had previously told someone about abuse. Disclosure of sexual abuse during investigation was strongly correlated with abuse being regarded as confirmed.

Critique by Dr. Simpson

- This study was on 251 children who either had told someone about abusive experiences prior to investigations and those who had not. There was no attempt to establish “ground truth” (unfounded or false claims). The researchers could easily have done this by following all the cases to completion. What percent, after careful investigation, resulted in a not-guilty verdict?

Tonya Lippert, Theodore P. Cross, Lisa Jones and Wendy Walsh

Telling Interviewers About Sexual Abuse : Predictors of Child Disclosure at Forensic Interviews.

Child maltreatment (2009). Volume 14, number 1, pp. 100-113,

Abstract

This study aims to identify characteristics that predict full disclosure by victims of sexual abuse during a forensic interview. Data came from agency files for 987 cases of sexual abuse between December 2001 and December 2003 from Children’s Advocacy Centers (CACs) and comparison communities within four U.S. states. Cases of children fully disclosing abuse when interviewed were compared to cases of children believed to be victims who gave no or partial disclosures. The likelihood of disclosure increased when victims were girls, a primary caregiver was supportive, and a child’s disclosure instigated the investigation. The likelihood of disclosure was higher for children who were older at abuse onset and at forensic interview (each age variable having an independent effect). Communities differed on disclosure rate, with no difference associated with having a CAC. Findings suggest factors deserving consideration prior to a forensic interview, including organizational and community factors affecting disclosure rates.

Critique by Dr. Simpson

- There was no attempt to establish “ground truth” (unfounded or false claims). The researchers could easily have done this by following all the cases to completion. What percent, after careful investigation, resulted in a not-guilty verdict?

Pipe et al, 2007. (book) Child Sexual Abuse: Disclosure, Delay, and Denial)

When a child does not disclose suspected sexual abuse in a formal investigative interview, how should we interpret this nondisclosure? As London, Bruck, Ceci, and Shuman, and Lyon have discussed in some detail (chapters 2 and 3, this volume), the answer to this question is far from simple. Nondisclosure may indicate that the suspicions of abuse were unfounded, but it may also reflect the child's failure, intentional or otherwise, to disclose abuse that has occurred. Erroneous selection of either interpretation can have serious

Karen J. Saywitz, et al.

Children's memories of a physical examination involving genital touch: implications for reports of child sexual abuse.

Journal of consulting and clinical psychology (1991). Vol. 59, No. 5, 682-691

Abstract

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

Although we attempted to attain greater ecological validity than heretofore achieved in research on children's testimony as it relates to sexual abuse evaluations, the situation studied lacked the urgency of a clinical evaluation or courtroom proceeding. Questioning did not involve the repeated interviews and cross-examinations that real witnesses undergo. Moreover, the genital touch did not resemble coercive, repeated abuse that can instill high levels of fear, shame, and mistrust. Although reported abuse typically involves male perpetrators (Finkelhor, 1984), the doctor in our study was a woman; a nurse and the child's mother were in the room, which is also unlike many abuse situations. Children in the nongenital condition had no motive to distort their reports. Moreover, children were aware that the doctor's intent was to heal, not to harm. Thus, generalization to clinical and legal cases must be carefully considered. (pp. 690-691)

Critique by Dr. Simpson

- Generally a well-done study. But it uses anatomically correct dolls, which has been disallowed subsequent to this study.

Teena Sorensen and Barbara Snow

How Children Tell: The process of disclosure in child sexual abuse

Child Welfare League of America (1991). Volume LXX. Number 1, pp. 3-14.

Abstract

In an analysis of the disclosure by a large number of children from three to 17 years of age of having been sexually abused, and who were eventually confirmed as credible victims, the large majority at first denied the abuse. The authors describe disclosure as a process with definable phases and characteristics – seldom the single entity that typical investigations consider disclosure to be, thereby setting the stage for ensuring injustices and harm to the children.

- Six-hundred-and-thirty cases of alleged child sexual abuse in which the authors had been involved as therapists and/or evaluators from 1985 through mid-1989 were retrospectively analyzed. Twenty percent were seen subsequently in the authors' private practice.
- Of those 630 cases, 116 resulted in a confession or legal plea, a conviction, or medical evidence.

Critique by Dr. Simpson

- Where to begin. This is an example of poorly done advocacy masquerading as a research study. Forensic evaluators are never allowed to subsequently provide therapy to research subjects (a big no-no in ethics).
- They focused on the 116 children that were true positives (presumably). But what about the remaining 514 subjects/clients that were determined to be unfounded or false allegations. This represented 82% of their population. What were the unproven and false child abuse cases disclosure pattern like? Was it exactly the same as the true abused cases?

Counterintuitive Topic #4: Age and Timing of Disclosure

Regarding age and timing of disclosure, the CIB 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.

Here are some of the articles cited by Dr. Dutton regarding Age and Timing of Allegations. Taken from “*Areas of Inquiry and Summary for Expert Testimony and Supporting Research Citations*, Wendy A. Dutton, Ph.D., LPC, February 2022”

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, 2003; 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, "[h]istoric sexual assault prosecutions... are now a thriving legal industry".¹ 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 Dr. Dutton's testimony that "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 the 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 began 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, $\chi^2(6) = 65.558$, $p = .000$. 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 abuse related 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 popular 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.

Counterintuitive Topic #5: Process of Victimization or Perpetrators' Process of Victimization

Dr. Wendy Dutton explains the “*Process of Victimization*”

The process of victimization refers to the events that precede sexual abuse and its aftermath. Discussion of the process helps to explain children’s counter-intuitive reactions to sexual abuse. The process is conceptualized as having five stages:

Victim Selection: Specific characteristics that make some children more vulnerable to abuse and less likely to report. Age, disabilities, family problems, and/or personality characteristics may impact whether a child will resist or disclose abuse.

Engagement: Children report that they are most often abused by someone with whom they have a relationship, or because the perpetrator cultivated a relationship with them or their caretakers. Children report that perpetrators establish a special relationship through complements, gifts, or assistance to family members. Children also report that perpetrators establish a controlling relationship and intimidate them through emotional or physical abuse.

Grooming: Children report that perpetrators introduce them to physical contact and sexuality. Physical contact, such as horseplay, lap-sitting, or snuggling, can make children feel special and further reinforce the bond they feel with perpetrators. Intrusive behavior—such as intruding on the child’s personal space—can be intimidating. Introducing sexuality through conversations or pornography can also intimidate children, or contribute to a sense of shared responsibility for the abuse.

Assault: Hands-on sexual contact with the child victim. Often the first assault can occur during horseplay or tickling, and the child victim may misinterpret the sexual contact as an accident.

Concealment: Children report that perpetrators discourage them from reporting the abuse through manipulation or threats.

Areas of Inquiry and Summary for Expert Testimony and Supporting Research Citations
Wendy A. Dutton, M.A., Ph.D., LPC, February 2022

The research she relies upon includes:

Berliner & Conte, 1990; Budin, & Johnson, 1989; Conte et al., 1989; Eliot et al., 1995; Hindman, 1989; Leclerc et al., 2005; Pryor, 1996; Salter, 2003; Underwood et al., 1999; Ward et al, 1995.

BOTTOM LINE:

- **Keep in mind that Arizona rules typically preclude “*profiling*” testimony.**
- Dr. Dutton relies on eight studies for her testimony. Seven of these are specifically based on interviews with offenders. Even the eighth study (Berliner) states it is “*The companion study to this one, in which offenders in treatment were interviewed,*” (p. 38).
- Dutton identifies three books she relies upon for her testimony. Books are not peer reviewed studies. Two of the books (Pryor and Salter) are based solely upon interviews with perpetrators. The third (Hindman) is a therapy book written by an unlicensed child advocate with no identified college education.

- Only one study has “*process of victimization*” in its title - Berliner (reviewed below). Regarding their interviews of 23 children, the authors state, “*The sample was by no means representative of all victimized children and their experience.*” Dr. Dutton’s five elements in her (Perpetrators’) “*Process of Victimization*” are only vaguely related to the three processes identified in this study.
- This study is literally the only research study I can find that uses the term “*process of victimization*” in its title. Where exactly did Dr. Dutton find a study that had the five elements that she describes?
- Dutton’s “*Process of Victimization*” is more properly described as “*Perpetrators’ Process of Victimization*” based on all eight of the studies and two of the books she relies upon. Is this profiling testimony? See *THE STATE OF ARIZONA v. GARY E. STARKS*, No. 2 CA-CR 2019-0288, ARIZONA COURT OF APPEALS DIVISION TWO, May 27, 2021.

The Studies

Berliner & Conte

The process of victimization: The victims' perspective.

Child Abuse & Neglect, Vol 14(1), 1990. pp. 29-40.

Abstract:

Interviewed 23 child victims (aged 10–18 yrs) of childhood sexual abuse (SA) about the victimization process (VP), the person who abused them, and how abuse might have been prevented. Almost half of the Ss had been victimized by more than 1 person. **There was no single pattern or kind of SA victimization. The VP involved 3 overlapping processes: sexualization of the relationship, justification of the sexual contact, and maintenance of the S's cooperation.** Sexualization of the relationship generally took place gradually and began with normal affectional contact. Most offenders made statements to rationalize or justify the behavior, particularly by saying the behavior was not really sexual or that it was sexual but acceptable. Cooperation was gained through threats or intimidation or exploiting the S's vulnerabilities.

Highlights of this study:

- The entire sample was 23 children aged 10 to 18 years of age who had been in therapy for their abuse. “*The sample was by no means representative of all victimized children and their experience.*” (p. 30)
- The offenders were limited to fathers, mothers’ boyfriend, neighbors, and babysitters. Does this small study generalize to grandfathers, stepfathers, etc.? (p. 30)
- “*Almost half the sample had already been victimized by more than one person (9 by 2 offenders); 1 by 3 offenders; and 1 by 5 different offenders). There was no single pattern or kind of sexual abuse victimization. Even within a group of ongoing molestation situations, there was a startling variety of relationships.*” (p. 31)
- “*The children described ambivalent feelings for the offender. The majority (n = 14) described the relationship as positive; others described it as neutral (n = 6) or negative (n = 3). They reported a range of emotions. Over half said that they loved him, liked him, needed or depended on him. Almost half of the children also endorsed the statement, “I hated him.” Some had known the offender their whole lives (n = 7). For the others, the length of time they knew the offender before the abuse ranged from 5 to 10 years (n = 4); 1 to 4 years (n = 6); to 6 months or less (n = 6).*” (p. 32)”
- “*Pre-abuse indicators. Many of the children described the offender as doing or saying things before the molestation began which caused them to feel that the offender was thinking of them in a sexual way. (We had no way of checking the accuracy of children’s reports that before sexual abuse they recognized that certain things the offender did or said*

were indicative of sexual abuse. It may well be that children can identify these events as “warning signs” only after the sexual abuse has taken place. Certainly, for some of the children the abuse began before they knew what was being done to them was sexual or that it was not an appropriate thing for adults to do with children. These children may have no idea what the adult’s behavior was leading to. Other children may experience an uneasy feeling or discomfort, perhaps picked up from the offender’s anxiety or from some sense that things were not right, which comes to be a warning sign because it is often paired with sexual abuse.” (p. 33)

- *“Half of the children said they were not permitted to do things that other kids did or were questioned or accused about sexual activities with peers. About half described being treated more favorably or being given money or clothes. The majority agreed that the offender did not respect privacy, engaged in a lot of physical contact, and would touch them in their sexual parts or expose themselves, ostensibly accidentally.” (p. 34)*
- *“The children confirmed that in most cases offenders made statements about the sexual activity to justify it.” (p. 34)*
- *“Almost all of the children reported some type of coercion either to gain cooperation or to prevent reporting.” (p. 34)*
- *“Three different but overlapping processes can be identified: sexualization of the relationship, justification of the sexual contact, and maintenance of the child’s cooperation.” (p. 37)*
- *“The sexualization of the relationship most often appears to take place gradually.” (p. 37)*
- *“Most of the offenders were reported to have made statements to rationalize or justify the behavior.” (p. 37)*
- *“A third aspect of the victimization process is the way offenders find to engage the children in sexual relationships, keep them involved, and prevent them from telling. Sometimes it is through threats and intimidation. Far more often they seem to have an instinct for discovering a particular child’s vulnerability and exploiting it toward the end of controlling the child, thus obviating the need to use more overt forms of coercion.” (pp. 37-38)*
- *“The companion study to this one, in which offenders in treatment were interviewed, provides overwhelming evidence that they are fully aware of the process they employ (Conte et al., 1989). They report targeting children for victimization, systematically conditioning them to accept increasing sexual physical contact, and exploiting the children’s needs in order to maintain them as available victims.” (p. 38)*

LE Budin, CF Johnson

Sex abuse prevention programs: Offenders' attitudes about their efficacy

Child Abuse & Neglect, 1989 - Elsevier

Abstract:

Little scientific basis exists for the content of school-based programs which are intended to help children protect themselves from sexual abuse. Children are taught about protecting themselves from a stereotypical old male stranger, yet perpetrators are most frequently young, known to the victim, and use a variety of methods to gain access to children. Programs generally include concepts of body ownership, acceptable touching, good vs. bad secrets, saying no, telling, and trusting one's intuition. **Seventy-two prison inmates incarcerated for child sexual abuse were surveyed** to evaluate their attitudes about the effectiveness of topics intended to prevent abuse. Offenders described the ideal victim and the modus operandi they used to involve children. Inmates indicated which topics in prevention programs they believed were efficacious and which topics would have little value in preventing abuse. Responses of incestuous and nonincestuous abusers were

compared. Inmates indicated that parents could help prevent child abuse and that they must be involved if programs are to be effective. Information from abusers is useful and can be incorporated into programs if the potential for prevention of abuse is to be improved.

Conte, J., Wolf, S., & Smith, T. (1989).

What sexual offenders tell us about prevention strategies.

Journal of Child Abuse & Neglect, 13, 293-301.

Abstract

A sample of 20 adult sexual offenders were interviewed about the process whereby they selected, recruited, and maintained children in a sexual abuse situation. Offenders were selected if they were making “successful” progress in treatment in order that they might be less likely to distort their descriptions. Offenders were interviewed by their therapist in a community treatment program using a semistructured interview guide. Results suggest that this sample of **offenders claim a special ability to identify vulnerable children, to use that vulnerability to sexually use a child, that sexual abuse is inherently coercive, even though many offender statements minimize the level of coercion and violence, and that offenders systematically desensitize children to touch.** Implications for prevention of sexual abuse are highlighted.

Elliot, M., Browne, K., & Kilcoyne, J. (1995).

Child sexual abuse prevention: What offenders tell us.

Journal of Child Abuse & Neglect, 19, 579-594.

Abstract

Ninety-one child sex offenders were interviewed about the methods they used to target children, the age range of their victims, how they selected children and maintained them as victims, and what suggestions they had for preventing child sexual abuse. Offenders were selected from treatment programs, probation, special hospitals, and prisons. They were interviewed using a semi-structured questionnaire. Results indicate that offenders gained access to children through caretaking, such as babysitting; targeted children by using bribes, gifts and games; used force, anger, threats, and bribes to ensure their continuing compliance; and systematically desensitized children through touch, talk about sex, and persuasion. Nearly half the offenders had no bad feelings about sexually abusing children. The implications for prevention programs are discussed.

Hindman, J. (1989).

Just Before Dawn.

Ontario, OR: Alex Andria Associates.

Book (not a peer reviewed study).

(It is interesting to note that the author, Jan Hindman, does not appear to have any college education or professional certifications/licensure. At the time of publication in 1989 she was providing treatment and assessment to sexual offenders and their families. But there is no mention of her working with victims of sexual abuse. This appears to be a counseling book written by a lay counselor with no college education. It certainly is not a scholarly research study by any measure and has not been vetted through independent review. But Dr. Dutton is basing her testimony on this book.)

(from the back cover)

From the shadows of tradition

The tragedy of tradition holds professionals and victims bound to archaic and unfounded ideas regarding the nature of trauma suffered through sexual victimization. For decades, the focus of child sexual abuse has leaned toward the perpetrator in understanding deviant

arousal patterns, recidivism rates, and profiles. Attention to victims has palled in comparison to efforts in contemplating the intricacies of sexual offenders. In fact, therapeutic treatment plans for victims are often modeled from a modality relating to the sexual offender.

Sexual abuse of children was recognized as a crime during the turn of the century, our legal system developed a matrix to determine the seriousness of crimes and therefore, the dangerousness of criminals. Age, Penetration, Frequency and Violence were often the four components used in this system of assessment. Unfortunately, the therapeutic community seems to follow the same pattern in developing treatment plans for victims. Sadly, this may be the final abuse to sexual victims as offenders not only controlled victims through sexual abuse, but have the ultimate power over the victim's rehabilitation and professionals follow these tragic traditional patterns.

“Just Before Dawn” provides a new reflection in evaluating the trauma suffered by sexual victims. Finally, effort has been put forth to depart from a traditional system for evaluating offenders, creating a "Renaissance" or new dimension concentrating on the "robbery of childhood" and it's effects. The welcome result is a more effective and comprehensive Trauma Assessment and Treatment plan, leading the victim from the power of the offender to finally breaking the "trauma bond.”

“Just Before Dawn” is founded on data and development concerning sexual abuse victims ranging in age from infancy to the elderly. Over a sixteen year period, victims were assessed and monitored through a combination of modalities. A methodological, comprehensive system of assessment is the product of this absolutely necessary publication.

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, 187-195.

Abstract

The aim of this study was to **provide the first empirical description of the modus operandi of sexual offenders working or doing voluntary work** with children and adolescents across all aspects of offender–victim interactions. The modus operandi was studied along the offence continuum, which included strategies used for gaining the victim's trust, getting the victim to participate in sexual activity and keeping the victim from telling someone about the sexual contact. **Twenty-three offenders agreed to participate in this study.** They were recruited from prisons, probation and parole services, penitentiaries and treatment programs. Three sources of information were used. The most important source was the Modus Operandi Questionnaire (MOQ) developed by Kaufman. Data were also obtained from semi-structured interviews conducted with the offenders and from official sources, such as police reports and victim statements. Our results suggest that **the modus operandi of these sexual offenders depended on their position of trust in relation to their victim.** In fact, they used non-coercive strategies to achieve victim compliance. Implications for prevention strategies are also highlighted.

Pryor, D.W. (1996).

Unspeakable Acts: Why Men Sexually Abuse Children.

New York: New York University Press.

Book description (not a peer reviewed study)

A holistic sociological approach that explores why offenders sexually abuse children

The sexual abuse of children is one of the most morally unsettling and emotionally inflammatory issues in American society today. It has been estimated that roughly one out of every four girls and one in ten boys experience some form of unwanted sexual attention either inside or outside the family before they reach adulthood.

How should society deal with the sexual victimization of children? Should known offenders be released back into our communities? If so, where, and with what rights, should they be allowed to live? In *Unspeakable Acts*, Douglas W. Pryor argues that much of this debate, designed to deal with abusers after they have offended, ignores the important issue of why men cross these forbidden sexual boundaries to molest children in the first place and how the behavior can possibly be prevented before it starts.

Incorporating in-depth interviews with more than thirty convicted child molesters, Pryor explores how men become involved with breaking sexual boundaries with children. He looks at how their lives prior to offending contributed to and led up to what they did, the ways that initial interest in sex with children began, **the tactics offenders employed to molest their victims over time, how they felt about and reacted to their behavior between offending episodes**, and how they were ultimately able to stop.

The author expands our understanding of this often reviled, little understood group, leaving us with the uneasy conclusion that the moral wall separating us from what is defined as extreme, sick behavior is not as opaque as we would like to believe.

Salter, A.C. (2003).

Predators, Pedophiles, Rapists & Other Sex Offenders.

New York: Basic Books.

Book description (not a peer reviewed study)

What motivates sexual abusers? Why are so few caught? **Drawing on the stories of abusers**, Anna C. Salter shows that sexual predators use sophisticated deception techniques and rely on misconceptions surrounding them to evade discovery. Arguing that even the most knowledgeable among us can be fooled, Salter dispels the myths about sexual predators and gives us the tools to protect our families and ourselves.

Underwood, R., Patch, P., Cappelletty, G., & Wolfe, R. (1999).

Do sexual offenders molest when other persons are present? A preliminary investigation.

Sexual Abuse: A Journal of Research and Treatment, 11, 243-247.

Abstract:

This study utilized a rough clinical survey to assess the prevalence of child molestation perpetrated in the presence of other non-collaborating persons. **Survey data were gathered on 131 post-incarcerated adult sex offenders** at two community treatment programs. Subjects were divided into two groups, child molesters (CMs) and nonmolesters (NCMs). Results indicated that 54.9% of the CMs had molested when another child was present, 23.9% had molested when another adult was present, and 14.2% had molested when both a child and an adult were present. Both groups implicated increased excitement, a sense of mastery, and compulsive sexual behavior as the reasons for this type of offense. Moreover, the data indicated that approximately 63% of the offenders who had not molested in the presence of other persons felt they may have progressed to that point had they not been arrested and placed in treatment. Limitations of the study are discussed.

Ward, T., Loudon, 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.

Abstract

A grounded theory approach was taken to the qualitative analysis of the descriptions of thoughts and feelings **provided by 26 incarcerated child molesters** while describing their most recent or typical offense. The resulting descriptive model comprised nine stages, with three contributing factors that describe the sequence of cognitive and behavioral events that form an offense chain. The model incorporates offender type, offense type, and offers a description of the possible interactions between the various stages and factors. The model was then applied to the offense descriptions of an independent sample of 12 incarcerated child molesters in order to ascertain its cross-sample validity and the reliability of classification. The results suggest that the model has provisional validity and adequate interrater reliability. The theoretical, research, and clinical implications of the descriptive model are then discussed.

Counterintuitive Topic #6: Difficulty with Identifying Dates of Abuse

It is difficult for adults and children to assign time frames to past events. Children are especially challenged by this task because the ability to place events in time begins to develop at the age of 10. Unless the date of the incident is a core or important detail, it is unlikely to be remembered, or regarded as a peripheral detail. Children may require additional help from adults to estimate time frames by asking questions about location of residence or other people at the time the target incident occurred.

Areas of Inquiry and Summary for Expert Testimony and Supporting Research Citations
Wendy A. Dutton, M.A., Ph.D., LPC, February 2022

Articles cited by Dr. Dutton:

Friedman, 2003; Friedman, 2004; Friedman & Lyon, 2005.

Additional Research on Dates of Abuse

Individual differences in perceptions of child sexual assault victims. Bottoms, Bette L.; In: Child victims, child witnesses: Understanding and improving testimony. Goodman, Gail S.; Bottoms, Bette L.; New York, NY, US: Guilford Press, 1993. pp. 229-261.

Abstract: [Chapter] review relevant literature and formulate specific hypotheses concerning pretrial biases and their relation to decisions in child sexual assault cases / rely on research on the perceived credibility of adult rape victims to direct much of my discussion.

Development of temporal-reconstructive abilities. Friedman, William J.; Lyon, Thomas D.; Child Development, Vol 76(6), Nov-Dec 2005. pp. 1202-1216.

Abstract: In a study of the ability to reconstruct the times of past events, 86 children from 4 to 13 years recalled the times of 2 in-class demonstrations that had occurred 3 months earlier and judged the times of hypothetical events. Many of the abilities needed to reconstruct the times of events were present by 6 years, including the capacity to interpret many temporally relevant cues, but there were substantial changes well into middle childhood in the availability of temporally useful episodic information. Children were poor at remembering the events' proximity or order with respect to a major holiday, but the order of the 2 target events was well recalled by 6 years.

Dr. Simpson suggests the following books (and chapters)

- Boyce, M., Beaudry, J., Lindsay, R.C.L., (2007). Belief in eyewitness evidence. In *Handbook of Eyewitness Psychology, Vol. 2*. Lindsay, R.C., Ross, D.F., Read, J.D., Toglia, M.P. (Ed.), Lawrence Erlbaum Assoc., Mahwah, New Jersey, pp.501-528.
- Brigham, J.C., (2002). Face identification: Basic processes and developmental changes. In *Memory and Suggestibility in the Forensic Interview*. Eisen, M.L., Quas, J.A., Goodman, G.S. (Ed.), Lawrence Erlbaum Assoc., Mahwah, New Jersey, p.115-142.
- Brigham, J.C., Bennett, L.B., Meissner, C.A., Mitchell, T.L., (2007). The influence of race on eyewitness memory. In *Handbook of Eyewitness Psychology, Vol. 2*. Lindsay, R.C., Ross, D.F., Read, J.D., Toglia, M.P. (Ed.), Lawrence Erlbaum Assoc., Mahwah, New Jersey, pp.257-282.
- Bruce, V., Burton, M., Hancock, P., (2007). Remembering faces. In *Handbook of Eyewitness Psychology, Vol. 2*. Lindsay, R.C., Ross, D.F., Read, J.D., Toglia, M.P. (Ed.), Lawrence Erlbaum Assoc., Mahwah, New Jersey, pp.87-100.
- Caputo, D., Dunning, D., (2007). Distinguishing accurate identifications from erroneous ones: Post-dictive indicators of eyewitness accuracy. In *Handbook of Eyewitness Psychology, Vol. 2*. Lindsay, R.C., Ross, D.F., Read, J.D., Toglia, M.P. (Ed.), Lawrence Erlbaum Assoc., Mahwah, New Jersey, pp.427-452.

- Cutler, B.L., Wells, G.L., (2009). Expert testimony regarding eyewitness identification. In *Psychological Science in the Courtroom: Consensus and Controversy*. Skeem, J.L., Douglas, K.S., Lilienfeld, S.O. (Ed.). The Guildford Press, New York, pp.110-123.
- Davis, D., Loftus, E., (2007). Internal and external sources of misinformation in adult witness memory. In *Handbook of Eyewitness Psychology, Vol. 1*. Lindsay, R.C., Ross, D.F., Read, J.D., Toglia, M.P. (Ed.), Lawrence Erlbaum Assoc., Mahwah, New Jersey, pp.195-238.
- Dysart, J.E., Lindsay, R.C.L., (2007). Show-up identifications: Suggestive technique or reliable method. In *Handbook of Eyewitness Psychology, Vol. 2*. Lindsay, R.C., Ross, D.F., Read, J.D., Toglia, M.P. (Ed.), Lawrence Erlbaum Assoc., Mahwah, New Jersey, pp.137-154.
- Dysart, J.E., Lindsay, R.C.L., (2007). The effects of delay on eyewitness identification accuracy. In *Handbook of Eyewitness Psychology, Vol. 2*. Lindsay, R.C., Ross, D.F., Read, J.D., Toglia, M.P. (Ed.), Lawrence Erlbaum Assoc., Mahwah, New Jersey, pp.361-376.
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Counterintuitive Topic #7: Disclosing Abuse (various aspects)

This topic area covers:

- Reasons children disclose purposely
- Recantations
- Reluctant disclosers
- Disclosing stranger versus family abuse
- Types of disclosure
- Under-disclosure
- To whom disclosure is made and effects of disclosure

Reasons Children Disclose Purposefully

Children typically disclose purposefully because they want the abuse to stop, or are seeking emotional support in dealing with the abuse. Some children report when the perpetrator has left their environment, so they feel safe in reporting.

Areas of Inquiry and Summary for Expert Testimony and Supporting Research Citations
Wendy A. Dutton, M.A., Ph.D., LPC, February 2022

Articles cited by Dutton:

Alaggia et al, 2019; Crisma et al., 2004; Dutton, 2011; Jensen et al., 2005; Lamb & Edgar-Smith, 1994; Sorensen & Snow, 1991.

Recantation

Recantation of valid reports of abuse are most often associated with lack of maternal support of the reporting victim. Child victims may recant due to pressure from mothers or other non-supportive relatives. Children may recant when they experience negative consequences as a result of the abuse discovery.

Areas of Inquiry and Summary for Expert Testimony and Supporting Research Citations
Wendy A. Dutton, M.A., Ph.D., LPC, February 2022

Articles cited by Dutton:

Bradley & Wood, 1990 ; DeVoe & Faller, 1999 ; Everson et al, 1989 ; Heriot, 1996 ; London et al, 2005; Malloy et al., 2007; Malloy et al, 2016 ; Pipe et al., 2007; Rieser, 1991; Sirles & Frank, 1989; Sorensen & Snow, 1991; Summit, 1983.

Reluctant Disclosers and Avoidant Children in Forensic Interviews

Children use several common tactics to avoid discussing embarrassing or traumatic details in forensic interviews. Lack of memory, question avoidance, changing subjects, or refusing to answer questions are common strategies children employ.

Areas of Inquiry and Summary for Expert Testimony and Supporting Research Citations
Wendy A. Dutton, M.A., Ph.D., LPC, February 2022

Articles cited by Dutton:

Dutton, 2011; Hershkowitz et al., 2007; Lamb et al, 2013.

Stranger v. Family Abuse

Most children report that they are abused by someone with whom they have a relationship or acquaintance. The minority of cases of CSA are committed by someone unknown to the child.

Areas of Inquiry and Summary for Expert Testimony and Supporting Research Citations
Wendy A. Dutton, M.A., Ph.D., LPC, February 2022

Articles cited by Dutton:

Berliner & Conte, 1990; Conte et al., 1989; Elliot et al, 1995; Emerick & Dutton, 1993; Finkelhor et al., 1990 ; London et al., 2005; Pipe et al, 2007 ; Smith et al, 2002 ; Wallis & Woodworth, 2020 ; Wallis & Wordworth, 2021.

Types of Disclosure

Disclosures occur in three ways-accidental, prompted, and purposeful. Accidental disclosure refers to situations in which the victim had no intention of telling, but the abuse is discovered by medical diagnosis, or witness observation. Prompted disclosures occur when a child is asked a direct question or in response to personal safety information. Purposeful disclosures are initiated by the victim.

Areas of Inquiry and Summary for Expert Testimony and Supporting Research Citations
Wendy A. Dutton, M.A., Ph.D., LPC, February 2022

Articles cited by Dutton:

Alaggia, 2004; Alaggia et al, 2019; DeVoe & Faller, 1999; Dutton, 2011; Sorensen & Snow, 1991.

Under-Disclosure of Sexual Abuse

Children tend to under-report the extent of their abuse experiences. Research studies comparing children's reports of abuse with audio or video recordings of their abuse or perpetrators' confessions indicated that children under-report.

Areas of Inquiry and Summary for Expert Testimony and Supporting Research Citations
Wendy A. Dutton, M.A., Ph.D., LPC, February 2022

Articles cited by Dutton:

Bidrose & Goodman, 2000; Cederborg et al., 2007; Dutton, 2011; Emerick & Dutton, 1993, Leander et al., 2005.

To Whom Disclosure Made and Effects of Disclosure

Young children typically disclose people they believe will be supportive, usually their primary caretakers. As girls grow older, they may be just as likely to tell a close friend or relative, especially if their abusers are their caretakers' significant others. As boys grow older, they typically tell their primary caretakers, until they reach an age when they may disclose to romantic partners or counselors.

When children receive belief and support in response to abuse disclosure, they tend to be more likely to disclose additional details of abuse, and may be less likely to experience trauma

symptoms. Child who are not believed or experience negative consequences as a result of abuse discovery are at greater risk to recant or experience trauma symptoms.

Areas of Inquiry and Summary for Expert Testimony and Supporting Research Citations
Wendy A. Dutton, M.A., Ph.D., LPC, February 2022

Articles cited by Dutton:

Allagia et al, 2019; Bradley & Wood, 1996; DeVoe & Faller, 1999; Everson et al., 1989; Faller & Henry, 2000; Fontanella et al., 2000; Goodman-Browne et al., 2003; Heriot, 1996; Hindman, 1989; Keary & Fitzpatrick, 1994; London et al., 2005; Malloy et al., 2007; Pipe et al., 2007; Reiser, 1991; Sauzier, 1989; Sirles & Franke, 1989; Wallis & Wordworth, 2021.

Research Articles on Child Disclosure

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.

Child sexual abuse: Its scope and our failure. Bolen, Rebecca M.; Dordrecht, Netherlands: Kluwer Academic Publishers, 2001. xiii, 306 pp.

Abstract: Defines the scope of child sexual abuse (CSA) and addresses society's inability to respond to the problem. It is the author's thesis that society's response to CSA is failing because the policies, programs, and statutes designed to assess and identify abuse are grounded in historical and myth-bound theoretical CSA literature rather than in the empirical knowledge base. The text is divided into 3 main areas of discussion: sociohistorical context, scope of the problem, and aftermath. Topics covered include: (1) historical conceptualization of CSA, beginning with Freud, (2) review of the empirical literature on the incidence and prevalence of CSA, (3) the most-sophisticated model of risk of CSA done to date, (4) 2 new models of understanding reactions by nonoffending guardians, and (5) pervasiveness of the threat of extrafamilial abuse.

How do children tell? The disclosure process in child sexual abuse.

Bradley, April R.; Wood, James M.; Child Abuse & Neglect, Vol 20(9), Sep 1996. pp. 881-891.

Abstract: Examined children's disclosures of sexual abuse in 234 sexual abuse cases validated by Protective Services in Texas. Denial of abuse occurred in 6% of cases, and recantation in 4% of cases in which a child had already disclosed abuse. Four of the 8 victims who recanted appeared to do so in response to pressure from a caretaker. 72% had disclosed abuse to someone else prior to contact with Protective Services or the police. 96% made a partial or full disclosure of abuse during at least 1 interview with Protective Services or police. The child sexual abuse accommodation syndrome described by R. C. Summit (1983) seems to be infrequent among the types of cases seen by child protection agencies. Findings do not support the view that disclosure is a quasi-developmental process that follows sequential stages.

Disclosure, delay, and denial: In search of truth. Bradley, April R.; Rusinko, Holly M.; PsycCRITIQUES, Vol 53 (2), 2008. [Review-Book] Abstract: Reviews the book, *Child sexual*

abuse: Disclosure, delay, and denial by Margaret-Ellen Pipe, Michael E. Lamb, Yael Orbach, and Ann-Christin Cederborg (Eds.)

Abstract: The book provides a comprehensive review of the literature in the area of abuse disclosure and includes an abundance of new research findings. The reviewers thought the editors compiled a well-organized book--one in which the overall structure of the book was easy to follow. They also thought the chapter authors did an excellent job emphasizing the complicated nature of this issue, and provided analyses of multiple research methodologies and conclusions. Several chapters report new research data related to various aspects of disclosure. The book concludes with chapters discussing policy implications of research on disclosure (delay and denial). For the reviewers, this section was especially helpful in synthesizing all of the information with recommendations for application in various settings. In their review, Bradley and Rusinko comment on the authors' discussions of: (1) clinical and forensic ramifications; (2) false memories and intentional deception; (3) reasons for non-disclosure; (4) interviewing techniques and protocols (including the National Institute of Child Health and Human Development investigative interview protocol); (5) developmental issues; (6) behavioral correlates of abuse denial; and (7) evidence-based strategies. In summary, the reviewers believe this book offers one of the most comprehensive reviews of literature in this area and presents important new research findings. In their opinion, the book is a must read for anyone directly involved with victims of child sexual abuse.

Developmental differences in detection and disclosure of sexual abuse. Campis, Leslie B.; Hebden-Curtis, Joanne; DeMaso, David R.; *Journal of the American Academy of Child & Adolescent Psychiatry*, Vol 32(5), Sep 1993. pp. 920-924.

Abstract: Examined developmental differences in the detection and disclosure of child sexual abuse. A random medical record review was conducted of 72 children and adolescents (aged 23 mo to 17 yrs) seen over a 3-yr period for suspected sexual abuse in the emergency room of a pediatric hospital. Data on demographics, presenting symptomatology, type of disclosure, and precipitants to disclosure were gathered. Preschool-age Ss were significantly more likely than school-age Ss and adolescents to exhibit behavioral or physical symptoms that prompted caregivers' suspicion of sexual abuse. Preschool-age Ss made disclosures accidentally and typically with an immediate precipitating event unrelated to the abuse itself. In contrast, sexual abuse disclosures from school-age Ss were purposeful and not associated with a precipitating event.

The hearsay rule and delayed complaints of child sexual abuse: The law and the evidence.

Cossins, Anne; *Psychiatry, Psychology and Law*, Vol 9(2), 2002. pp. 163-176.

Abstract: This article discusses the implications of two recent High Court cases on the admissibility of hearsay evidence of a child's delayed disclosure of child sexual abuse. It compares and contrasts the traditional legal significance of delayed disclosure (as being evidence of fabrication) with prevalence studies from the psychological literature which show that a majority of children delay disclosure and that, rather than being an aberrant feature of child sexual abuse, delay is a typical response of sexually abused children as a result of confusion, denial, self-blame and overt and covert threats by offenders. In addition, several self-report studies of offenders confirm that grooming processes create a relationship of power between the child and offender such that delayed disclosure appears to reflect the position of powerlessness of the sexually abused child within that relationship. In light of what the psychological literature tells us, this article challenges the narrow legal approach to the admissibility of hearsay evidence of delayed disclosure and suggests that a special exception should be made for hearsay statements of a child's delayed disclosure in child sexual assault trials.

The characteristics of disclosure among children who may have been sexually abused.

DeVoe, Ellen R.; Faller, Kathleen Coulborn; *Child Maltreatment*, Vol 4(3), Aug 1999. pp. 217-227.

Abstract: Seventy-six 5-10 yr olds (47 females), who were referred because of concerns about sexual abuse, were interviewed as part of a larger study testing the efficacy of a computer-assisted interview in sexual abuse evaluations. Data from initial interviews were coded according to the presence of disclosure and the details revealed about sexual abuse. The presence and amount of corroboration were coded through case review. Although 56 children were coded as having disclosed prior to evaluation, only 44 subjects disclosed during the initial interview. Only 1 child disclosed spontaneously. An additional 8 children (11%) disclosed possible sexual abuse in a second or later interview. Although girls disclosed at a higher rate than boys, children did not differ in the amount or types of information they provided about alleged sexual abuse. Findings are discussed in terms of the conceptualization of disclosure as a process. Implications for interviewing strategies are addressed.

Forensic sexual abuse evaluations of older children: Disclosures and symptomatology.

Elliott, Diana M.; Briere, John; *Behavioral Sciences & the Law*, Vol 12(3), Sum 1994. pp. 261-277.

Abstract: Examined the results of forensic evaluations of 320 children (aged 8-15 yrs) who were seen at an urban evaluation center regarding allegations of sexual abuse. Ss were given a medical examination and were asked to complete the Trauma Symptom Checklist for Children to assess psychological distress. Ss and primary nonoffending caretakers were interviewed to determine demographic, family environment, and abuse variables. Ss were grouped according to the outcome of the evaluation: nonabused, abused-disclosing, and abused-nondisclosing. Variables that predicted group membership included race, sex, cognitive delays, mother's belief or disbelief in the allegation, and psychological distress. Sexually abused Ss who disclosed abuse reported particularly high levels of distress, while abused but nondisclosing Ss reported the lowest levels. Nonabused Ss reported intermediate symptom levels.

Factors associated with disclosure during child sexual abuse assessment. Gries, Leonard T.; Goh, David S.; Cavanaugh, Jeanne; *Journal of Child Sexual Abuse*, Vol 5(3), 1996. pp. 1-20.

Abstract: Studied the relationship among the eliciting stimulus for sexual abuse disclosure, the child's age and gender, and the sexual abuse type reported by the child. 96 3-17 yr old children in foster care placement were referred due to suspicion of sexual abuse or a previous disclosure by the S or another person. Interviews indicated close to 67% of the Ss disclosed at least 1 type of sexual abuse, with almost 40% of those who had not disclosed before disclosing for the 1st time. Fondling, physical abuse, genital penetration, and touching the offender were the most frequently disclosed sexual abuse types. "Personal history" and "interview/worst experience" were the most effective stimuli in eliciting disclosure. A number of significant differential effects due to age, gender, and diagnosed disorder of the S were found on the eliciting stimuli and/or types of sexual abuse disclosed. Implications for child sexual abuse assessment practice are discussed.

Delayed Disclosure of Alleged Child Abuse Victims in Israel.

Hershkowitz, Irit; *American Journal of Orthopsychiatry*, Vol 76(4), Oct 2006. pp. 444-450.

Abstract: This study identifies characteristics of alleged child abuse victims that are associated with delayed disclosure of abuse. The database includes all alleged victims investigated in Israel between 1998 and 2004. Analyses suggest that most children delay disclosure and that delay is associated with type of abuse, child's age and gender, relationship to suspect and characteristics of abusive event.

Children's disclosure of sexual abuse during formal investigation.

Keary, Kay; Fitzpatrick, Carol; Child Abuse & Neglect, Vol 18(7), Jul 1994. pp. 543-548.

Abstract: 251 children who had full assessments over a 12-mo period were divided at time of referral into 2 groups, those who had previously told someone about abusive experiences prior to investigations and those who had not. There was a strong positive correlation between having previously told someone about sexual abuse and disclosure of such abuse during formal investigation. There was also a strong positive correlation between not having previously told someone and not disclosing during formal investigation. Age was an important variable, with children under 5 yrs being least likely to disclose abuse during formal investigation, irrespective of whether they had previously told someone about abuse. Disclosure of sexual abuse during investigation was strongly correlated with abuse being regarded as confirmed.

Disclosure of Child Sexual Abuse: What Does the Research Tell Us About the Ways That Children Tell?

London, Kamala; Bruck, Maggie; Ceci, Stephen J.; Psychology, Public Policy, and Law, Vol 11(1), Mar 2005. pp. 194-226.

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

Children's self-disclosure of sexual abuse: Effects of victim, perpetrator, and abuse characteristics.

Paine, Mary Lou; Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 61(4-B), Oct 2000. pp. 2215.

Abstract: A child's disclosure of sexual abuse is critical to end the abuse, initiate legal and therapeutic intervention, and protect other children. Research findings indicate delayed disclosure is the norm and many victims never disclose. An extensive review of the literature revealed few empirical studies specific to disclosure. Most studies have examined disclosure in the context of a formal abuse investigation, medical examination, or psychotherapy. Using an archival design, data was gathered on 103 victims (75 girls, 32 boys) accessed through the files of convicted adult males who received treatment in an inpatient sex-offender program. The study was a comprehensive, integrated examination of self-disclosure of sexual abuse by child victims prior to investigation. The effects of victim, perpetrator, victim-perpetrator relationship, and abuse characteristics on disclosure and delay to disclosure were examined. Gender differences in abuse characteristics and aspects of disclosure were also examined. Delay to disclosure proved to be a more sensitive measure with the capacity to detect degrees of reluctance. Abuse by a parent/parent-figure, penetration, home violence, abuse duration, and younger age at onset were associated with significantly longer delayed disclosure delays. Prior research reveals mixed findings regarding gender differences in disclosure. It is generally believed boys are more hesitant than girls to disclose. Findings of the present study revealed no gender differences in rates of disclosure prior to investigation. The mean disclosure delay was twice as long for girls than boys, however. The gender difference observed appeared secondary to the relationship between the victim and the perpetrator. Compared to boys, proportionately more girls were victimized by a parent/parent-figure and fewer were victimized by a non-family member. The confidant delayed or failed to report the abuse to the appropriate authorities in 24% of the cases in which the victim disclosed. Social and research implications are discussed.

Suggestions are offered for data collection during investigative interviews in order to facilitate research on disclosure and reporting failures.

Factors influencing children to self-disclose sexual abuse.

Paine, Mary L.; Hansen, David J.; *Clinical Psychology Review*, Vol 22(2), Mar 2002. pp. 271-295.

Abstract: Self-disclosure by victims of child sexual abuse (CSA) is critical to initiate legal and therapeutic intervention. Unfortunately, research indicates that lengthy delays in disclosure and even nondisclosure are common. A comprehensive review of the clinical and research literature on CSA and an overview of related bodies of literature was conducted. Areas addressed include the context of sexual abuse as it relates to disclosure, the context and elements of children's disclosures, motivational factors inhibiting disclosure, and models of the disclosure process. Ancillary and analogue research on secrecy and disclosure are also reviewed. Implications for future research and practice are discussed.

Children's memories of a physical examination involving genital touch: Implications for reports of child sexual abuse. Saywitz, Karen J.; Goodman, Gail S.; Nicholas, Elisa; *Journal of Consulting and Clinical Psychology*, Vol 59(5), Oct 1991. pp. 682-691.

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

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.

Variables in delayed disclosure of childhood sexual abuse. Somer, Eli; Szwarcberg, Sharon; *American Journal of Orthopsychiatry*, Vol 71(3), Jul 2001. pp. 332-341.

Abstract: In a study of 41 adult survivors (aged 16-56 yrs) of childhood sexual abuse, the level of childhood traumatization was found to have contributed to delayed disclosure of the abuse.

Other delaying variables included: belief in the importance of obedience to grownups, mistrust of people, fear of social rejection, and fear of the criminal justice system. Variables such as media attention to similar cases and experiences of personal achievement were inversely related to the age at disclosure. Recommendations for policy are discussed.

How children tell: The process of disclosure in child sexual abuse. Sorensen, Teena; Snow, Barbara; Child Welfare Journal, Vol 70(1), Jan-Feb 1991. pp. 3-15.

Abstract: Examined the disclosure process in 116 sexually abused children (aged 3-17 yrs) to show that the **process** typically proceeds from denial to tentative and active disclosure and that Ss often recant but later reaffirm. Most protocols for investigating child sexual abuse are geared for Ss in active disclosure, but a retrospective analysis of the Ss' records showed only 11% to be in active disclosure at the time of the initial interview. This suggests that a child's initial denial, failure to provide immediate detail, or recantation may result in the dismissal of a valid complaint. 79% of the Ss initially denied the abuse or were tentative in disclosing it. 74% of Ss disclosed accidentally, which may be age- and developmentally related in the case of Ss' sexualized behavior and inappropriate statements. Peers and educational programs often motivated disclosure.

Characteristics of Canadian male and female child sexual abuse victims. Thomlison, Barbara; Stephens, Michael; Cunes, J. William; Journal of Child & Youth Care, Fal 1991. Special issue: Child sexual abuse. pp. 65-76.

Abstract: Examined Canadian data on 191 child sexual abuse cases and compared 5 variables that differentiated male and female victims. These variables were victim, victim's family, perpetrator, occurrence, and outcome of the investigation. Data showed that 84% of all reported victims of child sexual abuse were female; 50% of the male Ss were abused by nonrelated perpetrators; intrafamilial abuse among females occurred in 84% of the cases; and a previous history of child abuse was recorded for 23% of the male victims and 26% of the female victims. Moreover, 97% of the male Ss were victimized by a single perpetrator; 94% of the female Ss had a single perpetrator; and 98% of the perpetrators were male.

Relationship to Perpetrator, Disclosure, Social Reactions, and PTSD Symptoms in Child Sexual Abuse Survivors. Ullman, Sarah E.; Journal of Child Sexual Abuse, Vol 16(1), 2007. pp. 19-36.

Abstract: This research examined victim relationship to the perpetrator, disclosure characteristics, social reactions, and PTSD in adult survivors' of child sexual abuse (CSA) identified in a convenience sample of 733 college students. Results indicated that relationship to the perpetrator was related to CSA characteristics and outcomes. More negative reactions such as disbelief were observed for those victimized by relatives compared with acquaintance and stranger victims, especially for those disclosing in childhood. Victims of relatives had more PTSD symptoms if they delayed disclosure, received more negative reactions in childhood, and engaged in self-blame at the time of the abuse. Results are discussed in the context of Fred's (1996) betrayal trauma theory, in order to better understand the traumatic impact of CSA.

Intrafamilial versus Extrafamilial Abuse

Prevalence of childhood sexual abuse experiences in a community sample of women.

Anderson, Jessie; Martin, Judy; Mullen, Paul; Journal of the American Academy of Child & Adolescent Psychiatry, Vol 32(5), Sep 1993. pp. 911-919.

Abstract: Ascertained the prevalence and nature of sexual abuse in childhood for a community sample of 497 adult women. A 2-stage design using questionnaires and face-to-face interviews provided information on prevalence rates, types of abuse, ages of victims, relationship to the abuser, and cohort effects. Nearly 1 S in 3 reported having 1 or more unwanted sexual experiences before age 16 yrs. 70% of these experiences involved genital contact or more

severe abuse, and 12% of those abused were subjected to sexual intercourse. The abusers were usually known to the victim, being family members in 38.3% of cases and acquaintances in another 46.3%. Stranger abuse accounted for 15% of all abuse experiences. Most abusers were young men, disclosure of the abuse was infrequent, and only 7% of all abuse was ever officially reported. Prevalence rates showed no urban/rural differences, no cohort effect with S age, and no age differences in disclosure rates.

The process of victimization: The victims' perspective. Berliner, Lucy; Conte, Jon R.; Child Abuse & Neglect, Vol 14(1), 1990. pp. 29-40.

Abstract: Interviewed 23 child victims (aged 10-18 yrs) of childhood sexual abuse (SA) about the victimization process (VP), the person who abused them, and how abuse might have been prevented. Almost half of the Ss had been victimized by more than 1 person. There was no single pattern or kind of SA victimization. The VP involved 3 overlapping processes: sexualization of the relationship, justification of the sexual contact, and maintenance of the S's cooperation. Sexualization of the relationship generally took place gradually and began with normal affectional contact. Most offenders made statements to rationalize or justify the behavior, particularly by saying the behavior was not really sexual or that it was sexual but acceptable. Cooperation was gained through threats or intimidation or exploiting the S's vulnerabilities.

Disclosure, delay, and denial: In search of truth. Bradley, April R.; Rusinko, Holly M.; PsycCRITIQUES, Vol 53 (2), 2008. pp. No Pagination Specified.

Abstract: Reviews the book, Child sexual abuse: Disclosure, delay, and denial by Margaret-Ellen Pipe, Michael E. Lamb, Yael Orbach, and Ann-Christin Cederborg (Eds.) (see record 2007-06518-000). The book provides a comprehensive review of the literature in the area of abuse disclosure and includes an abundance of new research findings. The reviewers thought the editors compiled a well-organized book--one in which the overall structure of the book was easy to follow. They also thought the chapter authors did an excellent job emphasizing the complicated nature of this issue, and provided analyses of multiple research methodologies and conclusions. Several chapters report new research data related to various aspects of disclosure. The book concludes with chapters discussing policy implications of research on disclosure (delay and denial). For the reviewers, this section was especially helpful in synthesizing all of the information with recommendations for application in various settings. In their review, Bradley and Rusinko comment on the authors' discussions of: (1) clinical and forensic ramifications; (2) false memories and intentional deception; (3) reasons for non-disclosure; (4) interviewing techniques and protocols (including the National Institute of Child Health and Human Development investigative interview protocol); (5) developmental issues; (6) behavioral correlates of abuse denial; and (7) evidence-based strategies. In summary, the reviewers believe this book offers one of the most comprehensive reviews of literature in this area and presents important new research findings. In their opinion, the book is a must read for anyone directly involved with victims of child sexual abuse.

What sexual offenders tell us about prevention strategies. Conte, Jon R.; Wolf, Steven; Smith, Tim; Child Abuse & Neglect, Vol 13(2), 1989. pp. 293-301.

Abstract: 20 adult sexual offenders (aged 20-68 yrs) were interviewed about the process whereby they selected, recruited, and maintained children in a sexual abuse situation. Offenders were selected if they were making successful progress in treatment and were interviewed by their therapist in a community treatment program using a semistructured interview guide. Ss claimed a special ability to identify vulnerable children; to use that vulnerability to sexually use a child; that sexual abuse is inherently coercive, even though many offender statements minimize the level of coercion and violence; and that offenders systematically desensitize children to touch.

Child sexual abuse prevention: What offenders tell us. Elliott, Michele; Browne, Kevin; Kilcoyne, Jennifer; Child Abuse & Neglect, Vol 19(5), May 1995. pp. 579-594.

Abstract: Interviewed 91 child sex offenders (all men, aged 19-74 yrs) to gather information about how they target, select, and maintain their victims and to obtain suggestions for preventing child sexual abuse. 93% of Ss acted alone; none had more than 1 coperpetrator. Two-thirds assaulted in their home. Ss gained access to children through caretaking; targeted children through bribes, gifts, and games; used force, anger, threats, and bribes to ensure continuing compliance; and desensitized children through touch, talk about sex, and persuasion. Safety programs should continue teaching children that anyone could harm them. Shouting "No" can be used by the child when others are present or when 1st approached. If asked to keep a secret, children should reply that they do not keep secrets. Including information about how child molesters operate in child prevention programs may be desirable.

Disclosure of Child Sexual Abuse: What Does the Research Tell Us About the Ways That Children Tell?

London, Kamala; Bruck, Maggie; Ceci, Stephen J.; Psychology, Public Policy, and Law, Vol 11(1), Mar 2005. pp. 194-226.

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

Review of 125 children 6 years of age and under who were sexually abused. Mian, Marcellina; Wehrspann, William; Kaljner-Diamond, Halina; Child Abuse & Neglect, Vol 10(2), 1986. pp. 223-229.

Abstract: Reviewed the charts of 125 children, 6 yrs and under, who presented to an acute care hospital because of sexual abuse, and who represented one-third of the cases of alleged sexual abuse between infancy and 18 yrs of age referred to the hospital's multidisciplinary sexual abuse team. The data reveal that the ratio of females to males was 3.3:1, that 60% of the children were victims of intrafamilial abuse, and that 72.5% of the preschoolers were victims of intrafamilial abuse. At school age there was a reversal with 73% of 6 yr olds being abused by extrafamilial offenders. It was found that two-thirds of the children had physical and/or behavioral symptoms, and that parents of Ss who had been the victims of intrafamilial abuse were more likely to be separated or divorced. The difficulties in assessing young victims of alleged sexual abuse are discussed.

Prevalence and Incidence of Child Sexual Abuse: A Basis for Concern. Rossman, B.B. Robbie; PsycCRITIQUES, Vol 48 (2), Apr 2003. pp. 206-208.

Abstract: Originally published in Contemporary Psychology: APA Review of Books, 2003, Vol 48(2), 206-208. Provides a review of the book "Child Sexual Abuse: Its Scope and Our Failure" by Rebecca M. Bolen. Bolen's stated goals in *Child Sexual Abuse: Its Scope and Our Failure* are twofold: to review the empirical literature of child sexual abuse for the past 10 years and to note the inconsistencies between what the research suggests and our response to child sexual abuse (CSA) in this country. These goals are accomplished. The context for examining issues is the societal values that have shaped our understanding of and response to CSA. Using

this context, the book becomes an advocate for devising a system that is more responsive to extrafamilial abuse, which constitutes 70 percent of cases based on prevalence studies, rather than emphasizing intrafamilial abuse (30 percent of cases); developing societal rather than person-based models of CSA; reducing societal factors that disinhibit offenders; and implementing these attitude changes from kindergarten through 12th-grade school curricula versus only elementary school programs for stranger avoidance.

Quote from Rossman (above):

“The driving force for the book appears to be the inconsistencies noted when comparing data from incidence studies, which summarize numbers of cases reported during a time period such as the past year, with data from prevalence studies, which summarize the number of occurrences of sexual abuse reported by adults or adolescents that took place during childhood. These inconsistencies are quite revealing and compelling. Among other things, these inconsistencies suggest that our notions that much CSA occurs at home are false. Incidence studies, often using primarily CPS case reports, have noted that about 0.2 percent to 0.4 percent of children have been sexually abused and that 50 percent to 95 percent of offenders are parenting figures. This is not surprising because the traditional CPS mandate has been to identify caregiver abuse. The prevalence studies, on the other hand, have indicated that as many as 30 percent to 40 percent of girls and 13 percent or more of boys were sexually abused during childhood and that 70 percent was extrafamilial (Bolen & Scannapieco, 1999). Thus, both incidence of abuse and extrafamilial abuse appear to be underestimated in incidence studies. As an example, Bolen uses an average 25 percent prevalence rate combined with an average reported 1.8 occurrences per person and the 6.8 per 1,000 females incidence rate reported in 1993 (Sedlack & Broadhurst, 1996) to show that only an estimated 27.2 percent of abuse of females is being reported.”

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.

The Child Sexual Abuse Accommodation Syndrome (CSAAS)

The precursor to today's child sexual abuse testimony was Roland Summit's formulation of the *Child Sexual Abuse Accommodation Syndrome* (CSAAS) in 1983. Here's Summit's description:

Child Sexual Abuse Accommodation Syndrome

Summit RC. Child Abuse Negl. 1983;7(2):177- 93.

Abstract

Child victims of sexual abuse face secondary trauma in the crisis of discovery. Their attempts to reconcile their private experiences with the realities of the outer world are assaulted by the disbelief, blame and rejection they experience from adults. The normal coping behavior of the child contradicts the entrenched beliefs and expectations typically held by adults, stigmatizing the child with charges of lying, manipulating or imagining from parents, courts and clinicians. Such abandonment by the very adults most crucial to the child's protection and recovery drives the child deeper into self-blame, self-hate, alienation and revictimization. In contrast, the advocacy of an empathic clinician within a supportive treatment network can provide vital credibility and endorsement for the child. Evaluation of the responses of normal children to sexual assault provides clear evidence that societal definitions of "normal" victim behavior are inappropriate and procrustean, serving adults as mythic insulators against the child's pain. Within this climate of prejudice, the sequential survival options available to the victim further alienate the child from any hope of outside credibility or acceptance. Ironically, the child's inevitable choice of the "wrong" options reinforces and perpetuates the prejudicial myths. The most typical reactions of children are classified in this paper as the child sexual abuse accommodation syndrome. The syndrome is composed of five categories, of which two define basic childhood vulnerability and three are sequentially contingent on sexual assault: (1) secrecy, (2) helplessness, (3) entrapment and accommodation, (4) delayed, unconvincing disclosure, and (5) retraction. The accommodation syndrome is proposed as a simple and logical model for use by clinicians to improve understanding and acceptance of the child's position in the complex and controversial dynamics of sexual victimization. Application of the syndrome tends to challenge entrenched myths and prejudice, providing credibility and advocacy for the child within the home, the courts, and throughout the treatment process. The paper also provides discussion of the child's coping strategies as analogs for subsequent behavioral and psychological problems, including implications for specific modalities of treatment.

Summit's CSAAS held tremendous sway in thousands of convictions for over two decades. But it was eventually debunked as unscientific, with no application to forensic matters. In 1993, Summit admitted that his formulation of the CSAAS was not based on any research, simply his clinical observations.

- *"It should be understood without apology that the CSAAS is a clinical opinion, not a scientific instrument."* (p.156)
- *"The CSAAS is meaningless in court discussion unless there has been a disputed disclosure, and in that instance the ultimate issue of truth is the sole responsibility of the trier of fact. The CSAAS acknowledges that there is no clinical method available to distinguish 'valid' claims from 'those that should be treated as fantasy or deception' (p. 189), and it gives no guidelines for discrimination. The capacity to listen and the willingness to believe, which the paper invites, is not an admonition to interrogate or to assume that every disclosure is real."* (p.158)

Abuse of the Child Sexual Abuse Accommodation Syndrome.

Summit, Roland C.; Journal of Child Sexual Abuse, Vol 1(4), 1992. pp. 153-163.

But CSAAS isn't dead just yet. child sexual abuse experts have continued to promote the claims of CSAAS's five indicators: (1) secrecy, (2) helplessness, (3) entrapment and accommodation, (4) delayed, unconvincing disclosure, and (5) retraction. They simply dropped the name "CSAAS" from their testimony. But "*a rose by any other name would smell as sweet.*" Whether in whole or in part, CSA experts continue to overstate/misstate the research on the topic of child sexual abuse, which can introduce significant challenges on cross

Research on the *Child Sexual Abuse Accommodation Syndrome* (CSAAS)

The child sexual abuse accommodation syndrome. Summit, Roland C.; Child Abuse & Neglect, Vol 7(2), 1983. pp. 177-193.

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

Abuse of the Child Sexual Abuse Accommodation Syndrome. Summit, Roland C.; Journal of Child Sexual Abuse, Vol 1(4), 1992. pp. 153-163.

Abstract: Discusses the origins of the concept of the Child Sexual Abuse Accommodation Syndrome ([CSAAS] R. C. Summit; see record 1984-15274-001) and the subsequent distortions that court misuse has imposed. The CSAAS is a clinical observation that has become both elevated as gospel and denounced as dangerous pseudoscience. It is hoped that such a contextual review can serve as a guide toward a more accurate understanding among clinicians, judges, and advocate attorneys.

Commentary: 'Abuse of the Child Sexual Abuse Accommodation Syndrome.' Elias, Harry M.; Journal of Child Sexual Abuse, Vol 1(4), 1992. pp. 169-171.

[Comment/Reply] **Abstract:** Comments on R. C. Summit's (see record 1994-02082-001) article on the Child Sexual Abuse Accommodation Syndrome (CSAAS). The original lesson to be learned from the CSAAS is that society, and many professionals who come into contact with sexually abused children, frequently have preconceived ideas about how a traumatized person will react. Such misconceptions can cause people not to listen, not to understand, and not to learn.

Commentary: Summit's 'abuse of the CSAAS.' MacFarlane, Kee; Journal of Child Sexual Abuse, Vol 1(4), 1992. pp. 165-167.

[Comment/Reply] **Abstract:** Comments on R. C. Summit's (see record 1994-02082-001) article on the abuse of the Child Sexual Abuse Accommodation Syndrome (CSAAS). It is argued that the fact that the CSAAS has been blamed in absentia for the reversal of cases in which it was never mentioned, speaks not only to the determination of those who have invoked it to suit their own purposes, but to the universality of its message.

The rehabilitation of the Child Sexual Abuse Accommodation Syndrome in trial courts in Kentucky. Stewart, William F.; Young, Rose; Journal of Child Sexual Abuse, Vol 1(4), 1992. pp. 133-141.

Abstract: Attempts to reconcile the position of Kentucky law in regard to the Child Sexual Abuse Accommodation Syndrome (CSAAS) with that of R. C. Summit's (1992) views. Summit described this syndrome in an attempt to explain the seemingly paradoxical behavior of child victims in disclosing sexual abuse. The following conditions should be met for the CSAAS to be admissible in the prosecution of child sexual abuse: (1) The symptoms of CSAAS should be present through interviewing the child, (2) testimonial use of the CSAAS must be in general terms to avoid the hearsay objection, and (3) prosecutors should avoid specific questions about the victim. An outline of Kentucky's legal history concerning this issue is provided.

The rehabilitation of the Child Sexual Abuse Accommodation Syndrome in trial courts in Kentucky: Commentary. Summit, Roland C.; Journal of Child Sexual Abuse, Vol 1(4), 1992. pp. 147-151.

[Comment/Reply] **Abstract:** Comments on W. F. Stewart and R. Young's (see record 1994-02079-001) article on the rehabilitation of the Child Sexual Abuse Accommodation Syndrome (CSAAS) in trial courts in Kentucky. Rehabilitation of the CSAAS is not enough, especially if the CSAAS continues to be held as the repository for all the symptoms of child sexual abuse. The courts must initiate policies that will admit legitimate, percipient clinical information. If judges are allowed to share in court the pitfalls of abuse and the hearsay travails of those who work with abuse, they can direct their unquestioned authority in the field of law to compel the rehabilitation of the justice system for the protection of children.

How do children tell? The disclosure process in child sexual abuse. Bradley, April R.; Wood, James M.; *Child Abuse & Neglect*, Vol 20(9), Sep 1996. pp. 881-891.

Abstract: Examined children's disclosures of sexual abuse in 234 sexual abuse cases validated by Protective Services in Texas. Denial of abuse occurred in 6% of cases, and recantation in 4% of cases in which a child had already disclosed abuse. Four of the 8 victims who recanted appeared to do so in response to pressure from a caretaker. 72% had disclosed abuse to someone else prior to contact with Protective Services or the police. 96% made a partial or full disclosure of abuse during at least 1 interview with Protective Services or police. The child sexual abuse accommodation syndrome described by R. C. Summit (1983) seems to be infrequent among the types of cases seen by child protection agencies. Findings do not support the view that disclosure is a quasi-developmental process that follows sequential stages.

Expert witnesses in child abuse cases: What can and should be said in court. Ceci, Stephen J. (Ed); Hembrooke, Helene (Ed); pp. 159-184. Washington, DC, US: American Psychological Association, 1998. viii, 299 pp.

(from the chapter) Contributes to the ongoing efforts of mental health and legal practitioners to meet forensic and ethical demands for valid sexual abuse assessment by providing an overview and critique of instruments and techniques currently applied to the validation of child sexual abuse. Topics discussed include defining child sexual abuse; theoretical models applied to the validation of child sexual abuse; the Child Sexual Abuse Syndrome and the Child Sexual Abuse Accommodation Syndrome; traumatic sexualization; and interviewing children about sexual abuse.

Disclosure of Child Sexual Abuse: What Does the Research Tell Us About the Ways That Children Tell? London, Kamala; Bruck, Maggie; Ceci, Stephen J.; Psychology, Public Policy, and Law, Vol 11(1), Mar 2005. pp. 194-226.

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

From London, 2005:

“Summit's (1983) original model was based on disclosure patterns of children who were victims of familial abuse. Thus, one would expect that such children would be less likely to disclose than children who were abused by nonfamilial perpetrators. The results of two studies (Hanson, Resnick, Saunders, Kilpatrick, & Best, 1999; Smith et al., 2000) are consistent with these claims; 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 intra- versus nonfamilial abuse. In contrast to these three supporting studies, five studies failed to find an association between relationship to perpetrator and CSA disclosure (Arata, 1998; Kellogg & Hoffman, 1995; Kellogg & Huston, 1995; Lamb & Edgar-Smith, 1994; Roesler, 1994). These are surprising findings given the fact that Summit (1983) originally constructed his model to account for nondisclosure in the context of intrafamilial abuse.”

From London, 2005:

“The results of the retrospective studies make two important contributions to our knowledge about the patterns of children's disclosure of abuse. First, these data, when taken at face value, reveal that approximately 60%–70% of adults do not recall ever disclosing their abuse as children, and only a small minority of participants (10%–18%) recalled that their cases were reported to the authorities (see Table 1, Column 7). Furthermore, to underscore the results of nondisclosure, many of the adults reported that their first disclosure was during the study survey. Thus, the retrospective studies provide evidence to support the assumption that many incidents of CSA go unreported and that the stage of silence in the CSAAS model has a strong empirical foundation. Second, analyses of predictor variables in these retrospective studies provide few insights into the factors associated with disclosure. They do suggest, however, that commonly held assumptions, such as fewer disclosures among more severe cases of CSA, or in cases of intrafamilial abuse, lack empirical support.”

Counterintuitive Topic #8: Sexual Behavior in Children

Exploratory sexual behavior is common in young children. However, certain sexual behaviors are more common in children who have experienced sexual abuse than children with no history of abuse. These behaviors include: asking to engage in sexual acts, engaging in oral/genital contact, inserting objects into vagina/anus, imitating sexual behavior with dolls, compulsive masturbation, and imitating sexual sounds.

Areas of Inquiry and Summary for Expert Testimony and Supporting Research Citations
Wendy A. Dutton, M.A., Ph.D., LPC, February 2022

Articles cited by Dr. Dutton:

Friedrich et al., 2001.

Research on Masturbation and Children

Masturbation in preadolescent girls.

Gadpaille, W. J.

Medical Aspects of Human Sexuality, Vol 8(9), Sep, 1974. pp. 179-180.

Abstract:

Presents suggestions for family physicians and pediatricians in assessing the problem of preadolescent girls' masturbation. 2 major factors in counseling are identified: the parents' feelings and attitudes, and the girl's age and level of maturation. Methods of evaluating the child's motivations, handling the problem of compulsive masturbation, and reassuring parents about the normality of masturbation are briefly considered

Practical approach to childhood masturbation—a review

Charita Mallants & Kristina Casteels

Eur J Pediatr (2008) 167:1111–1117

Abstract

The aim of this article is to review the literature for information that could guide the clinical practitioner in the assessment and management of childhood masturbation. The boundary between normal and abnormal or deviant masturbation in children remains unclear. Besides the link with sexual abuse, other environmental factors and individual factors, as well as psychiatric disorders, are mentioned in relation to masturbation and sexual behaviour in general in children. However, evidence-based information is missing and, therefore, a safety management approach is advised when a clinician is confronted with childhood masturbation. We conclude that normal psycho-sexual development, as well as environmental and individual factors, should be considered in the assessment and management of childhood masturbation.

Beyond sexual abuse: The impact of other maltreatment experiences on sexualized behaviors.

Merrick, Melissa T., Litrownik, Alan J., Everson, Mark D., Cox, Christine E.

Child Maltreatment, Vol 13(2), May, 2008. Special Issue: Children with sexual behavior problems. pp. 122-132.

Abstract:

This study sought to broaden research findings linking maltreatment to sexualized behaviors by investigating whether maltreatment experiences other than sexual abuse predict such behaviors. The sample included 690 children without reported sexual abuse histories who are participants in the LONGSCAN Consortium, a prospective multisite investigation of childhood maltreatment. Child Protective Service reports before age 8 years and caregiver reports on the Child Sexual Behavior Inventory-II at age 8 years were used to examine the relationship between maltreatment timing and type, and sexualized behaviors. Logistic regression analyses suggested that early (< 4) and late (4-8) reports of physical abuse were associated with more sexualized behaviors (odds ratios = 1.9-2.6). The pattern differed by gender, with physical abuse predicting sexual intrusiveness and displaying private parts in boys, and boundary problems in girls. Findings suggest that maltreatment

other than sexual abuse, and the developmental periods in which it occurs, may be linked to the development of sexualized behaviors.

Masturbation in prepubescent children: A case report and review of the literature.

Finkelstein, E., Amichai, B., Jaworowski, S., Mukamel, M.

Child: Care, Health and Development, Vol 22(5), Sep, 1996. pp. 323-326.

Abstract:

Describes the case of a 10-year-old girl observed to have episodes of flushing, pallor, and weakness, who was referred for investigation of possible carcinoid syndrome. The cause of these episodes was masturbation. The S initially masturbated to deal with emotional stress after being left home alone, subsequently using it to draw her parents' and her teacher's attention to her distress. Reports of prepubertal masturbation presenting as physical illness is also discussed.

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Fleisher D.R. & Morrison A. (1990) Masturbation mimicking abdominal pain or seizures in young girls. *Journal of Pediatrics*, 116, 810–814.

Kleeman J.A. (1975) Genital stimulation in infant and toddler girls. In: *Masturbation from Infancy to Senescence* (eds I.M.Marcus & J.J.Francis), International Universities Press, New York , pp. 79–106.

Leung A.K.C. & Robson W.L. (1993) Childhood masturbation. *Clinical Pediatrics*, 32, 238–241.

Livingston S., Berman W. & Pauli L.L. (1975) Masturbation stimulating epilepsy. *Clinical Pediatrics*, 14, 232–234.

McCray G.M. (1978) Excessive masturbation of childhood: a symptom of tactile deprivation *Pediatrics*, 62, 277–279.

Meizner I. (1987) Sonographic observation of *in utero* fetal 'masturbation'. *Journal of Ultrasound Medicine*, 6, 111.

Sauzier M. (1989) Disclosure of child sexual abuse. For better or for worse. *Psychiatric Clinics of North America*, 12, 455–469.

PART III. Child Memory, Suggestibility and Testimony

- Brain Development and Eyewitness Testimony
- Suggestibility
 - Research on Suggestibility in Children
 - Research on Suggestibility in Adults
- Memory for Traumatic Events
- Memory and Drift
- Misattribution Error
- Schema / Script Memory

1. Brain Development and Eyewitness Testimony

Eye witness memory requires high-order memory capacity. An eyewitness uses a variety of regions of their brain to create and subsequently reconstruct memories. These regions include the occipital lobe (visual), the temporal lobe (sensory, auditory, and memory), the parietal lobe (motor function, pain, temperature, and stress), and the frontal lobe (language, reasoning, planning, and emotion). And important question when a child is a witness in a trial is how their underdeveloped memory capacity and general brain functioning might impact their ability to accurately encode and later recall an event.

In accurate memory encoding and subsequent recall maturation of specific parts of the brain is critical. This includes the development of gray matter, white matter, and the dentate gyrus.

Gray Matter

Grey matter, which makes up half of the brain, is the outermost layer of the brain, which consists of neuronal cell bodies and unmyelinated axons. The grey matter throughout the central nervous system enables individuals to control movement, memory, and emotions. Grey matter has a large number of neurons present, which allows it to process information and release new information into the white matter.

White Matter

White matter essentially facilitates learning and brain functions, helps distribute action potential, and coordinates communication between the different brain regions. White matter is found beneath the grey matter, in the deeper tissues, making it subcortical. White matter increases from age four to 20, while gray matter decreases starting from age four until after age 12.

Dentate Gyrus

The dentate gyrus is the first region where all sensory modalities merge together to form unique representations and memories. Thus it plays a critical role in learning and memory. The development of the dentate gyrus starts forming at age 12 to 15 months and is increasing until adolescence.

Hippocampus

The hippocampus is considered to be one of the most important parts of the brain associated with eye witness testimony because it is critical for the formation of long-term memories. "*Declarative memories*" are long-term memories that can be consciously remembered and can include specific events and factual knowledge. Eyewitnesses use declarative memories when recalling specific events that took place in the past. The hippocampus is quickly developing from age four to eight. But continues to develop up until adulthood. Research on children as eyewitnesses has found children can have significantly compromised long-term memories for past events.

Prefrontal Cortex

The prefrontal cortex (PFC) is another part of the brain that is critical in eyewitness testimony. It plays a central role in cognitive control functions, influences attention, impulse inhibition, prospective memory, and cognitive flexibility. It helps to create memories that are vivid and have contextual detail. This is critical for accurate recall later on. This brain region is one of the last regions to develop. Research has found the ability for child eyewitnesses to accurately recall details of events increases with age, as does the ability to answer specific questions and resist suggestion. Studies have found that children tend to give fewer details of an event and sometimes distort them in eyewitness testimonies.

Effects of past abuse experiences on children's eyewitness memory.
Goodman, Gail S., et al. (2001). *Law and Human Behavior*. 25 (3): 269–298

Temporal Lobe

The temporal lobe plays an important role in hearing, meaning, auditory stimulus, memory, and speech. They also help to modulate emotion and learning. This is the major location for memory storage and is associated with memory skills. It is one of the last regions of the brain to mature. The gray matter in the temporal lobe continues developing until age 16.

Amygdala

The amygdala is deep within the temporal lobe and plays a central role in encoding and retrieving highly salient events. "*Highly salient events*" simply means events that are particularly important and have emotional meaning for the individual. It helps to determine what in where memories are stored in the brain based on how big of an emotional reaction the event created in the person. In young children an unpleasant event will tend to be remembered. The amygdala does not stop developing until late adolescence. This has important implications for how children perform as eyewitnesses because they have underdeveloped brain capacity for storing and recalling memories of events, particularly prior to the age of seven.

Types of Memory

Short Term Memory

Short term memory is stored for a short period of time. If it is rehearsed enough it will eventually be transferred into long-term memory. This is important for child eyewitness testimony because research has shown children have problems transferring short term information to long-term storage.

Specifically, a child's capacity to store items is less than an adults. The amount of time between when a child witnesses an event to when they give their testimony is also problematic for how short term memory can compromise the accuracy of their recall. Research is shown that a child short term memory is more susceptible to interference as the passage of time increases between that event and subsequent testimony. This can lead to inaccurate recall on the child's part about the actual event.

Enhancing children's eyewitness testimony with cognitive interview.
McCauley, M., & Fisher, R. P. (1996). Oxford, England: Walter De Gruyter Inc.

Long Term Memory

Older children have higher success rates in transferring memory from short term to long-term. Which is one of the factors in why younger children have poor recall in a witness testimony. Selective attention can contribute to the impairment of younger children's encoding process. If their attention is disrupted they may be compromised in their ability to fooling code all of the details, which results in a compromise recall of the event later on.

Effects of past abuse experiences on children's eyewitness memory.
Gail, G., Rudy B., Davis, L. (2001). Law and Human Behaviour, 25, 1-30.

Factors Affecting Child Eyewitness Testimony

Retroactive Interference

Retroactive interference refers to new memories that interfere with the retrieval of old memories. Retroactive interference (new interferes with old) is contrasted with proactive (old interferes with new). Here are some of the important factors that can lead to retroactive interference:

Consolidation plays an important role in preserving previously learned knowledge and accommodating new information. If the previously learned knowledge is well consolidated in

memory, the interference caused by the new material has less effect; inversely, if the newly learned information is better encoded than the old knowledge, the interference is greater.

Memory capacity increases as the brain matures. But in children, memory capacity, source monitoring, and language development are more limited because their brains have not yet matured. This can impair how they retrieve a memory in accurately describe the event during their testimony.

Stress and trauma can impede a child's ability to accurately encode and later retrieve the memory of an event. This may be because highly emotional Vance decrease the brains processing abilities which can lead to lower memory encoding. But stressful events can also have a positive effect on children's recall. Some research shows stressful events are actually retained particularly well. How to explain this contradiction? The *Yerkes-Dodson Law* states that too little or too much stress can reduce memory encoding.

Research has shown that children who have been through a traumatic event will have a harder time remembering that event as compared to a non-traumatic event. Goodman found that non-abused children were more accurate in answering specific questions and made fewer errors in identifying an unfamiliar person in a picture.

When a child takes the stand: jurors perceptions of children's eyewitness testimonies.
Goodman, G., Golding, J., Helgeson, V. (1987). *Journal of Human Behaviour and Law*, 11,1-189.

Intelligence

Another important factor that can contribute to, or detract from a child's testimony is intelligence. Individual differences in intelligence can help explain variability and how different children report their memories. But this effect seems to be stronger in younger children and less impactful in adolescence.

2. Child Suggestibility

Suggestibility is a phenomenon in which a person can unconsciously accept the suggestions of someone else and mistakenly believe those suggestions are their own. This is particularly true for children.

Dr. Dutton notes:

Suggestibility is the degree to which one's recollection can be altered by post-event influences. Suggestibility is not a constant trait. Factors such as age, source monitoring ability, strength of the memory, interview context, and interviewer bias have been shown to be influences on children's susceptibility to suggested information.

Articles cited by Dutton:

Goodman & Bottoms, 1993; Bruck et al., 1998; Ceci & Bruck, 1995; Doris, 1991; Geddie et al, 2001; Hobbs & Goodman, 2018; Lamb et al., 1995; Leavitt, 1997; Pipe et al, 2004; Poole & Lamb, 1998; Reed, 1996; Rudy & Goodman, 1991; Rush et al., 2015; Saywitz & Goodman, 1996; Saywitz & Nathanson, 1993; Saywitz et al, 1991.

Areas of Inquiry and Summary for Expert Testimony and Supporting Research Citations

Wendy A. Dutton, M.A., Ph.D., LPC, February 2022

From Dr. Dutton's doctoral dissertation, Page 35-40

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 & Huffinan, 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).

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. Pages 35-40.

Children's eyewitness reports after exposure to misinformation from parents.

Poole, Debra Ann. Central Michigan U, Dept of Psychology, Mt Pleasant, MI, US

Lindsay, D. Stephen

Journal of Experimental Psychology: Applied, Vol 7(1), Mar, 2001. pp. 27-50.

Abstract:

This study examined how misleading suggestions from parents influenced children's eyewitness reports. Children (3 to 8 years old) participated in science demonstrations, listened to their parents read a story that described experienced and nonexperienced events, and subsequently discussed the science experience in two follow-up interviews. Many children described fictitious events in response to open-ended prompts, and there were no age differences in suggestibility during this phase of the interview. Accuracy declined markedly in response to direct questions, especially for the younger children. Although the older children retracted many of their false reports after receiving source-monitoring instructions, the younger children did not. Path analyses indicated that acquiescence, free recall, and source monitoring all contribute to mediating patterns of suggestibility across age. Results indicate that judgments about the accuracy of children's testimony must consider the possibility of exposure to misinformation prior to formal interviews.

Individual Differences in Children's Suggestibility: A Review and Synthesis.

Bruck, Maggie, Melnyk, Laura, *Applied Cognitive Psychology*, Vol 18(8), Dec, 2004. Special issue: Individual and Developmental Differences in Suggestibility. pp. 947-996.

Abstract:

Over the last decade, there has been a significant growth in the study of individual differences factors predicting children's suggestibility. In this paper, we synthesize the results of 69 studies examining the relationship of demographic factors (socioeconomic status and gender), cognitive factors (intelligence, language, memory, theory of mind, executive functioning, behavioural ratings of distractibility, and creativity), and psycho-social factors (social engagement, self concept/self-efficacy, stress/emotional arousal/state anxiety, maternal attachment styles, parent-child relationship, parenting styles, temperament, and mental health) and children's suggestibility. We found that for cognitive factors, language ability and creativity were fairly consistently related to suggestibility. The highest correlations for psycho-social factors and suggestibility were obtained for measures of self-concept/self-efficacy, maternal attachment, and the parent-child relationship. Implications for future research and mechanisms underlying children's suggestibility are discussed.

Repeated Questions, Deception, and Children's True and False Reports of Body Touch.

Quas, Jodi A., et al

Child Maltreatment, Vol 12(1), Feb, 2007. pp. 60-67.

Abstract:

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

Children's false memory and true disclosure in the face of repeated questions.

Schaaf, Jennifer M., Alexander, Kristen Weede, Goodman, Gail S., *Journal of Experimental Child Psychology*, Vol 100(3), Jul, 2008. pp. 157-185.

Abstract:

The current study was designed to investigate children's memory and suggestibility for events differing in valence (positive or negative) and veracity (true or false). A total of 82 3- and 5-year-olds were asked repeated questions about true and false events, either in a grouped order (i.e., all questions about a certain event asked consecutively) or in a nongrouped order (i.e., questions about a certain event were interspersed with questions about other events). Interviewer gender was also varied. Individual differences, including attachment style, inhibition, and behavioral adjustment, were examined as potential predictors of memory and suggestibility. Results revealed significant age, valence, and veracity effects on children's memory reports. Path analysis demonstrated that individual differences in behavioral problems and inhibitory ability predicted children's provision of inaccurate information. Implications for psychological theory and legal application are discussed.

Deficient cognitive control fuels children's exuberant false allegations.

Poole, Debra Ann, Dickinson, Jason J., Brubacher, Sonja P., Liberty, Allison E., Kaake, Amanda M., (2014). *Journal of Experimental Child Psychology*, Vol 118, Feb, 2014. pp. 101-109.

Abstract:

In eyewitness studies as in actual investigations, a minority of children generate numerous false (and sometimes incredulous) allegations. To explore the characteristics of these children, we reinterviewed and administered a battery of tasks to 61 children (ages 4–9 years) who had previously participated in an eyewitness study where a man broke a "germ rule" twice when he tried to touch them. Performance on utilization, response conflict (Luria tapping), and theory of mind tasks predicted the number of false reports of touching (with age and time since the event controlled) and correctly classified 90.16% of the children as typical witnesses or exuberant (more than 3) false reporters. Results of a factor analysis pointed to a common process underlying performance on these tasks that accounted for 49% of the variability in false reports. Relations between task performance and testimony confirmed that the mechanisms underlying occasional intrusions are different from those that drive persistent confabulation and that deficient cognitive control fuels young children's exuberant false reports.

Research suggest there are a number of factors that can contribute to suggestibility. This include:

Internal Factors

Age

Generally the younger the age of a child the more they are susceptible to suggestibility. Some of the reasons for this include an increase in narrative skills, existing knowledge base, overall memory abilities, an increase in ability to properly encode memories. Children, particularly younger children, are prone to including details that are similar yet unrelated to the specific event. One research study showed that children tend to respond affirmatively to suggested questions and are more likely to change their answer in response to negative feedback from the interviewer.

A suggestibility scale for children.

Scullin, M. H., & Ceci, S. J. (2001). *Personality and Individual Differences*, 30, 843-856

The frontal lobe and prefrontal cortex continue develop until late adolescence, even into the mid 20s. As their brains mature adolescent are less easily manipulated and suggestible. But this doesn't mean adolescent memories are completely accurate. They are still subject to the compromising Dynamics of normal memory encoding and retrieval. In one study, when asked about details of a story or a movie, college students were just as likely as six graders to produce false details when they were suggested to them.

Suggestibility of the child witness: A historical review and synthesis.

Ceci, S. J., & Bruck, M. (1993). *Psychological Bulletin*, 113(3), 403-439.

Truth of the Event

When children are questioned about true events they actually participated in, they are more accurate in the answers they provide. But with suggested events that the child was not actually part of, children can actually become more suggestible in their responses.

Measurement of individual differences in children's suggestibility across situations.

Scullin, M. H., Kanaya, T., & Ceci, S. J. (2002). *Journal of Experimental Psychology: Applied*, 8(4), 233-246.

Emotions

When using sad stories, children are more vulnerable to misleading questions then when using angry or happy stories. In one experiment children were asked to recall a sad story that had been read to them previously. Children were much more detailed in their recall and responded to misleading questions, as opposed to when they were recalling regular stories. Similar results were found in another study in which stress was induced in children.

Effects of discrete emotions on young children's suggestibility.

Levine, J. L., Laney, C., & Burgess, S. L. (2008). *Developmental Psychology*, 44(3), 681-694.

Suggestibility of the child witness: A historical review and synthesis.

Ceci, S. J., & Bruck, M. (1993). *Psychological Bulletin*, 113(3), 403-439.

Prior Knowledge

Possession of prior knowledge about an event can be particularly compromising for children and memory. Prior knowledge is the use of past experiences to help reconstruct past or current events. This is sometimes called "*Script Memory*". Research shows that prior knowledge of an event can be helpful in creating accurate recall of an event, but prior knowledge can also contribute to false memories. Research showed that when presented with a previously familiar situation, children were likely to falsely recall events as if they had happened.

Gist

Children can recall false memories when thinking about past events that are similar to the current event. But they are also able to create false memories that are unrelated to the current event. This phenomenon is called "*global gist*". Children will falsely recall information that fits ("schema") their expectations about more recent events.

Source monitoring error

Source monitoring errors occur when normal memory recall and perceptual processes are disrupted and a memory error occurs. Source monitoring itself is an unconscious mental test that humans perform in order to determine if a memory is "real" and accurate as opposed to being from an extraneous source like a dream or a movie. People use many sources to determine the source of a memory or idea. When a disruption in source monitoring occurs errors in recall can result as a source monitoring error. These occur when a specific recalled experience is falsely attributed to be the source of a particular memory.

An example of a source monitoring error would be incorrectly recalling a conversation that occurred in a dream as reality. These errors can be caused by brain injury (specifically frontal lobe damage), amnesia, effects of aging, depression, and high stress. Cognitive biases can also cause source monitoring errors. Research by Nancy Franklin has shown that people will recall "reliable" sources as giving desirable information and "unreliable" sources as giving undesirable statements.

<https://www.alleydog.com/glossary/definition.php?term=Source+Monitoring+Error>

External Factors

Interviewer Bias

When an interviewer has a preconceived belief this can create prejudice that can corrupt the outcome of the child interview. This can happen when an interviewer pushes a single hypothesis that supports what they already think and ignore any details that counter that original hypothesis. And so common goal is not to get to the truth but simply corroborate the preconceived belief of the interviewer.

Repeated questions

Research demonstrates that asking a child the same question over and over again will cause the child to reverse their first answer, particularly with yes or no questions.

Peer interactions

Important research stemming from the 1990's sex abuse hysteria showed that a child's account of an event can be greatly corrupted by contaminating information from their peers.

Repeating misinformation

When an interviewer repeats misinformation to a child, that child can incorporate the misinformation into their reconstruction of an event and come to believe their corrupted memory of the event is true.

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Research on Suggestibility in Children

Children's eyewitness reports after exposure to misinformation from parents.

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Children, sexual abuse and suggestibility: What laypeople think they Know and what the literature tells us.

Cossins, Anne, *Psychiatry, Psychology and Law*, Vol 15(1), Mar, 2008. pp. 153-170.

Abstract:

This article summarizes the extensive research literature on laypeople's and jurors' beliefs about children's memory, suggestibility and responses to child sexual abuse. In particular, it discusses the extent and types of misconceptions held by laypeople/jurors, as well as the effects of age, education and gender on those misconceptions. The results from an analysis of mock jury studies where different types of expert testimony were presented are then considered in order to understand the types of expert testimony that would be admissible in courts in Australia, with a particular focus on the Uniform Evidence Act. As a result of this analysis, particular reform options are discussed and recommended in order to counter juror misconceptions in child sexual abuse trials.

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Talking with children about past events: Children's memory and suggestibility.

Gregory, Amy Hyman, Carol, Rolando N., Compo, Nadja Schreiber, *A clinician's guide to normal cognitive development in childhood*. Sandberg, Elisabeth Hollister (Ed.); Spritz, Becky L. (Ed.); pp. 159-175. New York, NY, US: Routledge/Taylor & Francis Group, 2010. x, 257 pp.

Abstract:

(from the chapter) Although much of this chapter will have a legal/forensic perspective, the issues discussed have important implications for all clinicians, practitioners, and educators who are working with children in a variety of settings. Namely, to understand the harmful effects that suggestibility can have on children's recollections of personal experiences is important for anyone interacting with children. For example, what would you do if you suspected that a child might be the victim of abuse or a bullying situation? How do you verify a child's report about a domestic violence situation or make decisions regarding the child's best interests when a child is trapped in the midst of a bitter parental divorce? Having the best interest of the child at heart, most professionals would strive to obtain as much information as possible from the child, resulting in the child being asked many questions. However, the way a child is questioned about a negative experience may influence his or her memory for what happened. Therefore, a primary goal of this chapter is to build upon what we know about children's memory (Chapters 7 and 8) to help readers understand the most effective and least damaging procedures to use when talking to children about past experiences. Investigating children's nonabuse experiences (e.g., witnessing a bad car accident, negative interactions with a teacher) should be approached with the same care and precautions that one might use when concerned about an abuse situation. The variables and techniques described in the following sections evolved from forensic interviews surrounding suspected child abuse but should be applied to any situation in which children talk about negative events.

Child maltreatment and memory.

Goodman, Gail S., Quas, Jodi A., Ogle, Christin M., Annual Review of Psychology, Vol 61, 2010. pp. 325-351.

Abstract:

Exposure to childhood trauma, especially child maltreatment, has important implications for memory of emotionally distressing experiences. These implications stem from cognitive, socio-emotional, mental health, and neurobiological consequences of maltreatment and can be at least partially explained by current theories concerning the effects of childhood trauma. In this review, two main hypotheses are advanced: (a) Maltreatment in childhood is associated with especially robust memory for emotionally distressing material in many individuals, but (b) maltreatment can impair memory for such material in individuals who defensively avoid it. Support for these hypotheses comes from research on child abuse victims' memory and suggestibility regarding distressing but nonabusive events, memory for child abuse itself, and autobiographical memory. However, more direct investigations are needed to test precisely when and how childhood trauma affects memory for emotionally significant, distressing experiences. Legal implications and future directions are discussed.

Children as witnesses.

Davies, Graham, Pezdek, Kathy, Forensic psychology. Towl, Graham J. (Ed.); Crighton, David A. (Ed.); pp. 178-194. Wiley-Blackwell, 2010. xv, 458 pp.

Abstract:

(from the chapter) When children are victims of a crime, frequently their testimony is the only prosecution evidence in the case. This is because crimes against children—particularly crimes of child abuse - typically occur in situations that are unlikely to involve other evidence or other witnesses. It is thus especially important that child witness evidence be collected, documented and evaluated carefully. Elsewhere, Pezdek (1994) has argued about the costs and benefits of weighing children's eyewitness accounts too lightly or too heavily. Suffice it to say here, that weighing children's eyewitness accounts too lightly can result in the perpetuation of child victimisation; weighing children's eyewitness accounts too heavily can result in false charges that can permanently destroy families. In light of the dire consequences at both ends of this criterion, it is critical for forensic investigators and the courts to understand the factors that affect children's memory for traumatic events, and to follow procedures that are most likely to maximise the veracity of children's accounts. In this chapter we first present what is known from the scientific research about factors that affect the veracity of children's memory, with the focus on the topics of the suggestibility of children's memory and false memories for childhood events. Second, we review research on interview procedures and the special measures that have been suggested for interviewing children and presenting their evidence at court and discuss the experimental and field research on the utility of these procedures. Together, these two sections of this chapter provide the reader with a solid understanding of how best to interview children and present their evidence at court and the scientific basis for these recommendations. We believe that professionals are more likely to follow the suggested procedures if they understand the rationale for them.

Putting it all together.

Finkel, Martin. Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders, Vol 20(6), Nov, 2011. pp. 643-656.

Abstract:

The most available form of evidence in child sexual abuse cases is what the child has to say about his or her alleged experience. The most difficult skill for clinicians to develop is the “how to” of talking to children in a developmentally appropriate, nonjudgmental, facilitative, and empathetic manner. This manuscript provides insight into obtaining historical details about a child's experience and guidance regarding how to incorporate those details when formulating a balanced and defensible opinion. The consultative report should be an instrument to explain the presence or absence of physical findings, the significance of symptoms temporally related to sexual contact, and discrepancies between a child's perception of an experience and physical findings.

A comparison of expert evidence and judicial directions to counter misconceptions in child sexual abuse trials.

Goodman-Delahunty, Jane, Cossins, Anne, O'Brien, Kate, Australian and New Zealand Journal of Criminology, Vol 44(2), Aug, 2011. pp. 196-217.

Abstract:

Studies on the influence of expert evidence and judicial instructions in child sexual abuse (CSA) cases have produced mixed outcomes. Using repeated measures, we tested the effectiveness of expert evidence and judicial directions in challenging common misconceptions about children's memory and responses to sexual abuse. A CSA Misconceptions Questionnaire was administered to 118 psychology undergraduates who later served as virtual jurors in a simulated criminal trial. Specialized CSA knowledge was provided by a psychologist or via judicial directions. Expert evidence had two levels: clinical versus scientific testimony. Timing of judicial instructions had two levels: directions presented before the child testified versus during the judge's summing up. In a fifth control condition, no specialized CSA information was included. After reading a trial transcript, mock-jurors assessed witness credibility, rendered verdicts and again completed the CSA Misconceptions Questionnaire. All four interventions significantly increased jurors' CSA knowledge. The more they knew, the more likely they were to convict. Perceived victim credibility fully mediated the effect of CSA knowledge on verdict: information presented via expert testimony or judicial directions enhanced perceptions of victim credibility, which in turn increased convictions. Conviction rates were significantly higher in response to expert testimony from a clinical psychologist and a judicial instruction provided in the trial summation. These results are promising for courts and policy-makers grappling with low conviction rates in CSA jury trials.

Children's eyewitness memory: Methodological issues.

Goodman, Gail S., Pipe, Margaret-Ellen, McWilliams, Kelly, Research methods in forensic psychology. Rosenfeld, Barry (Ed.); Penrod, Steven D. (Ed.); pp. 257-282. Hoboken, NJ, US: John Wiley & Sons Inc, 2011. xvi, 535 pp.

Abstract:

(from the chapter) In this chapter, we first describe a modicum of case law that concerns child witnesses. We then turn to a brief history of scientific research on child eyewitness memory. Internal and external validity issues and ethical concerns are also reviewed. We then discuss methodological issues regarding trauma and child memory, child maltreatment and memory, children's suggestibility and false memory, forensic protocols, and children's testimony in court.

Event memory and suggestibility in abused and neglected children: Trauma-related psychopathology and cognitive functioning.

Chae, Yoojin, Goodman, Gail S., Eisen, Mitchell L., Qin, Jianjian. Journal of Experimental Child Psychology, Vol 110(4), Dec, 2011. pp. 520-538.

Abstract:

This study examined event memory and suggestibility in 3- to 16-year-olds involved in forensic investigations of child maltreatment. A total of 322 children were interviewed about a play activity with an unfamiliar adult. Comprehensive measures of individual differences in trauma-related psychopathology and cognitive functioning were administered. Sexually and/or physically abused children obtained higher dissociation scores than neglected children, and sexually abused children were more likely to obtain a diagnosis of posttraumatic stress disorder than physically abused children, neglected children, and children with no substantiated abuse histories. Overall, older children and children with better cognitive functioning produced more correct information and fewer memory errors. Abuse status per se did not significantly predict children's memory or suggestibility whether considered alone or in interaction with age. However, among highly dissociative children, more trauma symptoms were associated with greater inaccuracy, whereas trauma symptoms were not associated with increased error for children who were lower in dissociative tendencies. Implications of the findings for understanding eyewitness memory in maltreated children are discussed.

Methodological issues and practical strategies in research on child maltreatment victims' abilities and experiences as witnesses.

Chae, Yoojin, Goodman, Gail S., Bederian-Gardner, Daniel, Lindsay, Adam. *Child Abuse & Neglect*, Vol 35(4), Apr, 2011. pp. 240-248.

Abstract:

Modern scientific research on child maltreatment victims' memory abilities and court experiences has informed and guided legal professionals, policy makers, mental health professionals, and the lay public for nearly three decades. The importance of addressing legal, psychological, and clinical issues on behalf of child witnesses has spawned an abundance of research. For the past several decades, our laboratory has conducted a number of research projects to examine child maltreatment victims' abilities and experiences as witnesses. In this paper, we first review several scientific studies performed by our laboratory with maltreated children and adults. Specifically, we describe some of the laboratory's key studies on maltreated children's memory and suggestibility and then some of our key studies on maltreated children's reactions to criminal and dependency court, including their later reactions as adults. Following this, we address practical strategies used to deal with many of the challenges involved in child witness research projects when actual child victims are involved. We focus on methods for recruiting maltreatment victims, seeking informed consent for research participation, ensuring representativeness of samples, selecting appropriate interview questions and questionnaires, and retaining participants longitudinally. When considering each of these, we first address a number of general points, and then separately discuss problems and practical strategies that emanate from research on memory and suggestibility of maltreated children, followed by problems and practical strategies that arise in research on children's legal involvement. The one exception is that in considering practical challenges of conducting longitudinal research, the issues for memory and suggestibility research and those for children's legal involvement studies largely overlap and are discussed together.

A call for field-relevant research about child forensic interviewing for child protection.

Olafson, Erna. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*, Vol 21(1), Jan, 2012. pp. 109-129.

Abstract:

This article reviews some sensitivity versus specificity imbalances in forensic investigations of child sexual abuse. It then proposes the development or further testing of additional approaches for those children who do not respond to the current, single-interview National Institute of Child Health and Human Development (NICHD) protocol. Although there are other interview protocols based on similar principles, the NICHD protocol has the strongest evidence base in both field and laboratory studies to elicit detailed and accurate information from children. Adaptations of the NICHD protocol or additional approaches need to be developed and tested for nondisclosing, partially disclosing, or recanting children, very young children, children with developmental disabilities, and children whose sexual abuse allegations are evaluated in the context of custody or visitation disputes.

Interviewing children versus tossing coins: Accurately assessing the diagnosticity of children's disclosures of abuse.

Lyon, Thomas D., Ahern, Elizabeth C., Scurich, Nicholas. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*, Vol 21(1), Jan, 2012. pp. 19-44.

Abstract:

We describe a Bayesian approach to evaluating children's abuse disclosures and review research demonstrating that children's disclosure of genital touch can be highly probative of sexual abuse, with the probative value depending on disclosure spontaneity and children's age. We discuss how some commentators understate the probative value of children's disclosures by: confusing the probability of abuse given disclosure with the probability of disclosure given abuse, assuming that children formally questioned about sexual abuse have a low prior probability of sexual abuse, misstating the probative value of abuse disclosure, and confusing the distinction between disclosure and nondisclosure with the distinction between true and false disclosures. We review interviewing methods that increase the probative value of disclosures, including interview instructions, narrative practice, noncontingent

reinforcement, and questions about perpetrator/caregiver statements and children's reactions to the alleged abuse.

A response to commentary on Faust, Bridges, and Ahern's (2009) "Methods for the identification of sexually abused children".

Ahern, David C., Bridges, Ana J., Faust, David. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*, Vol 21(2), Mar, 2012. Special issue: Male and female survivors of sexual abuse. pp. 210-219.

Abstract:

Responds to the comments made by M. D. Everson and K. C. Faller (see record 2012-04562-004) & T. D. Lyon et al (see record 2012-04562-003) on the current authors' chapters in the book *The Evaluation of Child Sexual Abuse Allegations: A Comprehensive Guide to Assessment and Testimony* (see record 2009-01883-000). Our series of three chapters (Faust, Bridges, & Ahern, 2009a, 2009b; Bridges, Faust, & Ahern, 2009) on the methodology of identifying sexually abused children elicited a number of comments, both supportive and critical. The criticisms appear related to three primary issues or apparent misconceptions of our work, perhaps due in part to incomplete exposition or ambiguity in presented material: our use of hypotheticals, our argument against "double-dipping," and our use of Bayesian analyses. We address each of these criticisms here in the hope of clarifying any misunderstandings and contributing in a constructive way to progress in this critical arena.

Commentaries on contested issues in the evaluation of child sexual abuse allegations: Introduction to the current commentaries.

Faller, Kathleen Coulborn, Everson, Mark D., *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*, Vol 21(2), Mar, 2012. Special issue: Male and female survivors of sexual abuse. pp. 200-202.

Abstract:

The Evaluation of Child Sexual Abuse Allegations: A Comprehensive Guide to Assessment and Testimony is composed of 20 chapters written by scholars with diverse areas of expertise, such as clinical decision making, child forensic interviewing, research on memory and suggestibility, and professional ethics. The majority of chapters offer excellent reviews of relevant research as well as practical guidelines for forensic evaluators seeking to update to best practice standards. However, at least four chapters in the Kuehnle and Connell (2009) book dispute the validity of long-established forensic methodology. Because of concerns that such criticisms of established practice may be mistaken by the courts and child welfare professionals as representative of empirical or expert consensus, we assembled a group of experienced forensic evaluators and respected child maltreatment researchers to prepare articles that challenge the most troubling chapters in the Kuehnle and Connell book. The resulting six articles were published as a recent special issue of the *Journal of Child Sexual Abuse (JCSA)* (2012, Volume 21, Issue 1) entitled, "Contested Issues in the Evaluation of Child Sexual Abuse Evaluations." The six commentaries in this section continue the discussion of this critical debate about what constitutes appropriate practice in CSA evaluations. The reader is cautioned that each commentary represents only one side of the debate. As authors of two of the JCSA special issue articles (Everson & Faller, 2012; Faller & Everson, 2012), we urge the reader to refer to the special issue articles, as well as the original Kuehnle and Connell chapters, for a more complete perspective.

Editor's preface to the special issue.

Geffner, Robert (Ed). *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*, Vol 21(1), Jan, 2012. pp. 1-2.

Abstract:

Over the past three decades, there have been contested issues and controversies about the most appropriate and effective techniques for investigating and forensically interviewing children when sexual abuse allegations occur. The current special issue of the *Journal of Child Sexual Abuse* focuses on some of the controversies and contested issues, and also challenges some of the ideas advanced by some authors in the Kuehnle and Connell book. Commentaries by some of the authors of this special issue and other experts in the field will also be published. It is hoped that this exchange will enable greater consensus about evaluating child sexual abuse allegations, thereby ensuring that children who

have been sexually abused are identified in the evaluation or investigation of the allegations, and that children who have not been sexually abused are also correctly categorized.

Children's memory for their mother's murder: Accuracy, suggestibility, and resistance to suggestion.

McWilliams, Kelly, Narr, Rachel, Goodman, Gail S., Ruiz, Sandra, Mendoza, Macaria, Memory, Vol 21(5), Jul, 2013. Special issue: Memory and The Law: Case Studies. pp. 591-598.

Abstract:

From its inception, child eyewitness memory research has been guided by dramatic legal cases that turn on the testimony of children. Decades of scientific research reveal that, under many conditions, children can provide veracious accounts of traumatic experiences. Scientific studies also document factors that lead children to make false statements. In this paper we describe a legal case in which children testified about their mother's murder. We discuss factors that may have influenced the accuracy of the children's eyewitness memory. Children's suggestibility and resistance to suggestion are illustrated. Expert testimony, based on scientific research, can aid the trier of fact when children provide crucial evidence in criminal investigations and courtroom trials about tragic events.

Deficient cognitive control fuels children's exuberant false allegations.

Poole, Debra Ann, Dickinson, Jason J., Brubacher, Sonja P., Liberty, Allison E., Kaake, Amanda M., (2014). Journal of Experimental Child Psychology, Vol 118, Feb, 2014. pp. 101-109.

Abstract:

In eyewitness studies as in actual investigations, a minority of children generate numerous false (and sometimes incredulous) allegations. To explore the characteristics of these children, we reinterviewed and administered a battery of tasks to 61 children (ages 4–9 years) who had previously participated in an eyewitness study where a man broke a "germ rule" twice when he tried to touch them. Performance on utilization, response conflict (Luria tapping), and theory of mind tasks predicted the number of false reports of touching (with age and time since the event controlled) and correctly classified 90.16% of the children as typical witnesses or exuberant (more than 3) false reporters. Results of a factor analysis pointed to a common process underlying performance on these tasks that accounted for 49% of the variability in false reports. Relations between task performance and testimony confirmed that the mechanisms underlying occasional intrusions are different from those that drive persistent confabulation and that deficient cognitive control fuels young children's exuberant false reports.

Research on Suggestibility in Adults

Constructing rich false memories of committing crime

Shaw & Porter, 2015

This is the first study to provide evidence suggesting that full episodic false memories of committing crime can be generated in a controlled experimental setting. With suggestive memory retrieval techniques, participants were induced to generate criminal and noncriminal emotional false memories, and we compared these false memories with true memories of emotional events. After three interviews, 70% of participants were classified as having false memories of committing a crime (theft, assault, or assault with a weapon) that led to police contact in early adolescence and volunteered a detailed false account. These reported false memories of crime were similar to false memories of noncriminal events and to true memory accounts, having the same kinds of complex descriptive and multisensory components. It appears that in the context of a highly suggestive interview, people can quite readily generate rich false memories of committing crime.

- 70 students met the participation criteria, and the first 60 eligible students participated in the interview stage (Phase 2) in exchange for \$50.
- Used a modified familial-informant false narrative paradigm to attempt to convince young adult participants that they had committed a crime when they were between the ages of 11 and 14.
- They were asked about both the true and the false memory in each of the three interviews.
- Questionnaire sent to their primary caregivers. The questionnaires were returned by the caregivers of 91 participants, of whom 70 were deemed eligible to participate.
- Eligibility was based on the caregiver reporting that the participant had experienced at least one highly emotional event in the specified time frame, had not experienced any of the target criminal events, and had never had police contact.
- Instructed caregivers to not discuss any of the events with the participants under any circumstances until the end of the study.
- In Phase 2 of the study, participants completed three interviews, at approximately 1-week intervals. The interviews were on average around 40 min long.
- One that the participant had experienced (true event) and one that the participant had not experienced (false event), were verbally presented to the participant. The true event was always presented first in an effort to maximize the researcher's credibility.
- They were asked to use context reinstatement and guided imagery to retrieve the memory.
- The strategies that were employed throughout all interviews in this study were based on literature regarding factors that facilitate the generation of false confessions (e.g., Kassin et al., 2012). The tactics that were scripted into all three interviews included incontrovertible false evidence ("In the questionnaire, your parents/caregivers said. . ."), social pressure ("Most people are able to retrieve lost memories if they try hard enough"), and suggestive retrieval techniques (including the scripted guided imagery).
- (70%) were classified as having false memories of being involved in the criminal event resulting in police contact.
- Participants reported significantly more event details for true than for false memories, had more confidence in true than in false memories, and reported that their true memories were more vivid than their false memories.
- The t-tests also revealed that for participants classified as having false memories, there were no significant differences between the true and false memories in the number of cognitive-operations details, reported anxiety during the event, or the presence of any of the sensory components.

- Not only could the young adults in our sample be led to generate such memories, but their rate of false recollection was high, and the memories themselves were richly detailed. Additionally, false memories for perpetrating crime showed signs that they may have been generated in a way that is similar to the way in which false memories for noncriminal emotional memories are generated. False memories for committing crime also shared many characteristics with true memories.
- Our results align with the literature suggesting that exposure to misinformation provided by interviewers can lead to major distortions in memory (Morgan et al., 2013), and that malleable reconstructive mechanisms may be fundamental to episodic remembering
- Fuzzy trace theory (Brainerd & Reyna, 2002), propose that a memory may be retrieved not by accessing a fixed representation of a past event, but rather by reactivating incomplete fragments that can be either distorted or accurate, and that may have arisen from other real events. This implies that false memories may actually be recalled in a way that is surprisingly similar to how memories for real events are retrieved.
- True and false memories have many similar features—including being highly detailed and multisensory. These results are also in line with neuroimaging research showing that true and false memories evoke similar brain activation patterns (Stark et al., 2010), and that even highly emotional content may not reliably indicate memory accuracy.
- The relevance of imagination for false memories may be partially explained by the source-monitoring framework (e.g., Johnson, Hashtroudi, & Lindsay, 1993), which refers to people’s tendency to confuse imagination with reality. Individuals who are recalling details from a visualization exercise or experimenter misinformation can forget the source of their ideas and may think they are recalling details from a genuine experience.
- In particular, it has been shown that forced-fabrication paradigms, such as the one used here, lead participants to incorporate causally relevant misinformation into memory over time so as to help make sense of events that participants accept or believe happened but cannot remember (e.g., Chrobak & Zaragoza, 2008). In other words, imagined memory elements regarding what something could have been like can turn into elements of what it would have been like, which can become elements of what it was like.
- This plausibility shift has been supported by the work of Mazzoni, Loftus, and Kirsch (2001), who suggested that perceived plausibility needs to pass only a relatively low threshold in order for a personalized manipulation to produce changes in belief that may then be incorporated into memory.
- Our participants were as willing to accept false criminal accounts as they were to accept false noncriminal accounts.

Corrigendum: Constructing rich false memories of committing crime

Shaw & Porter, 2015

Main Findings

Only one finding of interest in the original article was nonsignificant in the corrected analysis: The article reported that “*participants were found to be significantly more likely to report adopting multiple perspectives (i.e., being able to see themselves in the memory as well as to see things from their own perspective) in the true than in the false memory*” (pp. 297–298); however, as shown in Table 1, that difference was not significant in the corrected analysis. Other changes of note include the following. The mean number of total details recalled for false memories was 64.95 (not 71.76). This was because incorrect cells were included in the original calculation of the details for participants told they had committed assault and assault with a weapon. The mean number of details recalled for assault was 66.25 (not 75.63), and the mean number of details recalled for assault with a weapon was 62.29 (not 71.29).

False Memories of Fabricated Political Events

Steven J. Frenda (2013)

In the largest false memory study to date, 5,269 participants were asked about their memories for three true and one of five fabricated political events. Each fabricated event was accompanied by a photographic image purportedly depicting that event. Approximately half the participants falsely remembered that the false event happened, with 27% remembering that they saw the events happen on the news. Political orientation appeared to influence the formation of false memories, with conservatives more likely to falsely remember seeing Barack Obama shaking hands with the president of Iran, and liberals more likely to remember George W. Bush vacationing with a baseball celebrity during the Hurricane Katrina disaster. A follow-up study supported the explanation that events are more easily implanted in memory when they are congruent with a person's preexisting attitudes and evaluations, in part because attitude-congruent false events promote feelings of recognition and familiarity, which in turn interfere with source attributions

- Over 5,000 subjects were asked if they remembered fabricated political events.
- About half of the sample showed evidence of memory distortion.
- Political preferences appeared to guide the formation of false memories.
- Suggestions that are congruent with prior attitudes and evaluations can produce feelings of familiarity and recognition.
- These can in turn bias source judgments, leading to false memories

Misinformation can influence memory for recently experienced, highly stressful events

C.A. Morgan III (2012)

A large body of research has demonstrated that exposure to misinformation can lead to distortions in human memory for genuinely experienced objects or people. The current study examined whether misinformation could affect memory for a recently experienced, personally relevant, highly stressful event. In the present study we assessed the impact of misinformation on memory in over 800 military personnel confined in the stressful, mock POW camp phase of Survival School training. Misinformation introduced after the negatively affected memory for the details of the event (such as the presence of glasses or weapons), and also affected the accuracy of identification of an aggressive interrogator. In some conditions more than half of the subjects exposed to a misleading photograph falsely identified a different individual as their interrogator after the interrogation was over. These findings demonstrate that memories for stressful events are highly vulnerable to modification by exposure to misinformation, even in individuals whose level of training and experience might be thought to render them relatively immune to such influences.

- the “misinformation effect”. The term refers to the errors in recalling the details of a past event made by individuals who were subsequently exposed to false or erroneous information about the event. The misinformation effect appears to operate largely outside a person's awareness. That is, when people claim erroneously that they have seen the misinformation details, they seem to truly believe that they did.
- false memory endorsements about non-trivial items (i.e., weapons) were observed in at least 27% of participants. Even higher endorsement rates, upwards of 80% of participants, occurred with respect to misinformation about uniforms or human faces. That we were able to alter memory for such non trivial events in military personnel trained to resist propaganda and exploitation techniques extends the applicability of false memory research to a wider population than heretofore examined, and suggests that these observations should be taken seriously by professionals who work with victims of traumatic stress and who interact with the criminal justice system.

- Consistent with previous reports suggesting that misinformation is more readily accepted by a person when the misinformation is paired with someone who is trusted or who is familiar to that person,
- Thus, it may be that misinformation is more likely to be accepted when presented in association with persons perceived, by the recipients, to be in positions of authority.

The impact of interrogation stress on compliance and suggestibility in U.S. military special operations personnel

Morgan (2020)

Summary The present study was performed to test whether acute stress exposure would significantly increase human compliance and suggestibility. One hundred active duty military participants enrolled in military survival school training were randomized to receive the Gudjonsson Compliance and Suggestibility Scales (GCS and GSS) prior to, during or after exposure to interrogation stress. All participants were also assessed prior to, and after stress exposure for symptoms of dissociation. Stress exposure significantly increased compliance in individuals who exhibited a pre-stress propensity to dissociation; stress exposure significantly increased suggestibility. These data support the view that some individuals are more likely than others to experiencing an increase in compliance and in suggestibility if exposed to interrogation stress. These data also suggest that individuals who are vulnerable to stress induced increases in suggestibility and compliance can be identified using psychological measures of dissociation.

Reconstructing alcohol-induced memory blackouts

Robert A. Nash (2011)

Blackouts therefore afford an excellent opportunity to study the strategies people use to reconstruct forgotten experiences. We conducted a survey of university students to explore how people choose to reconstruct blackouts, and the likely accuracy of these reconstructions. Our findings add to the growing research literature on people's strategies for validating their past experiences, and highlight the important role of external sources in the reconstruction process. The data show that people's desire to "fill in the blanks" can lead them to rely on rather unreliable sources, and may also encourage them to adopt weaker source-monitoring criteria. Indeed, in at least some cases reconstructing blackouts appears to lead to the development of false beliefs or memories.

- A total of 280 students (78.2% female; age M 22.2 years, SD 5.10, Range 18 47) voluntarily completed an Internet survey investigating students' experiences of the effects of alcohol on memory.
- Section 1. The first section of the survey assessed participants' evaluations of different strategies for reconstructing blackouts. We told participants to imagine they went to a party and drank a lot of alcohol, but the next morning they remembered nothing that happened after arriving. We then asked participants how motivated they would be to find out what happened at the party and how motivated they would be to use each of eight strategies . . . to this end.
- Finally in this section, our participants rated how reliable they thought each strategy would be for obtaining accurate information.
- Section 2. The second section asked participants about their experience of helping others to reconstruct blackouts. We asked whether any of the following statements were true of at least one such occasion: (1) "some of the details may have been unintentionally inaccurate"; (2) "I made up some of the details"; (3) "I gave the other person an entirely made-up account of what they did." Where applicable, participants were asked to describe what they had told the blackout sufferer, and the reasons for their possible inaccuracies.
- Section 3. Section 3 asked about participants' experiences of reconstructing their own blackouts.

- Participants first reported whether they had ever experienced a partial or total blackout. Participants who selected “Total” or “Partial” were asked to select which if any external source types (intoxicated people; non-intoxicated people; photos/videos; other physical evidence) they had relied on to reconstruct real blackouts.
- Finally they were asked whether they had ever learnt that they did something during a blackout, only to discover later that it never really happened.
- Overall, participants said they would be highly motivated to reconstruct a blackout.
- Blackout sufferers were relatively more motivated to rely on friends who had been intoxicated
- When blackout sufferers reported the external sources they had consulted to reconstruct real blackouts, we observed that consulting intoxicated people was somewhat more common.
- Although our retrospective data rely on self-reports, and so are vulnerable to recollection biases and errors, they suggest that when people reconstruct forgotten recent episodes just as when verifying childhood memories they tend to rely on rather unreliable information sources.
- One interesting finding was that blackout sufferers as compared to drinkers who had never experienced a blackout placed significantly more confidence in the reliability of intoxicated people, and said they would be more motivated to obtain information from them.

Assessing the Diagnosticity of a Persuasion-Based and a Dialogue-Based Interrogation

Approach

Joseph Eastwood, 2020

The current study assessed the relative propensity of a persuasion-based and a dialogue-based interrogation approach to generate true and false confessions (i.e., their diagnosticity). Following the Russano cheating paradigm, participants were first either induced or not induced to cheat on an experimental task to create innocent and guilty conditions. An experimenter, blind to the participants’ guilt or innocence, then attempted to generate a confession using a persuasion-based or a dialogue based interrogation approach. Chi-square analyses showed that both interrogation approaches generated an equally high proportion of true confessions from guilty participants (95% for both approaches; $p = 0.942$) but that the persuasion-based approach generated substantially more false confessions from innocent participants than the dialogue-based approach (45% vs. 0%, respectively; $p = 0.001$). The dialogue-based approach’s clear advantage over the persuasion-based approach in this study adds to the call for law enforcement organizations to utilize dialogue-based approaches within real-world interrogations.

- The predominant interrogation approach utilized in North America today is the Reid Technique and similar accusatorial style approaches (Inbau et al. 2011; Miller et al. 2018). The Reid technique can be classified as a persuasion based approach as it uses psychologically manipulative tactics to try and generate confessions from suspects deemed likely to be guilty (Meissner and Russano 2003).
- These tactics include having the interrogator stress that they are certain of the guilt of suspect at the beginning of the interrogation (e.g., “There is no doubt in my mind that you took the money”; direct positive confrontation), providing face-saving justifications that minimize and normalize the crime (e.g., “Maybe you just took the money to help buy food for your family; theme development), not allowing the suspect to voice denials regarding their involvement in the crime, and eventually presenting the suspect with two options for why they committed the crime, one reprehensible and one understandable (e.g., Did you steal the money to buy drugs, or to buy food for your family?; alternative question). It is argued that systematic application of these tactics through the Reid technique’s nine-step

process will cause many suspects to confess to their involvement in a criminal offence (Inbau et al. 2011).

- Kassin and Kiechel (1996) found that over 90% of participants falsely confessed to making a computer crash when presented with untrue inculpatory evidence
- A collaboration of academics and law enforcement officers in the UK created the PEACE model of investigative interviewing in the early 1990s (see Snook et al. 2010). PEACE is an acronym for the five stages of the interview process: Preparation and Planning, Engage and Explain, Account, Closure, and Evaluation. The PEACE model is an inquisitorial method that employs a noncoercive information gathering approach to interviewing all interviewee types (Meissner and Russano 2003; Snook et al. 2010; Gudjonsson and Pearse 2011).
- Unlike the Reid technique and similar approaches, PEACE contains no tactics designed to explicitly generate an admission or confession from the suspect and instead focuses primarily on generating dialogue with a suspect which can then be compared with the existing case evidence to determine veracity (see Centrex 2004).
- Analyses of confession rates in the UK before and after the implementation of the PEACE model, however, show similar rates of confessions (Hartwig et al. 2005).
- A fundamental feature of an effective interrogation approach is its diagnosticity—the ability to generate true confessions from guilty suspects while not generating false confessions from innocent suspects.
- The sample consisted of 80 students
- The two interrogation scripts were designed to represent either a persuasion-based approach or a dialogue-based approach. Both approaches contained two pieces of evidence that supported the experimenter’s belief in the participant’s guilt—identical wrong answers on a specific question in the individual problem-solving task and that the confederate suggested to the experimenter that the participant had in fact helped on that question. In the persuasion-based approach, the experimenter used the following script to try and elicit a confession:
 - Both persuasion-based and dialogue-based approaches were highly effective at eliciting true confessions—approximately 95% of guilty participants in both conditions confessed.
 - The persuasion-based approach elicited substantially more false confessions than the dialogue-based approach (45% vs. 0%, respectively).
 - There was a notable difference across interrogation conditions for innocent participants. Specifically, almost half of the participants in the persuasion-based condition provided a false confession compared with no false confessions within the dialogue based condition.
 - Not a single participant in the innocent condition provided a false confession—despite this appearing to be a key motivator for guilty participants to confess.

3. Memory for Traumatic Events

Dr. Dutton explains:

Memories for mildly to moderately traumatic events tend to stay more stable over time than memories of boring or mundane events. Memories may be impacted negatively by severely traumatic events. Severe trauma may negatively impact memory—especially if the trauma overwhelms the brain's ability to process sensory information or transfer information from short to long term memory.

Areas of Inquiry and Summary for Expert Testimony and Supporting Research Citations
Wendy A. Dutton, M.A., Ph.D., LPC, February 2022

Articles cited by Dutton:

Engelberg & Christianson, 2002; Fivush, 1998; Goodman et al, 2017; Goodman, et al 2019.

Research on Trauma and Memory

Dissociation and the fragmentary nature of traumatic memories: Overview.

Bloom, Sandra L.

British Journal of Psychotherapy, Vol 12(3), Spr 1996. pp. 352-361.

Abstract:

Reviews studies of people's memories of highly stressful and of traumatic experiences, focusing on the differences between recollections of these 2 types of events. Research shows that accuracy of memory is affected by the emotional valence of an experience such that highly personal events are remembered more accurately. However, trauma can lead to extremes of remembering and forgetting that can be categorized into 4 sets of functional disturbances: traumatic amnesia, global memory impairment, dissociative processes, and the sensorimotor organization of traumatic memories. The evidence for dissociation as the central pathogenic mechanism that gives rise to posttraumatic stress disorder (PTSD) is reviewed. Brief clinical material from various groups, including combat soldiers, is provided.

Memory for acute stress disorder symptoms: A two-year prospective study.

Harvey, Allison G. and Bryant, Richard A.

Journal of Nervous and Mental Disease, Vol 188(9), Sep, 2000. pp. 602-607.

Abstract:

Examined the accuracy of memory for acute trauma symptoms by comparing the symptoms reported by motor vehicle accident (MVA) victims within 1 mo posttrauma with the recall of these symptoms at 2 yrs posttrauma. 92 consecutive MVA admissions (aged 17–63 yrs) were assessed for the presence of acute stress disorder (ASD) within 1 mo posttrauma. At 2 yrs posttrauma, 56 Ss were reassessed for posttraumatic stress disorder (PTSD) and for accuracy of recall of the symptoms reported during the 1st assessment. At least 1 of the 4 ASD diagnostic clusters was recalled inaccurately by 75% of patients. High levels of posttraumatic stress severity and high subjective ratings of injury severity at 2 yrs posttrauma were associated with errors of addition (i.e., recalling the presence of acute symptoms 2 years posttrauma that were not reported during the first assessment). Low levels of posttraumatic stress severity and low subjective ratings of injury severity at 2 yrs posttrauma were associated with errors of omission (i.e., omitting to recall acute symptoms 2 yrs posttrauma that were reported during the 1st assessment). These results suggest that retrospective reports of acute stress symptoms should be interpreted cautiously because of the influence of current symptoms on recall of acute symptoms.

'Review and critique of the new DSM-IV diagnosis of acute stress disorder': Comment.

Bryant, Richard A. and Harvey, Allison G.

The American Journal of Psychiatry, Vol 157(11), Nov, 2000. pp. 1889-1890.

Abstract:

Comments on the article by R. D. Marshall et al (see record 1999-01651-001) which raised considerations regarding the diagnosis of acute stress disorder. The present authors question the evidence on which Marshall et al base their conclusions that dissociation should be removed as a

core diagnostic feature of acute stress disorder. The retrospective studies of acute trauma reactions that Marshall et al cite are flawed because mood-related memory bias renders the accuracy of retrospective reports as questionable. Only one of three prospective studies cited employed a validated diagnostic measure of acute stress disorder. Four key studies not cited found that 78%–83% of individuals with acute stress disorder subsequently developed posttraumatic stress disorder (PTSD). Rather than prematurely deciding the worth of acute stress diagnosis at this juncture, it is important to conduct prospective studies that employ standardized measures that will define the optimal criteria for acute stress disorder.

Posttraumatic stress disorder following assault: The role of cognitive processing, trauma memory, and appraisals.

Halligan, Sarah L., et al.

Journal of Consulting and Clinical Psychology, Vol 71(3), Jun, 2003. pp. 419-431.

Abstract:

Two studies of assault victims examined the roles of (a) disorganized trauma memories in the development of posttraumatic stress disorder (PTSD), (b) peritraumatic cognitive processing in the development of problematic memories and PTSD, and (c) ongoing dissociation and negative appraisals of memories in maintaining symptomatology. In the cross-sectional study (n=81), comparisons of current, past, and no-PTSD groups suggested that peritraumatic cognitive processing is related to the development of disorganized memories and PTSD. Ongoing dissociation and negative appraisals served to maintain PTSD symptoms. The prospective study (n=73) replicated these findings longitudinally. Cognitive and memory assessments completed within 12-weeks postassault predicted 6-month symptoms. Assault severity measures explained 22% of symptom variance; measures of cognitive processing, memory disorganization, and appraisals increased prediction accuracy to 71%.

Autobiographical memories of anxiety-related experiences.

Wenzel, Amy, et al.

Behaviour Research and Therapy, Vol 42(3), Mar, 2004. pp. 329-341.

Abstract:

Ninety-nine undergraduate students retrieved three memories associated with each of the five emotional experiences: panic, trauma, worry, social anxiety, and feeling content. Subsequently, they answered 24 questions assessing properties of each memory, including the vividness and perceived accuracy of the memories and sensory, emotional, and anxiety-related experiences during retrieval. Memories were coded for affective tone and specificity. Results indicated that panic-related and trauma-related memories were rated similarly as content memories, but that they generally were associated with more imagery and emotional experiencing than worry-related or social anxiety-related memories. Participants experienced panic and worry symptoms to the greatest degree when they retrieved panic-related and trauma-related memories. All anxiety-related memories were characterized by more negative tone than content memories. Panic-related and trauma-related memories were more specific than worry-related, social anxiety-related, and content memories. These findings can explain partially why individuals with some, but not all, anxiety disorders experience enhanced memory for threatening material.

Traumatic memories are not necessarily accurate memories.

Laney, Cara and Loftus, Elizabeth F.

The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie, Vol 50(13), Nov, 2005.

Abstract:

Some therapists, as well as other commentators, have suggested that memories of horrific trauma are buried in the subconscious by some special process, such as repression, and are later reliably recovered. We find that the evidence provided to support this claim is flawed. Where, then, might these memory reports come from? We discuss several research paradigms that have shown that various manipulations can be used to implant false memories--including false memories for traumatic events. These false memories can be quite compelling for those who develop them and can include details that make them seem credible to others. The fact that a memory report describes a traumatic event does not ensure that the memory is authentic.

The influence of emotion on memory in forensic settings.

Reisberg, Daniel and Heuer, Friderike.

The handbook of eyewitness psychology, Vol I: Memory for events. Toglia, Michael P., (Ed); Read, J. Don, (Ed); Ross, David F., (Ed); Lindsay, R. C. L., (Ed); pp. 81-116; Mahwah, NJ, US: Lawrence Erlbaum Associates Publishers; 2007. xii, 703 pp.

Abstract:

Being the witness or victim of a crime is in most cases a highly emotional experience--during the crime itself and in the minutes (or months) afterward. If the crime involves or threatens violence, the witnesses and victims are likely to feel fear. Other crimes will leave the witnesses and victims feeling angry, and still other crimes might trigger an episode of emotional disturbance (e.g., anxiety or depression) that continues long after the crime itself. And in some cases, these emotional reactions will be quite strong--perhaps rising to the level we call trauma. How will these various aspects of emotion influence the witness's or victim's memory? How will they influence the completeness, accuracy, or longevity of the memory, or the ease with which the memory can be retrieved later on? These issues set the agenda for this chapter. In the chapter's first section, we review evidence that indicates that moderate levels of emotion promote memory--at least for an event's central aspects or gist. In the next section, we turn to evidence that suggests that the same levels of emotion may have the opposite effect, undermining memory, for more peripheral aspects of an event. In the following section, we consider the memory effects of stronger emotion and trauma. We next consider at length the memory effect of stress. We then turn to a different issue, asking how emotion, experienced during an event, can influence the ease with which the event can be recalled; we move from this to a consideration of the highly contentious claim that emotion during an event can cause that event to be 'repressed' later on, and thus not available for recall. We then shift our focus and examine emotional memories in a group often of special interest for the legal system: children. Finally, we turn to a different issue--namely, the potential use of emotionality, associated with a memory, as a means of distinguishing which memories are correct and which are not.

New insights in trauma and memory: A special issue of Memory.

Geraerts, Elke, et al.

Memory, Vol 16(1), Jan, 2008. Special Issue: New insights in trauma and memory. pp. 1-2.

Abstract:

This special issue opens with three papers reporting research in people who have experienced traumatic events like combat or sexual abuse. The first article reports a prospective study examining the consistency papers reporting research in people who have experienced traumatic events like combat or of retrospective accounts of traumatic events reported by Dutch soldiers deployed to Iraq. This theme is continued in the next article which compares characteristics of traumatic memories for sexual violence with other types of emotional experiences. Third article examines memory functioning in people who report that they have forgotten being sexually abused as a child, only to recover it later in life. The next article presented is a critical review literature on retrospective accounts from adults reporting childhood sexual abuse (CSA) experiences from their childhood, as well as studies of children undergoing forensic evaluation for CSA. The second theme in this special issue relates to manipulation of memory functioning to address questions in the field of trauma and memory. An article examines the effect of emotional stress on voluntary and involuntary (intrusive) memories. Next, two other papers study the effects of manipulation on memory accuracy and the creation of false memories.

Trauma and memory: Effects of post-event misinformation, retrieval order, and retention interval.

Paz-Alonso, Pedro M. and Goodman, Gail S.

Memory, Vol 16(1), Jan, 2008. Special Issue: New insights in trauma and memory. pp. 58-75.

Abstract:

The present study concerned effects of misinformation, retrieval order, and retention interval on eyewitness memory for a traumatic event (a vivid murder). Relations between misinformation acceptance and compliance were also examined. The classic three-stage misinformation paradigm

(Loftus, 1979) was employed, with a multi-component recognition test added. Either immediately or 2 weeks after viewing a distressing film, 232 adults read a narrative (misleading or control) about the murder and then took a recognition test that tapped memory for central and peripheral details. Test-item order either matched the chronology of the film or was randomly determined. Significant misinformation effects were obtained. Moreover, control participants were more accurate in response to questions about central than peripheral information; however, this was not so for misinformed participants. Sequential but not random retrieval order resulted in a higher proportion of correct responses for central as opposed to peripheral misinformation questions. Compliance was significantly related to misinformation effects. Delay increased participants' suggestibility, impaired memory accuracy, and produced higher confidence ratings for misinformed participants compared to controls. Findings indicate that even for a highly negative event, adults' memory is not immune to inaccuracies and suggestive influences.

The organization of autobiographical and nonautobiographical memory in posttraumatic stress disorder (PTSD).

Jelinek, Lena, et al.

Journal of Abnormal Psychology, Vol 118(2), May, 2009. pp. 288-298.

Abstract:

Disorganized trauma memory seems to play an important role in the pathogenesis of posttraumatic stress disorder (PTSD). However, it is unclear whether memory organization of nonautobiographical material (i.e., sequence memory) is also impaired in PTSD. A novel task designed to assess nonautobiographical memory for content and order information was administered to trauma survivors with ($n = 26$) and without PTSD ($n = 55$) as well as to nontraumatized healthy adults ($n = 30$). In addition, traumatized participants were asked to give a detailed narrative of the traumatic event and an unpleasant autobiographical event. Transcripts of both types of narratives were analyzed with regard to disorganization. Results indicated that trauma memories were more disorganized than memories of an unpleasant event in the PTSD group in comparison with the non-PTSD group. However, no differences were found for memory organization of nonautobiographical material among trauma survivors with and without PTSD and nontraumatized controls. With regard to memory accuracy of nonautobiographical material, group differences were more strongly associated with trauma exposure than with PTSD.

Effect of personal involvement in traumatic events on memory: The case of the Dolphinarium explosion.

Nachson, Israel, et al.

Memory, Vol 18(3), Apr, 2010. pp. 241-251.

Abstract:

The association between memories of the terrorist explosion at the Dolphinarium discotheque in Tel Aviv and the level of personal involvement in the explosion was investigated. Memories of injured victims, uninjured eyewitnesses, and uninvolved controls who learned about the explosion from the mass media were compared. It was expected that memory of the explosion would be most and least detailed and accurate among the victims and the controls, respectively. The participants responded to an open-ended question about the explosion, as well as to specific and multiple-choice questions. Data analyses showed that the victims and the eyewitnesses remembered more details than the controls, and that the victims remembered both central and peripheral details more accurately than the other participants. Degree of involvement in the same traumatic experience was thus shown to be differentially associated with memory accuracy.

The effects of expressive and experiential suppression on memory accuracy and memory distortion in women with and without PTSD.

Moore, Sally A., et al.

Journal of Experimental Psychopathology, Vol 3(3), 2012. pp. 368-392.

Abstract:

Specific emotion regulation strategies impinge on cognitive resources, impairing memory accuracy; however, their effects on memory distortion have been largely unexamined. Further, little is known about the effects of emotion regulation on memory in individuals with posttraumatic

stress disorder (PTSD), who exhibit both emotion regulation and memory difficulties. We examined the effects of expressive suppression (i.e., concealing visible signs of emotion), experiential suppression (i.e., suppressing the subjective emotional experience), and control instructions on memory accuracy and distortion in trauma-exposed individuals with PTSD, those without PTSD, and psychologically healthy controls. Expressive and, to a lesser degree, experiential suppression led to poorer memory accuracy and both expressive and experiential suppression led to less memory distortion compared to control instructions. Participants with and without PTSD did not significantly differ. Under high cognitive load, irrelevant details may receive more processing, potentially leading to lower accuracy but improved processing of source information, preventing memory distortion.

Credibility of asylum claims: Consistency and accuracy of autobiographical memory reports following trauma.

Memon, Amina.

Applied Cognitive Psychology, Vol 26(5), Sep-Oct, 2012. pp. 677-679.

Abstract:

Comments on an article by Jane Herlihy, Laura Jobson & Stuart Turner (see record 2012-25654-001). Herlihy and colleagues (current issue) review the literature on the characteristics of autobiographical memory in asylum seekers who are presenting evidence of their traumatic experiences in the immigration courts with a view to finding a safe haven. In this commentary, I briefly discuss how the quality of the memory report may influence reliability and credibility judgements in individuals whose memories may be subject to post-traumatic stress disorder.

Attentional and executive functions are differentially affected by post-traumatic stress disorder and trauma.

Flaks, Mariana K., et al.

Journal of Psychiatric Research, Vol 48(1), Jan, 2014. pp. 32-39.

Abstract:

Background: Among the neurocognitive impairments observed in patients with Post-traumatic Stress Disorder (PTSD), attentional and executive dysfunctions appear to correlate with negative effects on education, work, daily life activities, and social relations, as well as the re-experiencing, avoidance, and hyperarousal symptoms of PTSD. However, there is no consensus regarding which aspects of attentional and executive functions are impaired in PTSD patients. Methods: Attentional and executive functions were assessed using the digit span (WAIS-III) and spatial span (WMS-III) tests under forward and backward recall conditions, the Stroop Test, and the Wisconsin Card Sorting Test (WCST). Our sample was composed of victims of urban violence who developed PTSD (PTSD+) (n = 81), victims of urban violence who did not develop PTSD (PTSD-) (n = 70), and healthy controls not exposed to trauma (HC) (n = 50). Results: The PTSD+ group had poorer performance on the spatial span forward subtest ($p = 0.023$; $\eta^2 = 0.038$) and poorer execution time ($p = 0.023$; $\eta^2 = 0.042$) and accuracy ($p = 0.019$; $\eta^2 = 0.044$) on the Stroop Test compared to HC. Conclusions: These data suggest that there are few differences between the PTSD+ and HC groups, which are restricted to less complex measures of attentional and executive functional processes (short term capacity, selective attention, processing speed, and inhibitory control) and are related to visual stimuli. Therefore, cognitive impairments directly correlated with the manifestation of PTSD.

Perspective: I believe what I remember, but it may not be true.

Morgan, Charles A. and Southwick, Steven.

Neurobiology of Learning and Memory, Vol 112, Jul, 2014. pp. 101-103.

Abstract:

A growing number of research findings have challenged the conception that memory for traumatic events is highly accurate or even indelible in nature. Research involving soldiers indicates that realistic levels of high stress decrease the accuracy of eyewitness memory. In addition, recent findings from several studies show quite clearly that memories for stressful events—including those from combat trauma—are malleable and vulnerable to alteration by exposure to misinformation. Under high stress, our brains facilitate the formation of 'gist' memories that allow

us to avoid future dangers but which may not contain the detail and precision demanded by the judicial system. Although mental health professionals ought to play a role in educating the courts about mental illness and trauma, it is unwise for them to become advocates for the idea that traumatic memories are indelible, factual accounts of events.

The legal system and memory for analogue traumatic experiences.

Segovia, Daisy A.. City U New York, US

Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 76(3-B)(E),

Abstract:

Trauma and its consequences are ubiquitous in the courtroom. Research on memory for trauma suggests there is reason to suspect that traumatized people may be prone to memory errors. Additionally, jurors' views of witnesses are important as they tend to mistrust evidence given by witnesses they believe to be not credible. If traumatized people are prone to errors, is there a way to safeguard against those errors and make jurors more trusting of their memory reports? In Part One, I polled participants on their views toward traumatized people and trauma memory (Study 1). Results of this study suggest people have somewhat positive views of traumatized people's memory and competency to testify. Results from Study 2 imply that these views may be unsubstantiated. In Study 2, participants watched a traumatic film with missing scenes. Some saw the scenes unfold in their correct temporal sequence; others saw a random sequence. I manipulated participants' conscious processing of that film via an instruction: some were told to focus on the meaning of the event (conceptual), some on the sensory details (data-driven), and some received no instruction (control). A week later, I gave participants a memory test. False recognition of missing clips was high but did not differ across groups. However, experimental participants were more likely than controls to falsely remember the traumatic, compared to non-traumatic, missing clips. Moreover, self-reported disorganization appeared more important to the malleability of people's trauma memories than objective measures. In Part Two (Study 3), I investigated whether cross-examination safeguarded participants' memory reports. Participants watched the same film used in Study 2. Then, participants underwent direct examination, which included misleading questions. Participants were accurate on specific questions, but they frequently yielded to misleading questions. Two days later, participants returned for an unexpected cross-examination and memory recognition test. Participants' interview and recognition accuracy worsened after cross-examination. Participants misremembered clips that were asked about in cross-examination more often than clips that were not. This research lends further evidence for the malleability of trauma memories and the need for the general public to be educated about this issue. Possible theoretical and practical implications are discussed.

Threat of death and autobiographical memory: A study of passengers from flight AT236.

McKinnon, Margaret C., et al.

Clinical Psychological Science, Vol 3(4), Jul, 2015. pp. 487-502.

Abstract:

We investigated autobiographical memory in a group of passengers onboard a transatlantic flight that nearly ditched at sea. The consistency of traumatic exposure across passengers, some of whom developed posttraumatic stress disorder (PTSD), provided a unique opportunity to assess verified memory for life-threatening trauma. Using the Autobiographical Interview, which separates episodic from nonepisodic details, passengers and healthy controls (HCs) recalled three events: the airline disaster (or a highly negative event for HCs), the September 11, 2001, attacks, and a nonemotional event. All passengers showed robust mnemonic enhancement for episodic details of the airline disaster. Although neither richness nor accuracy of traumatic recollection was related to PTSD, production of nonepisodic details for traumatic and nontraumatic events was elevated in PTSD passengers. These findings indicate a robust mnemonic enhancement for trauma that is not specific to PTSD. Rather, PTSD is associated with altered cognitive control operations that affect autobiographical memory in general.

False memories for an analogue trauma: Does thought suppression help or hinder memory accuracy?

Oulton, Jacinta M., et al.

Abstract:

In the current study, we investigated whether suppression can produce an amplified memory for a traumatic experience. Participants viewed a distressing film depicting a multi-fatality car accident. We broke the film down into several short clips, some of which were removed. After viewing the film, we instructed participants to (i) suppress and monitor film-related thoughts, (ii) think freely and monitor film-related thoughts or (iii) just think freely. Twenty-four hours later, participants completed a recognition test. Memory distortion was comparable across conditions; however, suppression and monitoring of trauma-related thoughts removed the typical bias to falsely remember the most critical and traumatic clips of the film over the least critical clips. Our data suggest that suppression may be effective in reducing trauma-related cognitions and, therefore, does not predict a more ‘amplified’ memory for trauma. Instead, suppression and thought monitoring encourage an unbiased, although inaccurate, memory for trauma.

Trauma memories on trial: Is cross-examination a safeguard against distorted analogue traumatic memories?

Segovia, Daisy A., et al.

Memory, Vol 25(1), Jan, 2017. pp. 95-106.

Abstract:

Trauma memories can feel more disorganised than more mundane memories. That may be problematic in legal contexts. Here we examined: (a) whether that disorganised feeling makes people more susceptible to suggestive questioning during direct examination; and (b) whether cross-examination is the safeguard it is purported to be: that is, we examined whether cross-examination can uncover and correct distorted trauma memories. We showed participants a film depicting a graphic car accident. For some participants, the film unfolded in a temporally disorganised way. We then interviewed participants immediately after the film regarding what they had seen: this ‘direct examination’ included free recall, cued recall and yes/no questions, some of which were misleading. Then, 48 hours later, a second interviewer cross-examined participants. Contrary to our predictions, neither manipulation of the film’s temporal organisation, nor participants’ self-reported feelings of event disorganisation significantly affected their accuracy of the film during direct or cross-examination nor their recognition memory of the film. Instead, we found that regardless of whether participants’ memories were distorted by the direct examination, the suggestive nature of the cross-examination introduced sufficient doubt that participants were willing to change their answers. We conclude that traumatic memories are vulnerable to suggestive questioning and, unfortunately, cross-examination is not the legal system’s fail-safe corrective influence.

4. Memory and Drift

Scientific research has shown that the passage of time and repetition of recalling an event degrades the accurate recall for a narrative event. There are a number of reasons tiny mistakes or embellishments might happen each time we recall past events, ranging from what we believe is true or wish were true, to what someone else told us about the past event, or what we want that person to think. And whenever these flaws happen, they can have long-term effects on how we'll recall that memory in the future.

How has the counterintuitive/CSA expert accounted for common phenomenon of memory drift due to decay, repeated reconstruction, and contamination (taint)? How are processes different that piece-meal disclosure? Here is a review of research literature on memory drift.

Warning signals, receiver psychology and predator memory

Michael P. Speed

Animal Behaviour. Volume 60, Issue 3, September 2000, Pages 269-278

Abstract

This review identifies four receiver psychology perspectives that are likely to be important in the design and evolution of warning signals. Three of these perspectives (phobia, learning and prey recognition) have been studied in detail, and I include a brief review of recent work. The fourth, a memory perspective, has received little attention and is developed here. A memory perspective asks, 'how might warning signals function to reduce forgetting of avoidances between encounters?'. To answer this question I review data from psychology literature that describe important features of animal long-term memory. These data suggest that components of warning signals may function to reduce forgetting (and therefore increase memorability) by (1) preventing forgetting of learnt prey discriminations; (2) jogging the memories of forgetful predators; and (3) biasing forgetting in favour of prey avoidance when the warning signal of a defended aposematic species is copied by an edible Batesian mimic. A combination of a learning and a memory perspective suggests that the features of aposematic prey that accelerate avoidance learning may also be the features that decelerate forgetting processes. If correct, this would have important implications for the comprehension of signal design. Finally, I suggest that the cryptic appearance of an edible prey may decelerate predator learning and accelerate predator forgetting, to the benefit of the prey. In terms of learning and memory, crypsis may be an antisignal.

A Model for Stochastic Drift in Memory Strength to Account for Judgments of Learning.

Sikström, S., & Jönsson, F. (2005). A Model for Stochastic Drift in Memory Strength to Account for Judgments of Learning. *Psychological Review*, 112(4), 932–950.

Abstract

Previous research has shown that judgments of learning (JOLs) made immediately after encoding have a low correlation with actual cued-recall performance, whereas the correlation is high for delayed judgments. In this article, the authors propose a formal theory describing the stochastic drift of memory strength over the retention interval to account for the delayed-JOL effect. This is done by first decomposing the aggregated memory strength into exponential functions with slow and fast memory traces. The mean aggregated memory strength shows power-function forgetting curves. The **drift** of the memory strength is large for immediate JOLs (causing a low predictability) and weak for delayed JOLs (causing a high predictability). Consistent with empirical data, the model makes a novel prediction of JOL asymmetry, or that immediate weak JOLs are more

predictive of future performance than are immediate strong JOLs. The JOL distributions for immediate and delayed JOLs are also accounted for.

A diffusion model analysis of adult age differences in episodic and semantic long-term memory retrieval.

Spaniol, J., Madden, D. J., & Voss, A. (2006). A diffusion model analysis of adult age differences in episodic and semantic long-term memory retrieval. *Journal of Experimental Psychology: Learning, Memory, and Cognition*, 32(1), 101–117.

Abstract

Two experiments investigated adult age differences in episodic and semantic long-term memory tasks, as a test of the hypothesis of specific age-related decline in context memory. Older adults were slower and exhibited lower episodic accuracy than younger adults. Fits of the diffusion model (R. Ratcliff, 1978) revealed age-related increases in nondecisional reaction time for both episodic and semantic retrieval. In Experiment 2, an age difference in boundary separation also indicated an age-related increase in conservative criterion setting. For episodic old-new recognition (Experiment 1) and source memory (Experiment 2), there was an age-related decrease in the quality of decision-driving information (drift rate). As predicted by the context-memory deficit hypothesis, there was no corresponding age-related decline in semantic drift rate.

Modeling the effects of payoff on response bias in a perceptual discrimination task: Bound-change, drift-rate-change, or two-stage-processing hypothesis

Adele Diederich & Jerome R. Busemeyer

Perception & Psychophysics volume 68, pages 194–207 (2006)

Abstract

Three hypotheses—the bound-change hypothesis, drift-rate-change hypothesis, and two-stage processing hypothesis—are proposed to account for data from a perceptual discrimination task in which three different response deadlines were involved and three different payoffs were presented prior to each individual trial. The aim of the present research was to show (1) how the three different hypotheses incorporate response biases into a sequential sampling decision process, (2) how payoffs and deadlines affect choice probabilities, and (3) the hypotheses' predictions of response times and choice probabilities. The two-stage-processing hypothesis gave the best account, especially for the choice probabilities, whereas the drift-rate-change hypothesis had problems predicting choice probabilities as a function of deadlines.

Individual differences in components of reaction time distributions and their relations to working memory and intelligence.

Schmiedek, F., Oberauer, K., Wilhelm, O., Süß, H.-M., & Wittmann, W. W. (2007). Individual differences in components of reaction time distributions and their relations to working memory and intelligence. *Journal of Experimental Psychology: General*, 136(3), 414–429.

Abstract

The authors bring together approaches from cognitive and individual differences psychology to model characteristics of reaction time distributions beyond measures of central tendency. Ex-Gaussian distributions and a diffusion model approach are used to describe individuals' reaction time data. The authors identified common latent factors for each of the 3 ex-Gaussian parameters and for 3 parameters central to the diffusion model using structural equation modeling for a battery of choice reaction tasks. These factors had differential relations to criterion constructs. Parameters reflecting the tail of the distribution (i.e., τ in the ex-Gaussian and **drift rate** in the diffusion model) were the strongest unique

predictors of working memory, reasoning, and psychometric speed. Theories of controlled attention and binding are discussed as potential theoretical explanations.

Aging and emotional memory: Cognitive mechanisms underlying the positivity effect.

Spaniol, J., Voss, A., & Grady, C. L. (2008). Aging and emotional memory: Cognitive mechanisms underlying the positivity effect. *Psychology and Aging*, 23(4), 859–872.

Abstract

Younger adults tend to remember negative information better than positive or neutral information (negativity bias). The negativity bias is reduced in aging, with older adults occasionally exhibiting superior memory for positive, as opposed to negative or neutral, information (positivity bias). Two experiments with younger ($N = 24$ in Experiment 1, $N = 25$ in Experiment 2; age range: 18–35 years) and older adults ($N = 24$ in both experiments; age range: 60–85 years) investigated the cognitive mechanisms responsible for age-related differences in recognition memory for emotional information. Results from diffusion model analyses (R. Ratcliff, 1978) indicated that the effects of valence on response bias were similar in both age groups but that Age $\times$ Valence interactions emerged in memory retrieval. Specifically, older adults experienced greater overall familiarity for positive items than younger adults. We interpret this finding in terms of an age-related increase in the accessibility of positive information in long-term memory.

*“Such a theory is provided by the diffusion model (e.g., Ratcliff, 1978; Ratcliff & McKoon, 2008; Ratcliff & Rouder, 1998; Ratcliff, Van Zandt, & McKoon, 1999). The basic assumptions of the diffusion model approach are that during a binary decision information accumulates continuously and that this accumulation of information can be described by a Wiener diffusion process. This Wiener diffusion process is characterized by a constant systematic component, **the so-called drift**, and by normally distributed random noise. The drift rate determines the average slope of the information accumulation process, that is, the speed and direction of information accumulation. The assumption of random noise explains that repeated processing of the same stimulus – or the same type of stimulus – results in different response times, and sometimes in different (i.e., erroneous) responses. Most importantly, the diffusion model can explain the skew typically found in empirical response time distributions (Ratcliff, 2002).” (p.2)*

Differentiation and response bias in episodic memory: Evidence from reaction time distributions.

Criss, A. H. (2010). Differentiation and response bias in episodic memory: Evidence from reaction time distributions. *Journal of Experimental Psychology: Learning, Memory, and Cognition*, 36(2), 484–499.

Abstract

In differentiation models, the processes of encoding and retrieval produce an increase in the distribution of memory strength for targets and a decrease in the distribution of memory strength for foils as the amount of encoding increases. This produces an increase in the hit rate and decrease in the false-alarm rate for a strongly encoded compared with a weakly encoded list, consistent with empirical data. Other models assume that the foil distribution is unaffected by encoding manipulations or the foil distribution increases as a function of target strength. They account for the empirical data by adopting a stricter criterion for strongly encoded lists relative to weakly encoded lists. The differentiation and criterion shift explanations have been difficult to discriminate with accuracy measures alone. In this article, reaction time distributions and accuracy measures are collected in a list-strength paradigm and in a response bias paradigm in which the proportion of test items that are targets is manipulated. Diffusion model analyses showed that encoding strength is

primarily accounted for by changes in the rate of accumulation of evidence (i.e., drift rate) for both targets and foils and manipulating the proportion of targets is primarily accounted for by changes in response bias (i.e., starting point). The diffusion model analyses is interpreted in terms of predictions of the differentiation models in which subjective memory strength is mapped directly onto drift rate and criterion placement is mapped onto starting point. Criterion shift models require at least 2 types of shifts to account for these findings.

Effects of aging and IQ on item and associative memory.

Ratcliff, R., Thapar, A., & McKoon, G. (2011). Effects of aging and IQ on item and associative memory. *Journal of Experimental Psychology: General*, 140(3), 464–487.

Abstract

The effects of aging and IQ on performance were examined in 4 memory tasks: item recognition, associative recognition, cued recall, and free recall. For item and associative recognition, accuracy and the response time (RT) distributions for correct and error responses were explained by Ratcliff's (1978) diffusion model at the level of individual participants. The values of the components of processing identified by the model for the recognition tasks, as well as accuracy for cued and free recall, were compared across levels of IQ (ranging from 85 to 140) and age (college age, 60–74 years old, and 75–90 years old). **IQ had large effects on drift rate in recognition and recall performance**, except for the oldest participants with some measures near floor. Drift rates in the recognition tasks, accuracy in recall, and IQ all correlated strongly. However, there was a small decline in drift rates for item recognition and a large decline for associative recognition and cued recall accuracy (70%). In contrast, there were large effects of age on boundary separation and nondecision time (which correlated across tasks) but small effects of IQ. The implications of these results for single- and dual-process models of item recognition are discussed, and it is concluded that models that deal with both RTs and accuracy are subject to many more constraints than are models that deal with only one of these measures. Overall, the results of the study show a complicated but interpretable pattern of interactions that present important targets for modeling.

Diffusion model drift rates can be influenced by decision processes: An analysis of the strength-based mirror effect.

Starns, J. J., Ratcliff, R., & White, C. N. (2012). Diffusion model drift rates can be influenced by decision processes: An analysis of the strength-based mirror effect. *Journal of Experimental Psychology: Learning, Memory, and Cognition*, 38(5), 1137–1151.

Abstract

Improving memory for studied items (targets) often helps participants reject nonstudied items (lures), a pattern referred to as the strength-based mirror effect (SBME). Criss (2010) demonstrated the SBME in diffusion **model drift rates**; that is, the target drift rate was higher and the lure drift rate was lower for lists of words studied 5 times versus lists of words studied once. She interpreted the drift rate effect for lures as evidence for the differentiation process, whereby strong memory traces produce a poorer match to lure items than do weak memory traces. However, she noted that strength may have also affected a model parameter called the drift criterion—a participant-controlled decision parameter that defines the zero point in drift rate. We directly contrasted the differentiation and drift-criterion accounts by manipulating list strength either at both encoding and retrieval (which produces a differentiation difference in the studied traces) or at retrieval only (which equates differentiation from the study list but provides the opportunity to change decision processes based on strength). **Across 3 experiments, results showed that drift rates for lures were lower on strong tests than on weak tests, and this effect was**

observed even when strength was varied at retrieval alone. Therefore, results provided evidence that the SBME is produced by changes in decision processes, not by differentiation of memory traces.

A novelty effect in phonetic drift of the native language

Charles B. Chang

Journal of Phonetics, Volume 41, Issue 6, November 2013, Pages 520-533

Abstract

Previous findings on adult second-language (L2) learners showed systematic phonetic changes in their production of the native language (L1) starting in the first weeks of L2 learning [Chang, C. B. (2012). Rapid and multifaceted effects of second-language learning on first-language speech production. *Journal of Phonetics*, 40, 249–268]. This “phonetic drift” of L1 production in novice L2 learners was consistent with reports of phonetic drift in advanced L2 learners; however, the fact that novice learners showed relatively pronounced drift was unexpected. To explore the hypothesis that this pattern is due to a novelty effect boosting the encoding and retrieval of elementary L2 experience, the current study compared the inexperienced learners analyzed previously (learners with no prior knowledge of the L2) to experienced learners enrolled in the same language program. In accordance with the hypothesis, experienced learners manifested less phonetic drift in their production of L1 stops and vowels than inexperienced learners, suggesting that progressive familiarization with an L2 leads to reduced phonetic drift at later stages of L2 experience. These findings contradict the assumption that L2 influence on the L1 is weakest at early stages of L2 learning and argue in favor of viewing the L1 and L2 both as dynamic systems undergoing continuous change.

Intonation in unaccompanied singing: Accuracy, drift, and a model of reference pitch memory

Matthias Maucha, Klaus Frielerb, and Simon Dixon

The Journal of the Acoustical Society of America 136, 401 (2014)

ABSTRACT

This paper presents a study on intonation and intonation drift in unaccompanied singing, and proposes a simple model of reference pitch memory that accounts for many of the effects observed. Singing experiments were conducted with 24 singers of varying ability under three conditions (Normal, Masked, Imagined). Over the duration of a recording, ~50 s, a median absolute intonation drift of 11 cents was observed. While smaller than the median note error (19 cents), drift was significant in 22% of recordings. **Drift magnitude** did not correlate with other measures of singing accuracy, singing experience, or the presence of conditions tested. Furthermore, it is shown that neither a static intonation memory model nor a memoryless interval-based intonation model can account for the accuracy and drift behavior observed. The proposed causal model provides a better explanation as it treats the reference pitch as a changing latent variable.

Advancing Research on Cognitive Processes in Social and Personality Psychology: A Hierarchical Drift Diffusion Model Primer

David J. Johnson, Christopher J. Hopwood, Joseph Cesario

Journal of Social Psychology and Personality Science (May 2017). Volume 8 Issue 4

Abstract

We provide a primer on a hierarchical extension of the **drift diffusion model** (DDM). This formal model of decisions is frequently used in the cognitive sciences but infrequently used in social and personality research. Recent advances in model estimation have overcome issues that previously made the hierarchical DDM impractical to implement. Using

examples from two paradigms, the first-person shooter task and the flash gambling task, we demonstrate that the hierarchical DDM can provide novel insights into cognitive processes underlying decisions. Finally, we compare the DDM to dual-process models of decision-making. We hope this primer will provide researchers a new tool for investigating psychological processes.

Testing the validity of conflict drift-diffusion models for use in estimating cognitive processes: A parameter-recovery study

Corey N. White, Mathieu Servant & Gordon D. Logan

Psychonomic Bulletin & Review, 29 March 2017. Volume 25, pages 286–301 (2018)

Abstract

Researchers and clinicians are interested in estimating individual differences in the ability to process conflicting information. Conflict processing is typically assessed by comparing behavioral measures like RTs or error rates from conflict tasks. However, these measures are hard to interpret because they can be influenced by additional processes like response caution or bias. This limitation can be circumvented by employing cognitive models to decompose behavioral data into components of underlying decision processes, providing better specificity for investigating individual differences. A new class of drift-diffusion models has been developed for conflict tasks, presenting a potential tool to improve analysis of individual differences in conflict processing. However, measures from these models have not been validated for use in experiments with limited data collection. The present study assessed the validity of these models with a parameter-recovery study to determine whether and under what circumstances the models provide valid measures of cognitive processing. Three models were tested: the dual-stage two-phase model (Hübner, Steinhauser, & Lehle, *Psychological Review*, 117(3), 759–784, 2010), the shrinking spotlight model (White, Ratcliff, & Starns, *Cognitive Psychology*, 63(4), 210–238, 2011), and the diffusion model for conflict tasks (Ulrich, Schröter, Leuthold, & Birngruber, *Cognitive Psychology*, 78, 148–174, 2015). The validity of the model parameters was assessed using different methods of fitting the data and different numbers of trials. The results show that each model has limitations in recovering valid parameters, but they can be mitigated by adding constraints to the model. Practical recommendations are provided for when and how each model can be used to analyze data and provide measures of processing in conflict tasks.

Drift in Neural Population Activity Causes Working Memory to Deteriorate Over Time

Sebastian Schneegans and Paul M. Bays

Journal of Neuroscience 23 May 2018, 38 (21) 4859–4869

Abstract

Short-term memories are thought to be maintained in the form of sustained spiking activity in neural populations. Decreases in recall precision observed with increasing number of memorized items can be accounted for by a limit on total spiking activity, resulting in fewer spikes contributing to the representation of each individual item. Longer retention intervals likewise reduce recall precision, but it is unknown what changes in population activity produce this effect. One possibility is that spiking activity becomes attenuated over time, such that the same mechanism accounts for both effects of set size and retention duration. **Alternatively, reduced performance may be caused by drift in the encoded value over time, without a decrease in overall spiking activity.** Human participants of either sex performed a variable-delay cued recall task with a saccadic response, providing a precise measure of recall latency. Based on a spike integration model of decision making, if the effects of set size and retention duration are both caused by decreased spiking activity, we would predict a fixed relationship between recall precision and response latency across

conditions. **In contrast, the drift hypothesis predicts no systematic changes in latency with increasing delays. Our results show both an increase in latency with set size, and a decrease in response precision with longer delays within each set size, but no systematic increase in latency for increasing delay durations.** These results were quantitatively reproduced by a model based on a limited neural resource in which working memories drift rather than decay with time.

SIGNIFICANCE STATEMENT Rapid deterioration over seconds is a defining feature of short-term memory, but what mechanism drives this degradation of internal representations? Here, we extend a successful population coding model of working memory by introducing possible mechanisms of delay effects. **We show that a decay in neural signal over time predicts that the time required for memory retrieval will increase with delay, whereas a random drift in the stored value predicts no effect of delay on retrieval time.** Testing these predictions in a multi-item memory task with an eye movement response, we identified drift as a key mechanism of memory decline. These results provide evidence for a dynamic spiking basis for working memory, in contrast to recent proposals of activity-silent storage.

Diffusion modeling and intelligence: Drift rates show both domain-general and domain-specific relations with intelligence.

Lerche, V., von Krause, M., Voss, A., Frischkorn, G. T., Schubert, A.-L., & Hagemann, D. (2020). Diffusion modeling and intelligence: Drift rates show both domain-general and domain-specific relations with intelligence. *Journal of Experimental Psychology: General*, 149(12), 2207–2249.

Abstract

Several previous studies reported relationships between speed of information processing as measured with the drift parameter of the diffusion model (Ratcliff, 1978) and general intelligence. Most of these studies utilized only few tasks and none of them used more complex tasks. In contrast, our study ($N = 125$) was based on a large battery of 18 different response time tasks that varied both in content (numeric, figural, and verbal) and complexity (fast tasks with mean RTs of ca. 600 ms vs. more complex tasks with mean RTs of ca. 3,000 ms). Structural equation models indicated a strong relationship between a domain-general drift factor and general intelligence. Beyond that, domain-specific speed of information processing factors were closely related to the respective domain scores of the intelligence test. Furthermore, speed of information processing in the more complex tasks explained additional variance in general intelligence. In addition to these theoretically relevant findings, our study also makes methodological contributions showing that there are meaningful interindividual differences in content specific drift rates and that not only fast tasks, but also more complex tasks can be modeled with the diffusion model.

Misattribution Error

Misattribution error is when a memory is distorted for its true source or true context. We may not recall the proper source of the memory but we can recall the memory, so a false memory is created to explain the source. If the misattribution effect is due to context we may overlap memories or conjoin them because the memories separately are incomplete. Our imagination can also cause misattribution, because by simply imagining ourselves doing something we become more convinced that it actually happened. Misattribution occurs when a true aspect of a memory is altered and becomes false.

Articles on Misattribution Error

Overdistribution in source memory. Brainerd, C. J., Reyna, V. F., Holliday, R. E., Nakamura, K., *Journal of Experimental Psychology: Learning, Memory, and Cognition*, Vol 38(2), Mar, 2012. pp. 413-439.

Abstract: Semantic false memories are confounded with a second type of error, overdistribution, in which items are attributed to contradictory episodic states. Overdistribution errors have proved to be more common than false memories when the 2 are disentangled. We investigated whether overdistribution is prevalent in another classic false memory paradigm: source monitoring. It is. Conventional false memory responses (source misattributions) were predominantly overdistribution errors, but unlike semantic false memory, overdistribution also accounted for more than half of true memory responses (correct source attributions). Experimental control of overdistribution was achieved via a series of manipulations that affected either recollection of contextual details or item memory (concreteness, frequency, list order, number of presentation contexts, and individual differences in verbatim memory). A theoretical model was used to analyze the data (conjoint process dissociation) that predicts that (a) overdistribution is directly proportional to item memory but inversely proportional to recollection and (b) item memory is not a necessary precondition for recollection of contextual details. The results were consistent with both predictions.

Repeatedly thinking about a non-event: Source misattributions among preschoolers.

Ceci, Stephen J., Huffman, Mary, Lyndia Crotteau, Smith, Elliott, Loftus, Elizabeth F. The recovered memory/false memory debate. Pezdek, Kathy (Ed.); Banks, William P. (Ed.); pp. 225-244. San Diego, CA, US: Academic Press, 1996. xv, 394 pp.

Abstract: (from the chapter) review the factors alleged to be responsible for the creation of inaccurate reports among [3–6 yr olds], focusing on so-called "source misattribution errors" / present the 1st round of results from an ongoing program of research that suggests that source misattributions could be a powerful mechanism underlying children's false beliefs about having experienced fictitious events / very young children may be disproportionately vulnerable to these kinds of errors [this is] discussed in the context of the ongoing debate over the veracity and durability of delayed reports of early memories, repressed memories, dissociative states, and the validity risks posed by therapeutic techniques that entail repeated visually guided imagery inductions

Escape from illusion: Reducing false memories. Dodson, Chad S., Koutstaal, Wilma, Schacter, Daniel L. *Trends in Cognitive Sciences*, Vol 4(10), Oct, 2000. pp. 391-397.

Abstract: Illusory memories are unsettling, but far from uncommon. Over the past several years, increasing experimental and theoretical attention has focused on misattribution errors that occur when some form of memory is present but attributed to an incorrect time, place or source. Demonstrations of errors and distortions in remembering raise a question with important theoretical and practical implications: how can memory misattributions be reduced or avoided? We consider evidence that documents the occurrence of illusory memories, particularly false

recognition responses, and then review three ways in which memory distortion can be minimized.

Appropriating the actions of another: Implications for children's memory and learning.

Foley, Mary Ann, Passalacqua, Carmella, Ratner, Hilary H. *Cognitive Development*, Vol 8(4), Oct-Dec, 1993. pp. 373-401.

Abstract: Perspectives on reality monitoring and sociocultural learning were integrated in 4 experiments concerning children's memory of contributions to the outcomes of collaborative exchanges. 204 children (aged 4 yrs to 8 yrs 11 mo) made collages with an adult and were later surprised with a reality-monitoring task in which they were asked to remember who placed particular pieces on the collage. In Exps 1–3, 4-yr-olds were more likely to claim they contributed pieces that the adult actually contributed rather than the reverse. This bias was interpreted as evidence for appropriation, a process in which individuals adopt another person's actions as their own. The extent to which Ss committed misattribution (MA) errors depended on their involvement as decision makers (Exps 1 and 3) and on the outcomes of the collages themselves (Exp 2). Exp 4 demonstrated the importance of shared exchanges for producing the MA errors observed in Exps 1–3.

Imagery encoding and false recognition errors: Examining the role of imagery process and imagery content on source misattributions.

Foley, Mary Ann, Foy, Jeffrey, Schlemmer, Emily, Belser-Ehrlich, Janna, *Memory*, Vol 18(8), Nov, 2010. pp. 801-821.

Abstract: Imagery encoding effects on source-monitoring errors were explored using the Deese-Roediger-McDermott paradigm in two experiments. While viewing thematically related lists embedded in mixed picture/word presentations, participants were asked to generate images of objects or words (Experiment 1) or to simply name the items (Experiment 2). An encoding task intended to induce spontaneous images served as a control for the explicit imagery instruction conditions (Experiment 1). On the picture/word source-monitoring tests, participants were much more likely to report "seeing" a picture of an item presented as a word than the converse particularly when images were induced spontaneously. However, this picture misattribution error was reversed after generating images of words (Experiment 1) and was eliminated after simply labelling the items (Experiment 2). Thus source misattributions were sensitive to the processes giving rise to imagery experiences (spontaneous vs deliberate), the kinds of images generated (object vs word images), and the ways in which materials were presented (as pictures vs words).

Source monitoring in eyewitness memory: Implicit associations, suggestions, and episodic traces.

Hekkanen, Steve T., McEvoy, Cathy, *Memory & Cognition*, Vol 33(5), Jul, 2005. pp. 759-769.

Abstract: Both the distinctiveness heuristic and discrepancy detection hypotheses were investigated by independently manipulating both schema consistency and incidental suggestion in an eyewitness memory paradigm. A sequence of slides was shown, followed by a postevent questionnaire that contained both schema-typical and schema-atypical information. Fifteen minutes later, a source-monitoring task was administered. In Experiment 1, the proportion of source misattribution errors was greater for schema-typical items than for schema-atypical items, and the proportion of errors on suggested items was greater than that on control items. Suggestion affected schema-typical and schema-atypical items equally, providing no support for the predictions of either hypothesis. In Experiment 2, the interval between the questionnaire and the source test was manipulated. The results of Experiment 1 were replicated under the short delay, whereas the proportion of errors increased under the long delay. An associative network model involving two types of episodic traces was used to account for the results.

Remembering what we did: How source misattributions arise from verbalization, mental imagery, and pictures. Henkel, Linda A., Carbuto, Michelle, Applied memory. Kelley, Matthew R. (Ed.); pp. 213-234. Hauppauge, NY, US: Nova Science Publishers, 2009. ix, 337 pp.

Abstract: (from the chapter) Memory errors in everyday life are pervasive and can range from being minor inconveniences to having significant consequences. At the root of many memory errors are source misattributions in which a person mistakenly claims that the source of a remembered event was something other than what it actually was (e.g., a person claiming to have performed an action that he or she merely thought about completing; erroneously remembering that he or she saw an event when he or she actually only read about it or saw pictures of it). The present chapter examines how source misattributions can create false beliefs and memories in which people claim that they did things that they actually did not. The role of three different but related everyday experiences in the creation of such memory errors is explored in depth—hearing or talking about various experiences, engaging in mental imagery, and viewing photographs—followed by presentation of a new study examining how photographs can lead to false claims of having committed actions that were not actually performed.

The aboutness principle: A pervasive influence on human inference.

Higgins, E. Tory. Social Cognition, Vol 16(1), Spr, 1998. Special issue: Naive theories and social judgment. pp. 173-198.

Abstract: When people perceive a response (or outcome), whether their own or another person's, they represent it as being about something, and this thing that the response is about is inferred to be the source of the response. The first section of this article discusses natural assumptions underlying the operation of this aboutness principle and describes the problems with its use, illustrated by such well-established cases of social-cognitive shortcomings as the correspondence bias, representativeness error, misattribution, accessibility bias, and saying-is-believing effect. The second section uses the aboutness principle to review lay psychological theories discussed in this special issue, including people's theories of causality, stability, and change in personal attributes, conditions for valid memories or judgments, group attribute clusters, and persuasive influences.

Emotional content and reality-monitoring ability: fMRI evidence for the influences of encoding processes. Kensinger, Elizabeth A., Schacter, Daniel L., Neuropsychologia, Vol 43(10), 2005. pp. 1429-1443.

Abstract: Memory for emotional items can be less prone to some types of memory distortion, such as reality-monitoring errors, than memory for neutral items. The present fMRI study examined whether this enhanced reality-monitoring accuracy reflects engagement of distinct processes recruited during encoding of emotional information. Participants only imagined named objects (word-only trials) or imagined named objects and then also viewed photos of them (word-picture trials). Half of the items were emotional (e.g., snake, casket). Later, participants heard object names and indicated whether the corresponding photo had been shown. Reality-monitoring errors occurred when participants attributed an item from a word-only trial to a word-picture trial. Such misattribution errors occurred less frequently for emotional than neutral items. Activity in emotion-processing regions (e.g., orbitofrontal cortex, amygdala) reduced the likelihood of later misattributions, likely due in part to interactions with regions that promote memory accuracy (e.g., the hippocampus). Distinct neural processes also increased the likelihood of reality-monitoring errors, depending on the emotional content of the items. Activity spanning the fusiform and parahippocampal gyri (likely reflecting mental imagery) increased the likelihood of reality-monitoring errors for neutral items, while activity in the anterior cingulate increased the likelihood of reality-monitoring errors for emotional items.

Schema-driven source misattribution errors: Remembering the expected from a witnessed event.

Kleider, Heather M., Pezdek, Kathy, Goldinger, Stephen D., Kirk, Alice, *Applied Cognitive Psychology*, Vol 22(1), Jan, 2008. pp. 1-20.

Abstract: When recollection is difficult, people may use schematic processing to enhance memory. Two experiments showed that a delay between witnessing and recalling a visual sequence increases schematic processing, resulting in stereotypic memory errors. Participants watched a slide show of a man and a woman performing stereotype-consistent and stereotype-inconsistent actions, followed by an immediate or delayed memory test. Over a two-day delay, stereotype-inconsistent actions were increasingly misremembered as having been performed by the stereotype-consistent actor (Experiment 1). All the source errors increased, regardless of stereotype consistency, when the wrong actor was suggested. When we merely suggested that 'someone' performed an action (Experiment 2), only stereotype-consistent source errors were increased. Although visual scenes are typically well remembered, these results suggest that when memory fades, reliance on schemata increases, leading to increased stereotypic memory errors.

Schema reliance in source monitoring: The impact of aging and emotional focus.

Mather, Tamar Esther Mara, Princeton U., *US Dissertation Abstracts International: Section B: The Sciences and Engineering*, Vol 61(5-B), Nov, 2000. pp. 2791.

Abstract: Three experiments investigated the interplay of emotion and aging on reliance on schematic knowledge when remembering. Of additional interest was whether older adults' reliance on schematic knowledge is associated with declines in reflective processes supported by frontal brain regions. For generality, these issues were investigated in three types of situations: memory for a story (Experiment 1), memory for who said what (Experiment 2), and memory for options from past choices (Experiment 3). The same three findings emerged across each of these different types of situations. First, younger adults (17-26 yrs) asked to focus on how they feel about an event later relied more on their schematic knowledge when attributing information to the event than did younger participants who had not focused on their feelings. Second, in the conditions that did not require emotional self-focus, older adults (62-85 yrs) showed more schema reliance than did younger adults. Third, this increased reliance for older adults in the non emotional self-focus conditions was negatively correlated with a measure of frontal brain region or executive function. This pattern of results suggests that both emotional focus and age-related changes increase schema reliance when making source judgements about a previously-experienced event. Relying on general knowledge about an event can be a useful strategy to help fill in gaps in memory or to avoid more effortful extended retrieval. However, schema reliance can also result in memory source misattributions. The source misattributions associated with schema reliance are most likely due to a combination of factors, including disruption of the reflective processing required to encode and consolidate source-specifying information, increased associations that may later be misattributed to the event itself, and shifts in which aspects of the event are focused on. Schematic knowledge in memory attributions plays an important role in helping people remember information. However, reliance on schematic information can lead to memory misattribution errors that are especially pernicious because they seem so plausible.

Emotion, directed forgetting, and source memory. Otani, Hajime, Libkuman, Terry M., Goernert, Phillip N., Kato, Koichi, Migita, Mai, Freehafer, Sarah E., Landow, Michael P., *British Journal of Psychology*, Vol 103(3), Aug, 2012. pp. 343-358.

Abstract: We investigated the role of emotion on item and source memory using the item method of directed forgetting (DF) paradigm. We predicted that emotion would produce source memory impairment because emotion would make it more difficult to distinguish between to-

be-remembered (R items) and to-be-forgotten items (F items) by making memory strength of R and F items similar to each other. Participants were presented with negatively arousing, positively arousing, and neutral pictures. After each picture, they received an instruction to remember or forget the picture. At retrieval, participants were asked to recall both R and F items and indicate whether each item was an R or F item. Recall was higher for the negatively arousing than for the positively arousing or neutral pictures. Further, DF occurred for the positively arousing and neutral pictures, whereas DF was not significant for the negatively arousing pictures. More importantly, the negatively arousing pictures, particularly the ones with violent content, showed a higher tendency of producing misattribution errors than the other picture types, supporting the notion that negative emotion may produce source memory impairment, even though it is still not clear whether the impairment occurs at encoding or retrieval.

Schema / Script Memory

Dr. Dutton explains:

Script memory refers to memory of the general pattern of repeated events. Memory tends to stay more stable for script memory. Episodic memory refers to a memory for a specific incident.

Areas of Inquiry and Summary for Expert Testimony and Supporting Research Citations

Wendy A. Dutton, M.A., Ph.D., LPC, February 2022

Articles cited by Dutton:

Brubacher & La Rooy, 2014; Brubacher et al, 2013; Fivush, 1993; Greenberg et al., 1998; McNicol et al., 1999; Roberts & Powell, 2001.

Schema, or Schemata, or Script Memory is defined as the method by which the brain organizes knowledge based on past experience. In humans, schemata lead to the formation of certain expectations about how the world should work and how certain events should take place. For example, when a student who is planning to attend college watches television programs about the collegiate experience and discusses the experience with friends who have attended college, he is developing a schema for the concept of college. Specifically, when the student attends college for the first time, he approaches it with certain expectations of how college will work due to his past experience of acquiring knowledge about college.

Schemata are considered heuristic devices in cognitive science. Heuristics are defined as mental shortcuts or "rule of thumb" memories that help people solve problems and make decisions quickly. Thus, schemata and subschemata are heuristic devices because they are mental processes or memories that organisms use to help them solve problems or make decisions efficiently.

In 1954, Silvan Tomkins introduced another form of schemata called *scripts*. A script schema is a schema that has a sequence of expected behaviors in a particular situation or environment. In 1976, Swiss psychologist Jean Piaget made further developments in schemata. He created the first cognitive development theory which included schemata. He found that one's current schemata can be altered by new information. Specifically, he found that this new information could be added or assimilated into one's current schemata. Examples of schemata include academic rubrics, social schemas, stereotypes, social roles, scripts, worldviews, and archetypes. In Piaget's theory of development, children adopt a series of schemata to understand the world.

Some general principles from script memory research include:

- Primary Rule: The first in a series of events is remembered best.
- Recency rule. The last in a series of events is also remembered best.

<https://study.com/learn/lesson/schemata-scripts-overview-types.html>

Research Related to Schema / Script Memory

The effect of aging on script memory for typical and atypical actions. Vakil, Eli; Mosak, Chaya; Ashkenazi, Mira; Applied Neuropsychology, Vol 10(4), Dec 2003. pp. 239-245.

Abstract: When typical and atypical information about a situation are presented, the atypical is found to be better recognized. This phenomenon is referred to as the "typicality effect." To test whether the typicality effect is age related, 41 younger and 36 older participants listened to two scripts that consisted of typical and atypical activities. The recognition was scored in two ways-with and without taking confidence rating into account. The two scoring systems yielded a similar pattern of results. Nevertheless, the weighted scores analyses were more sensitive to group differences than the unweighted scores. The older adults demonstrated typicality effect with the false alarm and hit rates corrected for false alarms scores but not with the hit rate score. A key factor in understanding the effect of age on the typicality effect is taking into consideration the conservative response bias found in the older group. The clinical contribution

of these findings, in terms of assessment and remediation of age-related memory impairment, is discussed.

The influence of postevent misinformation on children's reports of a unique event versus an instance of a repeated event. Connolly, Deborah Ann; Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 59(11-B), May 1999. pp. 6097.

Abstract: Much of what is known about the influence of postevent misinformation on children's event reports is based on studies in which children were exposed to the target event once. Nelson and her colleagues (e.g., 1986) have reported a considerable array of data that demonstrates that children's reports of a routine, or of an instance of a routine, is quite different from their reports of a unique event. Based on this literature on children's script memory it seemed reasonable to speculate that prior similar experiences with the target event would mitigate and/or heighten the influence of suggestions on children's reports of an instance of a routine. In Experiment 1, 4-, 6-, and 8-year-olds participated in one or four play sessions. Children in the 4-sessions condition (4-S) participated in play sessions on four consecutive days. During each session some target details remained the same (fixed) and some changed (variable). The single play session in the 1-session condition (1-S) was identical to the last play session in the 4-S condition. Three days later children were asked to think about the last play session and to answer related questions. Embedded in some of the questions were suggestions that things had happened during the final play session that had not occurred during any of the play sessions. Some of the suggestions related to fixed event details and some related to variable event details. Other questions presented neutral information about target details and served as control items. One day later, children were asked to think back to the final play session and to answer questions based on memory for it. Children were asked for free and cued recall and then to answer a set of "yes/no" recognition questions. Correct and incorrect responses were analyzed. Experiment 2 was similar to the 4-S condition of Experiment 1. Only 8-year-olds were tested and some different materials were used during the play sessions. In Experiment 1, the proportion of incorrect responses was higher for preschoolers than for older children, but age did not enter into any important interactions. Responses to questions about fixed items were more often correct and less often incorrect among children in the 4-S condition than among children in the 1-S condition. Responses to questions about variable suggested items were more often incorrect among children in the 4-S condition than among children in the 1-S condition. There was no effect of sessions on correct responses to questions about variable control items. In Experiment 2, children's responses to questions about variable details were substantially more often incorrect when the items were suggested than when they were control. There was not a reliable suggested/control difference in responses to questions about fixed details. Children's script memory is used to interpret these data. Scripts are hypothesized to be abstract cognitive representations of what usually happens during an instance of a routine. Fixed details of a routine are proposed to be represented as part of the script. Memory for them is strong and, in the present study, children successfully resisted related suggestions. Memory for variable components of a routine is hypothesized to be a list-like set of experienced options that may be only loosely associated with particular instances. Children had difficulty resisting suggestions related to variable details of the routine.

Fuzzy-trace theory and eyewitness memory.

Davies, Graham M.; Learning and Individual Differences, Vol 7(2), 1995. Special issue: A symposium on fuzzy-trace theory. pp. 111-114.

Abstract: Comments on V. F. Reyna and C. J. Brainerd's (see record 1995-39565-001) Fuzzy-Trace theory (FTT) and eyewitness memory (EWM). Evidence indicates that the reality of EWM should be recognized as FTT is extended into areas such as suggestibility and false memories. Such memories are unequivocally gist, yet according to FTT gist memories are well retained by adults and are much less susceptible to distortion than verbatim memories. The

definition of gist must be unambiguous and should show how it relates to other ethereal entities such as scheme and scripts. Developmentally, scripts and more specific memories are closely interrelated whereas according to FTT, verbatim and gist memories are separately stored and individually accessed. The script memories precede and are derived from specific memories. This seems at variance with the FTT in which verbatim memories appear developmentally later than gist memories.

Remembering specific episodes of a scripted event. Farrar, M. Jeffrey; Boyer-Pennington, Michelle; *Journal of Experimental Child Psychology*, Vol 73(4), Aug 1999. pp. 266-288.

Abstract: Children's memory for a specific episode of a repeated event was investigated in 2 experiments. In Exp 1, 80 children (aged 4 or 7 yrs) experienced a standard novel event 1, 2, or 4 times, followed by an episodic event for those children who had multiple standard experiences. The episodic event involved the addition of both schema-typical and schema-atypical activities to the standard event. Following a 1-wk delay, children were asked to recall both event types. 4-yr-olds were more confused than older children regarding when the new activities had been experienced, although experience improved memory for the schema-atypical activities. 7-yr-olds were able to establish more accurate memories for both the schema-typical and the schema-atypical changes. For Exp 2, 12 additional 4-yr-olds who were recruited from the same pool as Exp 1 participated. Exp 2 demonstrated that 4-yr-olds could establish distinct memories for both types of changes when the standard event was simplified. The results are discussed in terms of the development of the relation between script memory and memory for a specific instance of an event.

The impact of children's script memory on suggestibility.

Fasig, Lauren G.; *Dissertation Abstracts International: Section B: The Sciences and Engineering*, Vol 59(9-B), Mar 1999. pp. 5134.

Abstract: Suggestibility and recall performance regarding a specific occurrence of a controlled repeated event were examined. Twenty-four 4- to 5-year-olds and twenty-four 7- to 8-year-olds participated in repeated sessions of a novel event. Half of the children in each age group took part in 2 sessions, and half experienced 4 sessions. Items within the event were fixed across sessions, varied once, or always varied. In a third or fifth session, children responded to a memory interview targeting the final game session. Questions in the interview focused on central and peripheral information, and item variability. Questions included misleading information that was either internal to the script or external to the script. The interview included 3 general probes, 12 direct probes, and 28 forced-choice questions. The forced-choice questions were divided equally into misleading and non-misleading questions. The older children were less suggestible than the younger children. However, as children recalled more they were also more suggestible. Additionally, the children made more script-consistent errors than external errors. Younger children were more suggestible for central than for peripheral information, but both age groups recalled more central information. As variability increased, suggestibility increased, although increased experience led to a different pattern of responding for older children. Additionally, the children were more suggestible in response to non-misleading questions rather than misleading questions. Results were interpreted in terms of script theory and the schema confirmation-deployment hypothesis, as well memory trace strength theory and source-monitoring theories. This is the first research to examine questions of age, information centrality, information variability, and level of recall as they pertain to both suggestibility and script memory in children.

Memory for typical and atypical actions in scripted activities.

Graesser, Arthur C.; Woll, Stanley B.; Kowalski, Daniel J.; *Journal of Experimental Psychology: Human Learning and Memory*, Vol 6(5), Sep 1980. pp. 503-515.

Abstract: Describes 2 experiments in which 186 university students listened to stories containing scripted activities (e. g., eating at a restaurant) and later received a memory test on the actions. The actions varied in typicality with respect to the scripts. Memory performance at short retention intervals supported the representational assumptions of a "script pointer plus tag" hypothesis that predicts better memory discrimination for atypical than for typical actions and no memory discrimination for very typical actions. Results of Exp I indicate that the relatively poor memory for typical actions was not an artifact of Ss' circumventing memory retrieval; Ss did not prematurely decide that the typical actions "must have been presented." Exp II compared recall and recognition memory after different retention intervals. Assessments of both correct retrieval and guessing differed between recall and recognition tests. For both types of tests, the generic scripts played a more important role in guiding retrieval as the retention interval increased.

Sequencing and interleaving in routine action production.

Joe, Wilson Q.; Ferraro, Mary; Schwartz, Myrna F.; *Neurocase*, Vol 8(1-2), Feb 2002. pp. 135-150.

Abstract: Analyzed the sequence of steps enacted during the performance of routine action tasks in the context of the 2 x 3 test. This test requires enactment of 3 routine tasks, each performed twice. Data from 35 healthy controls and 16 closed head injury patients (aged 17-80 yrs) were analyzed to derive 'modal routes' through the 'sandwich', 'toast', and 'present' tasks, along with transition probabilities for the steps in the modal routes. Also investigated were the amount of interleaving and a potential structural constraint on interleaving. The results indicate that serial order production is more flexible than some might predict, and that the patients and controls were more similar than dissimilar on the measures taken. The 1st result argues against script architectures that are overly rigid. The 2nd implies that the vulnerability to sequence and other errors in this patient group is not due to defects in script memories or serial order programming.

Effect of Presentation and Sex in Script Memory Organization.

Mishra, Anupam; *Social Science International*, Vol 20(1), Jan 2004. pp. 12-20.

Abstract: In recent years, most of the researches have been focused on everyday context that is repeatedly and regularly experienced by an individual. In this study, eighty-four words were structured hierarchically into eight such routine activities (scripts) within three important seasons' categories. Forty undergraduates, 20 females and 20 males, aged 19-20 years, served as subjects in a 2x2x5 factorial design with mode of presentation (organized and randomized), sex (male and female) and five trials as this levels. The short-term recall was obtained after each five trials. Finding revealed a prominent role of script in ordering retrieval and enhancing the short-term recall. The recall was found far superior and more organized with organized than randomized presentation of TBR words. The superiority of males over females were also observed.

The impact of traumatic events on eyewitness memory.

Yuille, John C.; Daylen, Judith; *In: Eyewitness memory: Theoretical and applied perspectives.* Thompson, Charles P.; Herrmann, Douglas J.; Read, J. Don; Bruce, Darryl; Mahwah, NJ, US: Lawrence Erlbaum Associates Publishers, 1998. pp. 155-178.

[Chapter] Abstract: Present a proposed framework for the study of the impact of trauma and stress on eyewitness memory. The framework deals with (a) how the nature of the original event affects memory and (b) changes in memory over time. This framework yields a taxonomy of the varying qualities of eyewitness recall that includes 6 behavioral/emotional/cognitive patterns of eyewitness memory for criminal events: remarkable memories, dissociation during event, state-dependent amnesia, normal forgetting, script memory, dissociative amnesia, and active forgetting.

PART IV: IN THE COURTROOM

You'll want to see my website for a number of court rulings, transcripts, and other materials that might be of help to you: [psy.law > resources](#) (on the top ribbon) > *COUNTERING Counterintuitive Testimony: Child > In the Courtroom*.

In the section that follows we'll review "*A Cure for a Non-problem*" and "*The Daubert Standard*"

A Cure for a Non-problem

It is to understand whom counterintuitive behavior (delayed disclosure, piecemeal disclosure, etc.) actually applies to and why expert testimony is needed. **The focus on counterintuitive behavior is jurors' perceptions of how a victim should react, not the complaining witness's behaviors.** This distinction is potentially confusing but is a critical point. Pause for a moment to consider this point. At the start of voir dire the members state under oath they do not believe there are any standard reactions for a victim of sexual assault. Their questioning will often include specific aspects of the case, i.e.; delayed reporting, piece-meal disclosure, or continued positive relationship with the accused. If prosecution doesn't ask these specific questions in voir dire, defense should ask them. Members' sworn responses can be used to challenge the need for the CSA expert's testimony point during a Daubert challenge.

Regarding the member's sworn testimony in voir dire, Dr. Dutton states; "*Lay persons and potential jurors typically lack knowledge or have misconceptions concerning the characteristics of child sexual abuse victims, memory, and suggestibility.*"

Areas of Inquiry and Summary for Expert Testimony and Supporting Research Citations
Wendy A. Dutton, M.A., Ph.D., LPC, February 2022

Dr. Dutton cites two studies for justifying testimony by a counterintuitive expert: Cossins et al, 2009 and Quas et al., 2005. Let's take a look at these.

Children, Sexual Abuse and Suggestibility: What laypeople think they know and what the literature tells us.

Anne Cossins

Psychiatry, Psychology and Law. Volume 15 Number 1 2008, pp. 153-170.

Abstract:

This article summarizes the extensive research literature on laypeople's and jurors' beliefs about children's memory, suggestibility and responses to child sexual abuse. In particular, it discusses the extent and types of misconceptions held by laypeople/jurors, as well as the effects of age, education and gender on those misconceptions. The results from an analysis of mock jury studies where different types of expert testimony were presented are then considered in order to understand the types of expert testimony that would be admissible in courts in Australia, with a particular focus on the Uniform Evidence Act. As a result of this analysis, particular reform options are discussed and recommended in order to counter juror misconceptions in child sexual abuse trials.

It is important to note that the author is a lawyer, not a psychologist. Ms. Cossins describes her core beliefs:

Overall, the studies listed in Table 1 show that there are a number of key beliefs held by jurors and laypeople that have been consistently reported in the research literature over the last 10 – 15 years: (a) that children are easily manipulated into giving false reports of sexual abuse; (b) that retraction and inconsistencies are evidence of lying; (c) that abuse

claims often prove to be false; and (d) that child sexual abuse can be detected by a medical examination. (pp. 156-157)

Who exactly decided these were false beliefs? It's interesting that an Australian legal advocate has decided that:

1. The volumes of research into suggestibility of children has no validity.
2. There is no need for the development and implementation of professional standards for forensic child interviews because children's reports can't be contaminated or manipulated.
3. Retraction of a report by a child is actually a sign that they were abused.
4. Inconsistencies in a child's report always means the child was actually abused.
5. Multiple research studies by scientists showing unproven and false rates of sexual abuse are irrelevant. Ironically Dr. Dutton relies upon a study for her testimony that demonstrates up to 55% of child sexual abuse claims are ultimately determined to be unfounded or false.

University of New South Wales's website describes Dr Annie Cossins as:

"an Associate Professor in Law at the Faculty of Law, University of New South Wales. She is the pre-eminent Australian expert on legal reform in the area of sexual assault and a scholar in theoretical criminology. She is presently the holder of an ARC Discovery Grant (along with J Delahunty) entitled: "Countering misconceptions in child sexual assault cases with expert evidence and judicial directions".

She is the founder and Convenor of the National Child Sexual Assault Reform Committee - a high-level committee which was comprised of all Directors of Public Prosecution, various District Court judges, academics, and Children's Commissioners (amongst others) which met annually for the past 8 years. A link to its discussion paper on reforms for the prosecution of child sex offences around Australia is available under Dr Cossins' publications.

Dr Cossins was also a member of the Criminal Justice and Sexual Offences Taskforce which was established by the NSW Attorney-General in 2004 after a submission by her and the NSW Rape Crisis Centre to the Attorney-General for the establishment of a taskforce to examine changes to the laws of evidence in NSW and the feasibility of specialist courts for sex offences in NSW. As a result of this Taskforce, a number of legislative changes were made to the substantive criminal law as well as procedural laws concerning the conduct of sexual assault trials in NSW.

She was a founding member of the NSW Working Party Concerning the Confidentiality of Sexual Assault Counsellors' Notes and the main author of submissions to the NSW Attorney-General's Department which were used as the basis for the introduction of s 126H, Evidence Act 1995 (NSW), the first sexual assault communications privilege enacted in Australia. She was also a member of the Child Protection Internet Taskforce, Ministry of Police, 2003-2004, a member of The Innocence Panel, (NSW Ministry for Police) between 2001-2003, a member of the Child Sexual Assault Jurisdiction Working Group on Practice and Procedure (NSW Attorney-General's Department) 2002, and a consultant to Parliament of New South Wales, Legislative Council, Standing Committee on Law and Justice, Inquiry into Child Sexual Assault Prosecutions in NSW, 2002. She was the only academic member of the Advisory Committee of the Australian Institute of Judicial Administration on a Guide to Children Giving Evidence and as a member of this committee, co-authored the first Australian benchbook on children's evidence, published by the AIJA. In 2005, she was nominated for the Law and Justice Foundation Justice Medal. She is a

member of the board of the Centre for Gender Related Violence Studies at the University of New South Wales and is the Chair of the Advisory Committee of that Centre.

In 2010, she organised a group of judges and lawyers from Australia to visit the New York Sex Offenses Courts. In conjunction with the NY Center for Court Innovation, she organised the tour with the aim of studying the rationale for these courts and all procedural and practical measures that were involved in their establishment. As a result of her written report, the Premier of NSW recently announced the establishment of a pilot specialist sex offences court for NSW.

She was appointed as a consultant to the Australian Law Reform Commission in 2010 to work on its family violence reference which resulted in the publication: ALRC and NSWLRC (2010) Family Violence - A National Legal Response (Final Report). Several of her recommendations were adopted in the report.

This Australian attorney is clearly an advocate for children with no semblance of neutrality. Her article lacks critical thinking for how her a priori assumptions might be wrong. She is offering advice for how courts in Australia and New Zealand should handle scientific matters about child abuse.

A review online (October 2022) shows that this article has only been cited 31 times since 2008, which suggests no mainstream acceptance in the scientific community. Should her perspective be allowed into the American judicial system to promote her belief that American jury members are ignorant about child sexual abuse issues and need to be “fixed”? This citation is ripe for a Daubert challenge.

Let’s look at Dr. Dutton’s second citation – Quas (2005)

Do Jurors “Know” What Isn’t So About Child Witnesses?

Jodi A. Quas, William C. Thompson, and K. Alison Clarke-Stewart
Law and Human Behavior, Vol. 29, No. 4, August 2005
DOI: 10.1007/s10979-005-5523-8

Abstract:

Are expert witnesses needed in child sexual abuse cases to educate jurors about children’s memory, suggestibility, and reactions to abuse, or do jurors already know what such experts could tell them? To cast light on this question, we surveyed jurors and jury-eligible college students and compared their beliefs with what is known via scientific research regarding children’s memory and ability to testify, reactions to interrogation, and reactions to sexual abuse. We also asked participants to infer results of four widely cited studies of children’s suggestibility. Participants’ beliefs were consistent with findings from research on some issues (e.g., that children can be led to claim that false events occurred) but diverged from the scientific consensus on other issues (e.g., whether children can remember painful events in infancy). Similarly, participants sometimes overestimated and sometimes underestimated the level of suggestibility observed in empirical studies. Individual differences in accuracy were related to participants’ gender, education and ethnicity, and there was considerable disagreement among participants on many questions. Implications of findings for the admissibility of expert testimony in child abuse cases are discussed.

Here are some sections from their article:

Academic psychologists responded to this concern by conducting several hundred empirical studies on the accuracy of children's memory, children's suggestibility, and variables that influence the reliability and completeness of children's statements about their experiences (see Bruck, Ceci, & Hembrooke, 2002; Quas, Goodman, Ghatti, & Redlich, 2000, for reviews). This large body of research has greatly advanced scientific knowledge and has produced consensus among experts on a number of key issues (Ceci & Bruck, 1993; Kovera & Borgida, 1997; Morison & Greene, 1992). However, decisions about whether to believe children are often made by individuals unfamiliar with the scientific literature, most often jurors chosen to be representative of the community. A critical question thus concerns whether jurors have adequate knowledge of children's memory, suggestibility, and eyewitness abilities to make good decisions, or whether it would be helpful to inform jurors, through expert testimony, about results of scientific studies on children's reliability as witnesses. (pp. 425-426)

It appears that prosecutors were the first to present social framework testimony about children's reliability as witnesses (Cacciola, 1986; McCord, 1986; Myers et al., 1989; Morison & Greene, 1992; Roe, 1985; Summit, 1983). This testimony was designed to bolster children's credibility by rebutting certain misconceptions about children that, it was feared, jurors might hold; for example, that children have difficulty distinguishing fact from fantasy, that delays in reporting signal unreliable claims, and that truthful claims are never recanted. Several legal scholars (Myers, 1993; Myers et al., 1989; Roe, 1985) advocated the use of such expert testimony to inform jurors about psychological studies indicating that children above 3 or 4 years of age are capable of distinguishing fact from fantasy (e.g., Johnson & Foley, 1984), are not unduly suggestible (e.g., Brigham, Van Verst, & Bothwell, 1981; Rudy & Goodman, 1991), often delay reporting abuse (e.g., Kellogg & Huston, 1995; Elliot & Briere, 1994), sometimes recant truthful charges (e.g., Elliot & Briere, 1994; Gordon & Jaudes, 1996), and are capable of providing accurate accounts of salient, personal experiences (e.g., Fivush, Hudson, & Nelson, 1984; Saywitz, Goodman, Nicholas, & Moan, 1991).

This type of expert testimony sparked some criticism (e.g., Cirelli, 1991; Flint, 1995). Some commentators suggested that the testimony failed to meet conventional standards for the admissibility of scientific evidence (Levy, 1989) and that partisan experts overstated the evidence (Underwager & Wakefield, 1992). For example, Levy (1989) complained of prosecution experts who were "fiercely committed to the role of children's advocate, devoted to preferring child protection to any other value" (p. 427).

During the 1990s, a new wave of studies emerged that focused on children's reactions to suggestive interview techniques (e.g., Ceci, Loftus, Leichtman, & Bruck, 1994; Poole & Lindsay, 1995; Thompson, Clarke-Stewart, & Lepore, 1997). These studies clearly demonstrated that children's accounts of events can be radically altered through the use of highly suggestive interrogation practices. In conjunction with these new studies, defense attorneys began presenting expert testimony to help jurors evaluate the credibility of children who had been (or might have been) interviewed in a suggestive manner. Thus, social framework testimony about children's accuracy was no longer exclusively the tool of prosecutors seeking to bolster children's accounts - it began to be used by defense lawyers to challenge children's statements. This development also sparked controversy. . . The second issue, which is addressed here, concerned whether testimony about the studies is helpful to jurors. Lyon argued that the evidence gleaned from the studies is unnecessary,

basing this argument on results of a few surveys of individuals' attitudes that suggest they already believe that young children are prone to false reports, and thus expert testimony unfairly stokes the skepticism of jurors who already distrust children's claims. Ceci and Friedman argued that the studies and psychological research in general provide important insights that go beyond jurors' conventional wisdom regarding children's suggestibility. Because prior surveys have only included a few items relevant to children's disclosure of abuse, and no surveys have examined, in a comprehensive manner, what jurors believe concerning children's memory, suggestibility, reactions to and disclosure of abuse, it has not been possible to resolve the debate. (pp. 427-428)

Our descriptive analysis reveals both accuracies and inaccuracies in participants' knowledge. There were no statements that were responded to correctly by all participants. Yet, respondents demonstrated considerable accuracy in (a) their understanding of children's general memory abilities (e.g., that children can recount single and repeated events accurately and can remember events well enough to be reliable witnesses), (b) their beliefs about child suggestibility (e.g., that children can be led by an adult into reporting entirely false events, including alleged sexual abuse), and (c) their understanding of how child sexual abuse is disclosed (e.g., that disclosures may be delayed, retracted and inconsistent over time). At least two thirds of the participants gave responses indicating that they held accurate beliefs about these issues. At the same time, a substantial number of participants (more than half) lacked accurate knowledge regarding (a) infantile amnesia—children's inability to remember events from infancy, (b) which interview tactics are more or less likely to lead to errors (e.g., direct or leading questions vs. open-ended questions, asking children to demonstrate "bad things" that happened with dolls vs. neutral naming of body parts with the assistance of dolls), (c) limitations in professionals' abilities to detect abuse and memory inaccuracies, (d) symptoms of child abuse (e.g., that most abused children do not display bizarre sexualized behavior), and (e) the fact that children may actually believe the false events they describe and can describe and make up stories about sexual acts without having experienced them. One function of an expert witness might be to reduce the variability in jurors' knowledge of all these issues and to provide empirically based information about the latter issues in particular.

Despite the need for further research assessing both experts' perceptions and the generalizability of our findings, what can we tentatively conclude from our study? Do jurors already have requisite knowledge regarding children's memory, eyewitness abilities, and disclosure of abuse, or are jurors overly skeptical? Our results do not suggest a simple answer. Instead, the study revealed considerable variability in individuals' knowledge about children's eyewitness abilities and reactions to abuse and indicated that individuals possess both accurate and inaccurate beliefs. A critical and much needed role for experts is to reduce this variability and correct the misperceptions of a majority (or a large minority) of jurors. Indeed, Ceci and Friedman (2000) highlighted that, as long as a sizable minority of jurors hold incorrect beliefs, expert testimony is important in juror education. Our findings reveal that, even when a majority of individuals held correct beliefs, a large minority did not. Of importance, however, experts need to go beyond simply stating that children can be misled to make false claims of abuse and explain the conditions under which children are more (and less) likely to err. This point was made by Lyon (2002) who noted that experts' testimony may be useful in providing insight into specific research findings concerning the reliability of children's testimony that are not well understood by laypersons. Overall then, the knowledge provided by experts could reduce both unwarranted skepticism and naive trust in children's claims of sexual abuse. (p. 452)

Observations by Dr. Simpson

The Quas article is a much more scholarly and objective exploration of jurors' understanding about child suggestibility as compared to the advocacy article by Cossins (2009). A review online (October 2022) shows that the Quas article has been cited 171 times since 2005. It is more accepted in the scientific community (as compared to Cossins).

Notice the Quas article is narrowly tailored to address the topic of suggestibility in children and whether experts should provide education to members. It does not recommend counterintuitive testimony about a myriad of other topics. Now mind you, the foundation for introducing other topics of testimony might be found elsewhere. But it is not to be found in these two articles. What is the justification for introducing a counterintuitive expert to educate on topics the members have already sworn under oath is not problematic? Be sure to review the abstracts of similar research on the next page.

Finally, Quas, et al. make an interesting observation.

... the surveys were conducted in the 1980s and 1990s. Empirical research on children's suggestibility has increased exponentially in the past decade. It is not known as to whether jurors' knowledge has changed since this new scientific evidence has been collected and disseminated. (p. 430)

It has been almost two decades since Quas noted the exponential increase in research on children's suggestibility. How might the information the typical juror has now be different in the age of the Internet, social media, and the "Me too" movement?

The Bottom Line:

If members have already said they do not have any preconceived notions for how a child victim of sexual abuse should react, why is expert testimony needed to correct hypothesized preconceived notions? Are the members lying under oath? Why is a cure needed for a non-problem? What fact of consequence does an expert's cold testimony make more-or-less probable where the expert is not testifying about the complainant specifically, and the members have already agreed all victims might react differently to an assault?

Perhaps the time-honored process of voir dire of potential members is still relevant on this issue. Under oath, jurors can be asked about their understanding about specific issues in a case. A good starting point is the assumption they are not lying under oath. Defense should not underestimate this point for *Daubert*.

Additional Research on Expert Testimony in Child Sexual Abuse Cases

A judicial dilemma: Expert witness testimony in child sex abuse cases.

Mason, Mary A.

Journal of Psychiatry & Law, Vol 19(3-4), Fal-Win 1991. pp. 185-219.

Abstract:

Examined the content of 122 appellate court decisions in which expert witness testimony on the characteristics of sexually abused children was challenged. Most courts were willing to admit testimony regarding the characteristics of sexually abused children, particularly on rebuttal. Few of the courts questioned the content or the scientific basis of the testimony, and even fewer questioned the credentials of the experts or their relationship with the child. It is suggested that expert testimony directed to the capabilities of child witnesses, rather than to the credibility of a particular child, may be more helpful to the court system.

The prosecution's use of social science expert testimony in child sexual abuse cases: National trends and recommendations.

Bulkley, Josephine A.

Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders, Vol 1(2), 1992. pp. 75-95.

Abstract:

Six categories of social science expert testimony presented by the prosecution regarding behaviors of child sexual abuse (CSA) victims are described and analyzed in relation to national case law trends. Problems with the admissibility of several forms of such testimony are discussed in terms of legal requirements for expert testimony, prior knowledge of the issues held by jurors, reliability of the social science research regarding CSA, and the prejudicial impact on jurors. Recommendations are made to limit the use of most forms of testimony (except rehabilitative testimony) and to convene a multidisciplinary symposium.

Expert testimony regarding child sexual abuse.

Myers, John E.

Child Abuse & Neglect, Vol 17(1), Jan-Feb, 1993. Special Issue: Clinical recognition of sexually abused children. pp. 175-185.

Abstract:

Discusses legal issues relating to expert testimony in child sexual abuse cases, including (1) when expert testimony is permitted, (2) qualifications of expert witnesses on child sexual abuse, (3) permissible bases supporting expert testimony, (4) expert testimony on ultimate factual and legal issues, (5) the reasonable certainty standard of expert testimony, (6) the inappropriateness of equating clinical decision making with the legal degrees of proof, and (7) application of the doctrine of res judicata in litigation regarding child sexual abuse in family court. The article also provides a summary of contemporary case law regarding expert testimony offered in child sexual abuse litigation. (

Doing justice and doing good: Conflicts for mental health professionals.

Melton, Gary B.

The Future of Children, Vol 4(2), Sum-Fal 1994. pp. 102-118.

Abstract:

The primary role of mental health professionals in cases of child abuse should be to treat the victims and the offenders. Currently, however, mental health professionals are often involved in the investigation and adjudication of child sexual abuse claims. This article discusses the conceptual and practical conflicts this involvement creates with the mental health professional's therapeutic role. The author concludes that mental health professionals should not be involved in investigating child sexual abuse cases. Furthermore, he contends that mental health testimony about the victim should never be allowed during the adjudication stage and that mental health testimony about the defendant should be allowed only if the defendant puts his character into question. The scientific knowledge base for such testimony is very limited, and the testimony is likely to be more misleading and prejudicial than helpful. Mental health professionals, however, could appropriately help children and adults prepare for legal proceedings and facilitate mediation.

Expert testimony in child sexual abuse cases: Effects of expert evidence type and cross-examination.

Kovera, Margaret Bull, et al.

Law and Human Behavior, Vol 18(6), Dec, 1994. pp. 653-674.

Abstract:

Examined the effects of varying the type of expert testimony, the strength of an expert witness's cross-examination (CE), and gender on 161 undergraduates' (aged 18–47 yrs) perceptions of the expert, the alleged victim, and the defendant in a child sexual abuse (CSA) trial. Ss viewed a control version of the trial (no expert testimony) or 1 of 6 versions containing expert testimony about CSA accommodation syndrome, witness credibility, or anatomically detailed dolls. Ss then completed a questionnaire in which they rendered a verdict, answered recall questions, and evaluated aspects of the trial. Ss who heard any type of expert testimony were more likely to convict the defendant and had better recall for the judge's instructions. Doll and witness credibility evidence were more influential than syndromal evidence, while the strength of CE of the expert influenced few judgments. Women were more likely than men to have a pro-prosecution orientation.

Scientific Expert Testimony in CSA Cases: Legal, Ethical, and Scientific Considerations.

Gratz, Kim L. and Orsillo, Susan M.

Clinical Psychology: Science and Practice, Vol 10(3), Fall 2003. pp. 358-363.

Abstract:

We strongly agree with T. P. Sbraga and W. O'Donohue (see record 2003-07528-007) that the science and ethics of clinical psychology, as well as the legal standards of Daubert v. Merrell Dow Pharmaceuticals, Inc. (1993), prohibit testifying that a child has been sexually abused based on the child's postabuse psychological functioning. Moreover, based on a review of the literature, we argue that it is highly unlikely that a symptom marker of childhood sexual abuse (CSA) will ever emerge that could be used in court to prove a history of childhood abuse. In light of the current status of literature on CSA, we offer some practical suggestions and guidelines for practitioners who accept the role of expert witness in this area.

A comparison of expert evidence and judicial directions to counter misconceptions in child sexual abuse trials.

Goodman-Delahunty, Jane, Cossins, Anne, and O'Brien, Kate

Australian and New Zealand Journal of Criminology, Vol 44(2), Aug, 2011. pp. 196-217.

Abstract:

Studies on the influence of expert evidence and judicial instructions in child sexual abuse (CSA) cases have produced mixed outcomes. Using repeated measures, we tested the effectiveness of expert evidence and judicial directions in challenging common misconceptions about children's memory and responses to sexual abuse. A CSA Misconceptions Questionnaire was administered to 118 psychology undergraduates who later served as virtual jurors in a simulated criminal trial. Specialized CSA knowledge was provided by a psychologist or via judicial directions. Expert evidence had two levels: clinical versus scientific testimony. Timing of judicial instructions had two levels: directions presented before the child testified versus during the judge's summing up. In a fifth control condition, no specialized CSA information was included. After reading a trial transcript, mock-jurors assessed witness credibility, rendered verdicts and again completed the CSA Misconceptions Questionnaire. All four interventions significantly increased jurors' CSA knowledge. The more they knew, the more likely they were to convict. Perceived victim credibility fully mediated the effect of CSA knowledge on verdict: information presented via expert testimony or judicial directions enhanced perceptions of victim credibility, which in turn increased convictions. Conviction rates were significantly higher in response to expert testimony from a clinical psychologist and a judicial instruction provided in the trial summation. These results are promising for courts and policy-makers grappling with low conviction rates in CSA jury trials.

Expert testimony in a child sex abuse case: Translating memory development research.

Bruck, Maggie and Ceci, Stephen J.

Memory, Vol 21(5), Jul, 2013. Special Issue: Memory and The Law: Case Studies. pp. 556-565.

Abstract:

In this paper we describe a custody case that centred on allegations of child sexual abuse. A pair of preschool-aged sisters accused their biological father of various sexual acts, though their allegations were made under problematic conditions and were contradicted by other statements they made. In an affidavit written by one of us (MB), we describe the relevant memory development research in the course of presenting the court with a scientific analysis. We find compelling evidence of multiple risk factors in the way the daughters' recollections were elicited. Although the 'ultimate question' of guilt is beyond our purview, our identification of risks was instrumental in the legal system's decision that the children's allegations were not valid. We put this analysis forward as an example of evidence-based testimony in which scientific findings from the memory literature can be used to frame an expert's analysis.

The Daubert Standard

Be sure to go to my website for a host of materials relevant to the courtroom. This includes multiple transcripts and an example of a pretrial motion to preclude/limit the testimony of a counterintuitive expert. Be sure to visit my website: psy.law > *resources* (on the top ribbon) > *COUNTERING Counterintuitive Testimony: Child*.

Overview of Daubert

“From the bar, attorneys are more likely to challenge expert testimony by filing motion in limine and objecting more often at trial to limit or exclude testimony from an opposing expert ... When successful, these efforts often lead to motions for summary judgment. Attorneys also report that Daubert has prompted them to take a more proactive approach in selecting their own experts and preparing for trial testimony...” (McAuliff & Groscup, in *Psychological Science in the Courtroom: Consensus and Controversy* by Jennifer L. Skeem, Kevin S. Douglas and Scott O. Lilienfeld, May 8, 2009, p. 27)

Judge is Gatekeeper: The task of “gatekeeping” or assuring that scientific expert testimony truly proceeds from “scientific knowledge”, rests on the trial judge.

Relevance and Reliability: This requires the trial judge to ensure that the expert's testimony is “relevant to the task at hand” and that it rests “on a reliable foundation”. Put simply, courts applying *Daubert* are encouraged to ask two questions of experts: “Why should we believe you?” and “Why should we care?” (Dvoskin and Kane, *Evaluation for Personal Injury*, [2011]. Oxford University Press.)

Scientific knowledge = scientific method/methodology: *Scientific knowledge* qualifies if it is the product of sound “scientific methodology” derived from the scientific method. The Court defined “scientific methodology” as the process of formulating hypotheses and then conducting experiments to prove or falsify the hypothesis, and provided a nondispositive, nonexclusive, “flexible” test for establishing its “validity”:

- A. Empirical testing: the theory or technique must be falsifiable, refutable, and testable.
- B. Subjected to peer review and publication.
- C. Known or potential error rate.
- D. The existence and maintenance of standards and controls concerning its operation.
- E. Degree to which the theory & technique is generally accepted by a relevant scientific community.

1. Formulating Hypotheses and Falsifiability

(See the next section on Rule 702 for these topics)

2. Subjected to Peer Review and Publication

3. Known or Potential Error Rate

Validity and Reliability. Psychologists emphasize both “validity” and “reliability” when talking about research studies or psychological testing.

Test validity concerns the test and assessment procedures used in psychological testing and the extent to which these measure what they purport to measure. Although classical models divided the concept into various “validities,” such as content validity, criterion validity, and construct validity, the modern view is that validity is a single unitary construct.

Repeatability or **test-retest reliability** is the variation in measurements taken by a single person or instrument on the same item and under the same conditions. A less-than-perfect test-retest reliability causes **test-retest variability**. Such variability can be caused by, for example,

intra-individual variability and intra-observer variability. A measurement may be said to be *repeatable* when this variation is smaller than some agreed limit.

Error Rate. When talking about “error rates”, scientists use different **Significance Levels**. For instance – a particular scientific study uses a significance level of at least $<.05$. That means that less than 5 times in a hundred attempts to replicate the test will produce different results. The reverse of this equation is the **error rate**. Setting an acceptable error rate accounts for confounding variables or chance. A consultant can help on this.

D. Standardized Controls

Psychological Testing

The use of psychological testing moves the evaluation closer to a scientific standard.

- Reliability is built into the instrument
- Evidence of construct validity
- Standardizes the assessment process
- Idiosyncratic contributions of interviewer are minimized
- Correlated with specific psycho-legal issues in a body of research as opposed a single study
- Clinical prediction, diagnoses, and classifications governed by same decision rules

E. General Acceptance

A. Shifting to a New Standard: Rule 702

If scientific, technical, or other specialized knowledge will assist the trier of fact to understand the evidence or to determine a fact in issue, a witness qualified as an expert by knowledge, skill, experience, training, or education, may testify thereto in the form of an opinion or otherwise.

Three different reliable tests were identified by *Merrell Dow Pharm., Inc. v. Havner*, 953 S.W.2d 706, 714 (Tex. 1997). Reliability requires the trial court to scrutinize not only the principles and methods used by the expert, but also whether these principles and methods have been properly applied to the facts of the case and any data, studies, or facts that underlie, or form the foundation of, the expert’s opinion.

- A. The testimony is based upon sufficient facts or data (collecting the dots)
- B. The testimony is the product of reliable principles and methods (the dots are authentic)
- C. The witness applied principles & methods reliably to the facts of the case (connecting the dots).

1. The Testimony is Based Upon Sufficient Facts or Data (Collecting the Dots)

Knowing the Case

First-and-foremost, the expert has to know about the specific case they are testifying about. Are there details about the case that make it categorically different than the studies being referenced?

The Null Hypothesis (The foundation of science and the American legal system.)

The practice of science involves formulating and testing *hypotheses*, assertions that are capable of being proven false using a test of observed data. The **null hypothesis** typically corresponds to a default position. For example, in a forensic assessment the null hypothesis might be that there is no mental health condition that influenced the instant event. From that position, the evaluator sets out to disprove the null with alternate hypotheses (“*The defendant has a long-standing thought disorder that is reflected in collateral sources. This condition was evident at the time of the instant event.*”).

“Confirmatory Bias”

Psychological science has found that **researchers tend to find what they “expect” to find**. This goes by different names: “*Confirmatory Bias*”, the “*Rosenthal Effect*” (“*Pygmalion Effect*”), the “*Rosenthal Effect*” (“*Sane in Insane Places*”), “*Mental Set*”, “*Primacy Effect*”, or “*First*”

COUNTERING Counterintuitive Testimony (Child) October 21, 2022 160

Impressions” dynamic. The forensic evaluator needs to demonstrate they are cognizant of this phenomenon that adversely affects objective decision-making and show reasonable steps have been taken to avoid the various pitfalls. For example - the tendency for information gathering to be influenced by first impressions. There is a natural (albeit it unintentional) tendency to accept the essential accuracy of the fact pattern as it is provided by the retaining attorney or by the defendant. Some questions to ask of the expert:

- Did the gathering of psychological data systematically rule out rival explanations? What contradictory points of data were found?
- Did the forensic evaluator believe retaining counsel told him/her the factual truth about these events? (1st contact bias?)
- There should be evidence that the expert planned what data to gather from which sources. This corroboration could take the form of signed consent forms for collateral contacts, asking for contacts that might have a different story to tell, or asking the subject of the evaluation to bring certain sources of data to the evaluation session.
- What percent of the time does the evaluator produce an opinion/report that is not helpful to the retaining attorney or doesn’t fit the theory of the case?

B. The Product of Reliable Principles & Methods (The Dots are Authentic)

Are the methods used by the expert sufficient to support the opinion offered in a given case? There are three primary sources of principles & methods:

1. Has the forensic evaluator applied the principles of Science?

Physical Sciences vs. Social Sciences

Physical sciences take direct measurements while social sciences measurements are almost always “proxies” for the desired information. Human behaviors involve complex multi-factorial causation. Control over all the relevant variables is difficult at best.

Falsifiability

From Renaissance times the idea of falsifiability has been refined; it means, “*Can you show that your idea is wrong?*” From that emphasis comes the modern method of beginning with the **null hypothesis**. In order to be valid, expert testimony must demonstrate this “show me” attitude in the process of the investigation. To comply behaviorally with the concept of falsifiability, the expert must show an active search for information that might refute the position of the retaining attorney.

2. Is there an adequate review of research and use of psychological testing?

Acts of Omission vs. Acts of Commission

Often what is missing from the evaluation is more important than what is present. Which studies were not listed? Are there objective psychological tests that could have been applied? Why are these absent from the evaluation? This is where professional consultation can help.

Review of Research

- As mentioned in the previous section; access “PsychINFO” and scholar.google.com for a review of the professional literature on a subject. A consultant can help on this.
- Who were the subjects? How were they obtained? Random sampling?
- Do these subjects adequately resemble the defendant or victim?
- What was the level of ecological validity? How generalizable are the results of each study?
- Has a study been replicated?

3. Professional training and experience

Professional training and experience can be a strong guide for the forensic evaluator. But this can also be a source of significant bias. Remember, witch hunters and recovered “memory” experts had years of training and experience.

C. Applied the Principles & Methods Reliably to the Facts of the Case. (Connecting the Dots) **Law of Parsimony (Occam’s Razor)**

“When you hear hoof beats, think horses not zebras.” **Occam’s razor** (also written as **Ockham’s razor**) is the law of parsimony, economy or succinctness. It is a principle urging the scientist to select amongst competing hypotheses which makes the fewest assumptions and thereby offer the simplest explanation of the effect. In applying the rule, one should proceed from simpler theories unless simplicity can be traded for greater explanatory power. A critical question becomes whether the expert adequately accounted for more obvious alternative explanations (i.e. the defendant was drunk at the time of the instant event as compared to a complicated theory involving PTSD and object-relations theory).

Inferential Leap

Forensic experts/evaluators don’t have the tools to say specifically what happened in the past or to predict exactly what will be in the future. So they make inferential leaps based on the best research, testing, and professional experience.

B. Additional Direction on Daubert

The Advisory Committee on the Federal Rules of Evidence (2000) added five additional suggested areas of consideration based on court rulings after *Daubert*:

1. Whether experts are *“proposing to testify about matters growing naturally and directly out of research they have conducted independent of the litigation, or whether they have developed their opinions expressly for purposes of testifying.”* *Daubert v. Merrell Dow Pharmaceuticals, Inc.*, (9th Cir., 1995, p. 1317).
2. Whether the expert has unjustifiably extrapolated from an accepted premise to an unfounded conclusion.
3. Whether the expert has adequately accounted for obvious alternative explanations.
4. Whether the expert “is being as careful as he would be in his regular professional work outside his paid litigation consulting.” *Sheehan v. Daily Racing Form, Inc.*, (7th Cir., 1997, p. 942).
5. Whether the field of expertise claimed by the expert is known to reach reliable results for the type of opinion the expert would give.

A leading forensic psychologist, Dr. Joel Dvoskin, shares the following:

It should be noted that the Supreme Court, in *Barefoot v. Estelle* (1983), ruled that the testimony of a psychiatrist on the basis of clinical experience was admissible, because *“the rules of evidence generally extant at the federal and state levels anticipate that relevant, unprivileged evidence should be admitted and its weight left to the fact finder, who would have the benefit of cross-examination and contrary evidence by the opposing party”* (p. 898). Sales and Shuman (2005) suggested that a Texas federal court decision provides criteria that could be used in a *Daubert* analysis of clinical testimony [*Antoine-Tubbs v. Local 513 Air Transp. Div.* (N.D. Texas, 1998)]:

- personal examination of the plaintiff by the doctor;
- personally taking a detailed medical history from the plaintiff;
- using differential diagnosis and etiology;
- reviewing tests, reports and opinions of other doctors;
- reviewing other facts or data reasonably relied on by medical experts in forming opinions or inferences as to medical causation;

- reference to medical literature; and
- utilizing the doctor's training and experience.

Similarly, a forensic mental health expert would be expected to do a personal examination, take a detailed history, construct a differential diagnosis, review tests, reports and opinions of relevant clinicians, review information reasonably relied upon by psychological experts in assessing causation, referring to the psychological and medical literature, and utilizing the expert's training and experience.

The Gatekeeper. The Supreme Court made it clear in *Daubert* and its two progeny [*General Electric Company v. Joiner* (1997) and *Kumho Tire Co. v. Carmichael* (1999)] that trial court judges are to exercise their gatekeeping functions. It should be noted, though, that trial judges are not required to question expert testimony. It is up to attorneys to bring *motions in limine* [i.e., a motion to exclude "matters which are irrelevant, inadmissible and prejudicial" (Black's *Law Dictionary*, 1979, p. 914)] if they wish to have proposed testimony excluded, or to address the proposed testimony during trial testimony.

Put simply, courts applying *Daubert* are encouraged to ask two questions of experts: "*Why should we believe you?*" and "*Why should we care?*" The first speaks to the credibility, reliability, and validity of experts' opinions and the facts and logic upon which they are based. The second addresses the need for the expert to identify the relevance of the opinions to be offered to the specific questions at bar. Consistent with long traditions of Anglo-American law, this probative value must then be weighed against any prejudicial effects of the opinions to be offered (Dvoskin & Guy, 2008).

(Special thanks to Joel Dvoskin and Andrew Kane, *Evaluation for Personal Injury*, (2011). Oxford University Press. Personal communication to Dr. Simpson)

General Thoughts on Daubert

Benefits for 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 s/he will respond to your questions in trial.
- You can quote actual statistics (which is 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 his/her testimony.

Liabilities of a Daubert Challenge:

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

Example of Cross in Trial

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 what “*discriminate ability*” means?

A: (The ability of a symptom or test to accurately identify what it purports 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: (?)

(Mikkelsen, 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 Psychotherapy. Vol. 46, 1992.

PART V. Various Topics

TOPIC: Hypnagogic/Hypnopompic Hallucinations in Children

Hypnagogic

The concept of *hypnagogic* refers to the onset of sleep, as opposed to *hypnopompic*. Sometimes *hypnagogic* is employed in a more general sense that covers both falling asleep and waking up. It is not always possible in practice to assign a particular episode of any given phenomenon to one or the other, given that the same kinds of experience occur in both, and that people may drift in and out of sleep.

Hypnopompic

A *hypnopompic state* is the state of consciousness leading out of sleep. Similar to the hypnagogic state at sleep onset; though often conflated, the two states are not identical. The hypnagogic state is waking cognition trying to make sense of non-linear images and associations; the hypnopompic state is emotional and credulous dreaming cognition trying to make sense of the real world. They have a different phenomenological character. Depressed frontal lobe function in the first few minutes after waking – known as "sleep inertia" – causes slowed reaction time and impaired short-term memory. Sleepers often wake confused, or speak without making sense. When the awakening occurs out of rapid eye movement (REM) sleep, in which most dreams occur, the hypnopompic state is sometimes accompanied by lingering vivid imagery.

Research on Hypnagogic/Hypnopompic

Parasomnias in children.

Mahowald, Mark W., and Rosen, Gerald M.
Pediatrician, Vol 17(1), 1990. pp. 21-31.

Abstract:

Describes a clinical classification system for parasomnia and presents guidelines for evaluation and treatment. REM disorders include dream anxiety attacks, sleep paralysis, hypnagogic or hypnopompic hallucinations, and REM sleep behavior disorder. Sleep starts, partial arousals, and sleep drunkenness characterize nonrapid eye movement (NREM) disorders. Non-sleep stage parasomnias include bruxism, enuresis, rhythmic movement disorder, posttraumatic stress disorder (PTSD), periodic movements of sleep, and somniloquy. Secondary sleep parasomnias include central nervous system (CNS) cardiopulmonary, and gastrointestinal disorders. The importance of a thorough diagnostic work-up prior to treatment is stressed.

Hypnagogic and hypnopompic hallucinations: Pathological phenomena?

Ohayon, Maurice M., et al.
The British Journal of Psychiatry, Vol 169(4), Oct, 1996. pp. 459-467.

Abstract:

Explored the prevalence of hypnagogic and hypnopompic hallucinations in the general population. A representative community sample of 4,972 people (aged 15–100 yrs) in the UK interviewed by telephone. 37% of the sample reported experiencing hypnagogic hallucinations, and 12.5% reported experiencing hypnopompic hallucinations. Both types of hallucinations were significantly more common among Ss with symptoms of insomnia, excessive daytime sleepiness, or mental disorders. According to this study, the prevalence of narcolepsy in the UK is 0.04%.

Prevalence and pathologic associations of sleep paralysis in the general population.

Ohayon, Maurice M., Zulley, Jürgen Guilleminault, Christian Smirne, Salvatore.

Abstract:

Estimated the prevalence of sleep paralysis (SP) in the general population and identified the factors associated with this phenomenon. 8,085 Ss (aged ≥ 15 yrs) were surveyed by telephone using the Sleep-EVAL questionnaire and the Sleep Questionnaire of Alertness and Wakefulness (A. B. Douglass et al, 1994). 494 Ss had experienced at least one SP episode in their lifetime. At the time of the interview, severe SP (at least 1 episode per wk) occurred in 0.8% of the sample, moderate SP (at least 1 episode per mo) in 1.4%, and mild SP (less than 1 episode per mo) in 4.0%. Significant predictive variables of SP were anxiolytic medication, automatic behavior, bipolar disorders, physical disease, hypnopompic hallucinations, nonrestorative sleep, and nocturnal leg cramps. This study indicates that the disorder is often associated with a mental disorder. Users of anxiolytic medication were nearly 5 times as likely to report SP, even after the authors controlled for possible effects of mental and sleep disorders.

The place of confusional arousals in sleep and mental disorders: Findings in a general population sample of 13,057 subjects.

Ohayon, Maurice M., et al

Journal of Nervous and Mental Disease, Vol 188(6), Jun, 2000. pp. 340-348.

Abstract:

Confusional arousals, or sleep drunkenness, occur upon awakening and remain unstudied in the general population. A representative sample of 13,057 Ss aged 15+ yrs from the UK, Germany, and Italy were interviewed. Confusional arousals were reported by 2.9% of the sample: 1% of the sample also presented with memory deficits, disorientation in time and/or space, or slow mentation and speech, and confusional arousals without associated features. Ss younger than 35 yrs and shift or night workers were at higher risk of reporting confusional arousals. These arousals were strongly associated with the presence of a mental disorder. Bipolar and anxiety disorders were the most frequently associated mental disorders. Furthermore, subjects with Obstructive Sleep Apnea Syndrome (OSAS), hypnagogic or hypnopompic hallucinations, violent or injurious behaviors, insomnia, and hypersomnia, are more likely to suffer from confusional arousals. Confusional arousals appear to occur quite frequently in the general population, affecting mostly younger Ss regardless of their gender. Physicians should be aware of the frequent associations between confusional arousals, mental disorders, and OSAS.

The ominous numinous: Sensed presence and 'other' hallucinations.

Cheyne, J. Allan.

Journal of Consciousness Studies, Vol 8(5-7), May-Jul, 2001. Special Issue: Between ourselves. pp. 133-150.

Abstract:

A 'sensed presence' often accompanies hypnagogic and hypnopompic hallucinations associated with sleep paralysis. Qualitative descriptions of the sensed presence during sleep paralysis are consistent with the experience of a monitoring, stalking predator. It is argued that the sensed presence during sleep paralysis arises because of REM-related endogenous activation of a hypervigilant and biased attentive state, the normal function of which is to resolve ambiguities inherent in biologically relevant threat cues. Given the lack of disambiguating environmental cues, however, the feeling of presence persists as a protracted experience that is both numinous and ominous. This experience, in turn, shapes the elaboration and integration of the concurrent hallucinations that often take on supernatural and daemonic qualities. The sense of presence considered here is an 'other' that is radically different from, and hence more than a mere projection of, the self. Such a numinous sense of otherness may constitute a primordial core consciousness of the animate and sentient in the world around us.

Relationship between the hypnagogic/hypnopompic states and reports of anomalous experiences.

Sherwood, Simon J.

Journal of Parapsychology, Vol 66(2), Jun, 2002. pp. 127-150.

Abstract:

A range of anomalous experiences has been reported during the borderline hypnagogic or hypnopompic states that surround periods of sleep. The question is whether these states are conducive to anomalous processes or agencies, whether normal features are being misinterpreted, or both. This article outlines the main physiological and psychological features of these hypnagogic/hypnopompic states and considers some of the evidence to address this question. It is concluded that hypnagogic/hypnopompic features may be both conducive to anomalous experiences and misinterpreted as involving anomalous processes or agencies. The interpretation may depend on the specific hypnagogic/hypnopompic features experienced, on individual knowledge and beliefs, and on the context in which the phenomena occur. What is being proposed then is that, although hypnagogic/hypnopompic imagery and sleep paralysis are relatively normal experiences, occasionally they may be influenced by anomalous processes or may facilitate anomalous experiences. More attention to the stages, features, contents, and physiology of the hypnagogic/hypnopompic states may enable us to identify, perhaps with a greater degree of accuracy, if and when anomalous processes are operating.

Sleep Paralysis, Sexual Abuse, and Space Alien Abduction.

McNally, Richard J., and Clancy, Susan A..

Transcultural Psychiatry, Vol 42(1), Mar, 2005. pp. 113-122.

Abstract:

Sleep paralysis accompanied by hypnopompic ('upon awakening') hallucinations is an often-frightening manifestation of discordance between the cognitive/perceptual and motor aspects of rapid eye movement (REM) sleep. Awakening sleepers become aware of an inability to move, and sometimes experience intrusion of dream mentation into waking consciousness (e.g. seeing intruders in the bedroom). In this article, we summarize two studies. In the first study, we assessed 10 individuals who reported abduction by space aliens and whose claims were linked to apparent episodes of sleep paralysis during which hypnopompic hallucinations were interpreted as alien beings. In the second study, adults reporting repressed, recovered, or continuous memories of childhood sexual abuse more often reported sleep paralysis than did a control group. Among the 31 reporting sleep paralysis, only one person linked it to abuse memories. This person was among the six recovered memory participants who reported sleep paralysis (i.e. 17% rate of interpreting it as abuse-related). People rely on personally plausible cultural narratives to interpret these otherwise baffling sleep paralysis episodes.

'The devil lay upon her and held her down': Hypnagogic hallucinations and sleep paralysis described by the Dutch physician Isbrand Van Diemerbroeck (1609-1674) in 1664 .

Kompanje, E. J. O..

Journal of Sleep Research, Vol 17(4), Dec, 2008. pp. 464-467.

Abstract:

Hypnagogic and hypnopompic hallucinations are visual, tactile, auditory or other sensory events, usually brief but sometimes prolonged, that occur at the transition from wakefulness to sleep (hypnagogic) or from sleep to wakefulness (hypnopompic). **Hypnagogic and hypnopompic hallucinations are often associated with sleep paralysis. Sleep paralysis occurs immediately prior to falling asleep** (hypnagogic paralysis) or upon waking (hypnopompic paralysis). In 1664, the Dutch physician Isbrand Van Diemerbroeck (1609–1674) published a collection of case histories. One history with the title 'Of the Night-Mare' describes the nightly experiences of the 50-year-old woman. This case report is subject of this article. The experiences in this case could without doubt be diagnosed as sleep paralysis accompanied by hypnagogic hallucinations. This case from 1664 should be cited as the earliest detailed account of sleep paralysis associated with

hypnagogic illusions and as the first observation that sleep paralysis and hypnagogic experiences occur more often in supine position of the body.

Sleep paralysis in adolescents: The 'a dead body climbed on top of me' phenomenon in Mexico.

Jiménez-Genchi, Alejandro., Ávila-Rodríguez, Víctor M., Sánchez-Rojas, Frida, Nenclares-Portocarrero, Alejandro.

Psychiatry and Clinical Neurosciences, Vol 63(4), Aug, 2009. pp. 546-549.

Abstract:

Aims: The aim of the present study was to evaluate the prevalence and characteristics of sleep paralysis in adolescents using a folk expression. Methods: Three hundred and twenty-two adolescents (mean age, 15.9 ± 0.88 years; 66.8% female) from three high schools in Mexico City completed both a self-reported questionnaire, including a colloquial definition of sleep paralysis and the Epworth Sleepiness Scale. Results: A high proportion of the adolescents (92.5%) had heard about the 'a dead body climbed on top of me' expression and **27.6% of them had experienced the phenomenon**. Sleep paralysis was present in 25.5% while the prevalence rate for hypnagogic/hypnopompic hallucinations was 22%; 61% had experienced ≥ 2 episodes in their lifetime. The mean age of onset was 12.5 ± 3 years. Sleepiness scores for the subjects who had experienced at least one event were not significantly different from subjects who had not experienced any. **In 72% of cases, the episodes were composed of both sleep paralysis and hallucinations** while 20.2% consisted of only sleep paralysis and 7.8% of only hallucinations. The number and characteristics of events were not significantly different between adolescents with only one episode and those with two or more episodes. Conclusions: **The characteristics of the 'a dead body climbed on top of me' phenomenon suggest that is identical to sleep paralysis and a frequent experience among Mexican adolescents.** During adolescence, sleep paralysis seems to be a recurrent phenomenon frequently accompanied by hallucinatory experiences.

In a dark time: Development, validation, and correlates of the Durham Hypnagogic and Hypnopompic Hallucinations Questionnaire.

Jones, Simon R., et al

Personality and Individual Differences, Vol 46(1), Jan, 2009. pp. 30-34.

Abstract:

One factor limiting research involving hypnagogic and hypnopompic (H&H) hallucinations is the lack of a brief, valid and reliable self-report measure of such experiences. The present paper reports on the development of the Durham Hypnagogic and Hypnopompic Hallucinations Questionnaire (DHQ), which consists of three unidimensional subscales assessing the presence of auditory, visual, and felt-presence experiences in the H&H state. In a sample of 18-29 year olds ($N = 365$) this scale was found to have satisfactory psychometric properties. A subsample ($n = 293$) completed self-report measures of intrusive thoughts, thought suppression and transliminality. Intrusive thoughts and the conscious desire to undertake thought suppression both correlated with levels of auditory, but not visual or felt-presence H&H hallucinations. Transliminality correlated with all DHQ subscales, but significantly more strongly with felt presence than visual H&H experiences. Implications of these findings are considered, and recommendations for future research made.

A web survey of the content, sensory modalities, and interpretation of hypnagogic and hypnopompic experiences.

Sherwood, Simon J..

Journal of Parapsychology, Vol 76(1), Spr 2012. pp. 27-55.

Abstract:

Various anomalous experiences have been reported just as people are falling asleep (hypnagogic state) or awakening from sleep (hypnopompic state). These states might be conducive to the

operation of paranormal processes but might also facilitate the misinterpretation of normal experiences. It is therefore important to investigate the range of experiences reported in these states and how they are interpreted. Research into hypnagogic/hypnopompic imagery has focused on hypnagogic (HG) imagery and the visual and auditory modalities in particular. Comparatively little is known about hypnopompic (HP) imagery and other sensory modalities. A web survey, with 492 respondents, investigated the relative frequency of sensory modalities for HG and HP imagery, their content, and how they have been interpreted. **The results suggest that HG is more common than HP imagery; visual, falling and sense of presence sensations are the most common forms, followed by auditory, tactile, bodily, and movement sensations.** Olfactory and gustatory imagery is rare. A qualitative analysis revealed a wide range of themes that apply to both HG/ HP experiences, although some only occur in one particular state. Respondents' interpretations of the imagery included normal aspects of mind/body functioning, possible physical or mental health problems, and paranormal, spiritual, mystical, or supernatural processes.

Confusional arousals, sleep terrors, and sleepwalking.

Meltzer, Lisa J., and McLaughlin Crabtree, Valerie.

Pediatric sleep problems: A clinician's guide to behavioral interventions. Meltzer, Lisa J.; McLaughlin Crabtree, Valerie; pp. 175-182; Washington, DC, US: American Psychological Association; 2015. xv, 282 pp.

Abstract:

Confusional arousals, sleep terrors, and sleepwalking are all disorders of arousal, also known as *partial arousal parasomnias* or *nonrapid eye movement (NREM) parasomnias*. These events occur during the transition out of slow-wave sleep to lighter sleep, rapid eye movement (REM) sleep, or a brief arousal. Because most slow-wave sleep occurs in the first part of the night, NREM parasomnias typically occur during the first few hours after sleep onset. In addition, because slow-wave sleep decreases with age, events become less common in older school-age children and adolescents. Although less common, NREM parasomnias can also occur during daytime naps for younger children (thus the term sleep terrors rather than night terrors). There are also REM parasomnias that can occur, including REM-sleep behavior disorder, hypnagogic/hypnopompic hallucinations, and nightmares. The treatment of nightmares is covered in Chapter 8, and the other two disorders are rare in children and adolescents, and thus are not covered in this chapter. Each type of NREM parasomnia has a different presentation. Confusional arousals can be seen in infants as young as 6 months and are characterized by confusion, disorientation, grogginess, and possible agitation. Sleep terrors are most common in preschool and early school age children and present with a child waking suddenly and appearing frightened and/or significantly distressed (i.e., screaming, crying). Many children (up to 40%) will have at least one episode of sleepwalking in their life. These children will appear dazed and confused, with their eyes open, and may mumble or talk nonsensically. In addition, some sleepwalkers will engage in unusual behaviors (e.g., walking down the hall and urinating in a closet, making a sandwich and then not eating it or cleaning up, wandering out of the house). Despite the different presentations, there are a number of common features for these events. Most are brief in duration (i.e., 5–10 minutes) and end spontaneously, although some children may experience more severe NREM parasomnias that last up to an hour. Children will often not respond to, not interact with, or not be comforted by parents during an event, and if they do, the child will often appear confused or noncoherent. Attempting to wake a child who is having an NREM parasomnia event will likely make the event last longer. Finally, children will have retrograde amnesia and thus will not recall the event in the morning.

How to make the ghosts in my bedroom disappear? Focused-attention meditation combined with muscle relaxation (MR therapy)—A direct treatment intervention for sleep paralysis.

Abstract:

[Correction Notice: An Erratum for this article was reported in Vol 7[1194] of *Frontiers in Psychology* (see record 2016-41711-001). Due to a typesetting error, the references of Sharpless and Barber (2011) and Sharpless and Doghramji (2015) were inadvertently interchanged in the original article. Corrections are provided in the erratum.] Sleep paralysis (SP) is a common state of involuntary immobility occurring at sleep onset or offset. **It can include terrifying hypnogogic or hypnopompic hallucinations of menacing bedroom intruders. Unsurprisingly, the experience is associated with great fear and horror worldwide.** To date, there exist no direct treatment intervention for SP. In this article, I propose for the first time a type of focused inward-attention meditation combined with muscle relaxation as a direct intervention to be applied during the attack, to ameliorate and possibly eliminate it (what could be called, meditation-relaxation or MR therapy for SP). The intervention includes four steps: (1) *reappraisal of the meaning of the attack*; (2) *psychological and emotional distancing*; (3) *inward focused-attention meditation*; (4) *muscle relaxation*. The intervention promotes attentional shift away from unpleasant external and internal stimuli (i.e., terrifying hallucinations and bodily paralysis sensations) unto an emotionally pleasant internal object (e.g., a positive memory). It may facilitate a relaxed meditative state characterized by a shift from sympathetic to parasympathetic dominance, associated with greater levels of alpha activity (which may lead to drowsiness and potentially sleep). The procedure may also reduce the initial panic and arousal that occur when realizing one is paralyzed. In addition, I present a novel Panic-Hallucination (PH) Model of Sleep Paralysis; describing how through escalating cycles of fear and panic-like autonomic arousal, a positive feedback loop is created that worsens the attack (e.g., leading to longer and more fearful episodes), drives content of hallucinations, and causes future episodes of SP. Case examples are presented to illustrate the feasibility of MR therapy for SP.

What is the link between hallucinations, dreams, and hypnogogic – hypnopompic experiences?

Waters, Flavie. Health, Perth, Blom, Jan Dirk., Dang-Vu, Thien Thanh., Cheyne, Allan J., Alderson-Day, Ben., Woodruff, Peter., Collerton, Daniel.

Schizophrenia Bulletin, Vol 42(5), Sep, 2016. pp. 1098-1109.

Abstract:

By definition, hallucinations occur only in the full waking state. Yet similarities to sleep-related experiences such as hypnogogic and hypnopompic hallucinations, dreams and parasomnias, have been noted since antiquity. These observations have prompted researchers to suggest a common aetiology for these phenomena based on the neurobiology of rapid eye movement (REM) sleep. With our recent understanding of hallucinations in different population groups and at the neurobiological, cognitive and interpersonal levels, it is now possible to draw comparisons between the 2 sets of experiences as never before. In the current article, we make detailed comparisons between sleep-related experiences and hallucinations in Parkinson's disease, schizophrenia and eye disease, at the levels of phenomenology (content, sensory modalities involved, perceptual attributes) and of brain function (brain activations, resting-state networks, neurotransmitter action). **Findings show that sleep-related experiences share considerable overlap with hallucinations at the level of subjective descriptions and underlying brain mechanisms.** Key differences remain however: (1) **Sleep-related perceptions are immersive and largely cut off from reality, whereas hallucinations are discrete and overlaid on veridical perceptions;** and (2) **Sleep-related perceptions involve only a subset of neural networks implicated in hallucinations, reflecting perceptual signals processed in a functionally and cognitively closed-loop circuit.** In summary, both phenomena are non-veridical perceptions that share some phenomenological and neural similarities, but insufficient evidence exists to fully support the notion that the majority of hallucinations depend on REM processes or REM intrusions into waking consciousness.

Sleep paralysis, 'the ghostly bedroom intruder' and out-of-body experiences: The role of mirror neurons.

Abstract:

This article discusses role of mirror neurons in sleep paralysis, out-of-body experiences. Sleep paralysis (SP) is triggered by the pons and ventromedial medulla that suppress skeletal muscle tone during Rapid eye movement (REM) sleep—via inhibition of motor neurons in the spinal cord; through neurotransmitters Gamma Aminobutyric Acid (GABA) and glycine. Perceptual activation occurs while under the 'spell' of REM paralysis. The result is a curious condition called sleep paralysis, where the person is left 'trapped'—unable to move or speak upon falling asleep or upon awakening. During SP, the vivid—and sometimes terrifying—dreams of REM sleep can spill over into emerging wakefulness. **Hypnagogic or hypnopompic hallucinations occur in all sensory modalities, and include out-of-body experiences (OBE), and sensing and seeing the presence of menacing intruders in one's bedroom.** The authors further evoke the mirror neuron system (MNS) as crucial in giving rise to this 'intruder' hallucination. The MNS allows one to temporarily detach from one's body and 'see' the world from another person's vantage point. The authors suggest that OBEs during SP, likewise result from the massive deafferentation that occurs during REM sleep paralysis.

TOPIC: Parental Alienation

Dr. Wendy Dutton opines:

Parental Alienation Syndrome has not been empirically validated by social science research as a diagnostic syndrome. A child may have a negative opinion about one parent due to the other parent engaging in alienating behaviors. However, a child may also have a negative opinion about a parent because of abusive behavior.

Articles cited by Dr. Dutton:

Bancroft & Silverman, 2002 ; Faller, 1998

Areas of Inquiry and Summary for Expert Testimony and Supporting Research Citations
Wendy A. Dutton, M.A., Ph.D., LPC, February 2022

The following text borrows extensively from Wikipedia, which offers a helpful synopsis of *Parental Alienation*.

First described in 1976 as "pathological alignment", the dynamic refers to a situation in which a child unreasonably rejects a non-custodial parent.^[8] Richard A. Gardner proposed parental alienation syndrome in the 1980s based on his clinical experience with the children of divorcing parents. Since that time, other researchers have suggested focusing less on diagnosing a syndrome and more on what has been described as the "alienated child", and the dynamics of the situation that have contributed to the alienation.^{[5][9]} In this view, alienation is seen as a breakdown of attachment between parent and child and may be caused by multiple factors. The behaviors of all family members, including those of the alienated parent, may lead to family dysfunction and the rejection of a parent.^{[10][11]} The evaluation of all contributing factors and all possible remedies are recommended in evaluating cases where children have become estranged from a parent.^{[5][12]}

Parental alienation lacks a single definition and its existence, etiology, characteristics, and in particular the concept of parental alienation syndrome have been the subject of debate. Some formulations of the concept have emphasized the role of an alienating parent, termed variously the "programming" parent or "embittered-chaotic parent".^[8] More recent descriptions, influenced by the research of Kelly and Johnston, have proposed a more complex analysis, in which all family members may play a role. This "systems-based" view acknowledges that a child may be alienated from one parent without "alienating" behaviour by the other parent.^{[5][8]} The results of an empirical study also suggest that alienating behaviors by both parents are the norm in high-conflict divorces. Rejected parents, generally fathers, tend to lack warmth and empathy with the child; instead, they engage in rigid parenting and critical attitudes. The rejected parent is often passive, depressed, anxious, and withdrawn - characteristics which may encourage further rejection. The parent that the child aligns with (the aligned parent) may engage in alienating behaviors, including undermining the other parent. These behaviors may be conscious and deliberate or, alternatively, may reflect a lack of awareness on the effect of the actions on the children. Direct alienating behaviors occur when one parent actively undermines the other parent, such as making derogatory remarks about the other parent, telling the child that the other parent is responsible for the separation, or telling the child that the other parent is the cause of financial difficulties. Indirect alienation behaviors occur when one parent fails to support access or contact with the other parent or tacitly accepts the child's negative behaviour and comments towards the other parent.^{[5][8]}

Most of the peer-reviewed publications on the subject have been in the form of descriptions and definitions. Some empirical research has been done, though the quality of the studies vary widely and research in the area is still underdeveloped.^[13] Sample selection bias is an obvious problem in many of the studies. For example, when alienated children have been interviewed, it is likely that the children selected for study have been among the most severely alienated and suffering children. The beliefs of

judges, lawyers, and mental health professionals have been cited extensively in peer reviewed literature.^[8]

Professional acceptance

A survey of mental health and legal professionals indicated that there is moderate support for the existence of parental alienation. However, there remains general reluctance to accept the concept of parental alienation syndrome (PAS).^[8] William Bernet argued for the inclusion of *parental alienation disorder*, a diagnosis related to parental alienation, in the fifth version of the Diagnostic and Statistical Manual of Mental Disorders, which was released in 2013. His conception makes reference to PAS and a variety of other descriptions of behaviors he believes represent the underlying concept of parental alienation disorder.^[7] Despite lobbying by proponents,^[14] in December 2012, the proposal was rejected.^[15] Similarly, the American Psychological Association has rejected Parental Alienation Syndrome as unscientific and sexist. The APA whitepaper notes: "Although there are no data to support the phenomenon called parental alienation syndrome, in which mothers are blamed for interfering with their children's attachment to their fathers, the term is still used by some evaluators and courts to discount children's fears in hostile and psychologically abusive situations." [American Psychological Association, *Violence and the Family*, American Psychological Association, Washington, D.C., 1996, p. 40] Some have suggested that the general idea of PAS is covered in the DSM-V under a closely related diagnosis: "Parent-Child Relational Problem." For example, the child's perception of an alienated parent "may include negative attributions of the other's intentions, hostility toward or scapegoating of the other (parent), and unwarranted feelings of estrangement." ^{[16][17]}

In a survey at the Association of Family and Conciliation Courts in 2010, 98% of the 300 respondents agreed with the question, "Do you think that some children are manipulated by one parent to irrationally and unjustifiably reject the other parent?"^[18] However, Parental Alienation Syndrome refers not to this manipulation, but to a serious illness in the child in which he or she despises and rejects one of the parents. Since both the American Psychiatric Association and American Psychological Association have explicitly rejected Parental Alienation Syndrome, it does not meet the Frye test for admissibility in court in most states. Attorneys and expert witnesses may still argue that a parent undermines the child's relationship with the other parent through inappropriate actions or statements.

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19. Pagers, Parental Alienation Awareness Association.
20. See Margaret A. Hagen, *Whores of the Court*.

Relevant Research Articles related to Parental Alienation

A Critical Analysis of Parental Alienation Syndrome and Its Admissibility in the Family Court. Walker, Lenore E. A., Brantley, Kristi L., Rigsbee, Justin A. *Journal of Child Custody: Research, Issues, and Practices*, Vol 1(2), 2004. pp. 47-74.

Abstract: Over the past three decades, parental alienation syndrome (PAS) has been proposed to explain behaviors by a child who refuses to spend time with a parent and actually denigrates that parent within the context of a child custody dispute. Although some mental health professionals and child custody evaluators, attorneys, and judges have been quick to accept and admit PAS as evidence in these disputes, there has been no consistent empirical or clinical evidence that PAS exists or that the alienator's behavior is the actual cause of the alienated child's behavior towards the target parent. This article attempts to help those working with custody issues understand how the PAS construct fails to meet scientific standards and should not be admissible in courts.

A historical perspective on parental alienation syndrome and parental alienation. Meier, Joan S., *Journal of Child Custody: Research, Issues, and Practices*, Vol 6(3-4), Jul, 2009. Special Issue: Domestic violence issues in child custody. pp. 232-257.

Abstract: Claims of parental alienation syndrome (PAS) and parental alienation (PA) have come to dominate custody litigation, especially where abuse is alleged. Although much psychological and legal literature has critiqued PAS, and leading researchers as well as most professional institutions have renounced the syndrome concept, alienation as a parental behavior or child's condition continues to be extensively investigated and credited in research and forensic contexts. This article reviews the history of PAS, both as posited by its inventor, Richard Gardner, and as used and applied in courts, suggesting that it not only lacks empirical basis or objective merit, but that it derives from its author's troubling beliefs about adult and child sexual interaction. It then examines the more recent explorations of non-syndrome "alienation" as proffered by Janet Johnston and others, noting both its more balanced and grounded nature and its more modest remedial implications. However, the article concludes that PA is too closely tied to PAS to be an adequate improvement. It, too, is used crudely in courts to defeat abuse allegations, it continues to rely on speculations about mothers' purported unconscious desires and their effects on children, and, more subtly than PAS, it minimizes abuse and its effects on mothers and children. At root, although even PA researchers have found it to be a real issue in only a small minority of contested custody cases, courts' and evaluators' extensive focus on it in response to mothers' abuse allegations continues to privilege false or exaggerated alienation concerns over valid concerns about abuse.

Parental alienation critics and the politics of science. Rand, Deirdre C. *American Journal of Family Therapy*, Vol 39(1), Jan, 2011. pp. 48-71.

Abstract: This article examines the assertions, made by two main groups of critics, about Parental Alienation Syndrome (PAS) and parental alienation (PA). Among the topics discussed are: role of the alienating parent; structural interventions such as custodial transfer; relationship between PAS and allegations of sex abuse; and controversy over use of the term syndrome.

Parental alienation, DSM-5, and ICD-11: Response to critics. Bernet, William, Baker, Amy J. L. *Journal of the American Academy of Psychiatry and the Law*, Vol 41(1), Mar 1, 2013. pp. 98-104.

Abstract: There has been considerable interest among forensic practitioners in the proposals that parental alienation be included in the next editions of the Diagnostic and Statistical Manual of Mental Diseases (DSM) and The International Classification of Diseases (ICD). However, there has also been a great deal of misunderstanding about the proposals, and misinformation has been expressed in professional meetings, on websites, and in journal articles. In this article we address four common misunderstandings regarding parental alienation: that there is a lack of research to support it as a diagnosis; that adopting parental alienation as a diagnosis will lead to serious adverse consequences; that the advocates of parental alienation are driven by self-serving or malevolent motives; and that Richard Gardner should be criticized for self-publishing his description of parental alienation syndrome.

Understanding the complexity and controversy of parental alienation. Ertelt, Troy, Van Dyke, Darci *PsycCRITIQUES*, Vol 58(26), 2013.

Abstract: Reviews the book, *Children Who Resist Postseparation Parental Contact: A Differential Approach for Legal and Mental Health Professionals* by Barbara Jo Fidler, Nicholas Bala, and Michael A. Saini (see record 2012-23823-000). Although a great deal of discussion has taken place regarding parental alienation syndrome over the years, important questions remain: What is the professional, accepted definition of parental alienation? How is alienation assessed? Are there effective interventions? What are the legal responses to this problem? The authors take a multidisciplinary approach to answering these questions in this book. The book is organized into 10 sections in which the authors address problems in defining and assessing parental alienation as well as risk factors, prognosis, and strategies for prevention and intervention. They also address legal and policy responses to the problem of parental alienation. Professionals, students, policy makers, and those involved in alienation cases will find the information in this book helpful for considering the complexity of these issues.

Is the concept of parental alienation a meaningful one? Lowenstein, Ludwig F. *Journal of Divorce & Remarriage*, Vol 54(8), Nov, 2013. pp. 658-667.

Abstract: Many members of the judiciary do not yet accept the concept of parental alienation (PA) or parental alienation syndrome (PAS). It has not as yet been included in the Diagnostic and Statistical Manual of Mental Disorders–5 or International Classification of Diseases–11. This article discusses the concept of PA as meaningful and resulting from serious conflict before, during, and after separation of parents. It results in a child failing to have good contact with the now absent parent, despite the fact that the child previously had a good relationship with that parent. The concept of PA is defined and is differentiated into types. The behavior of the alienator and the alienated parent is described. The incidence, symptoms, and diagnosis of PA is also delineated, as are the long-term effects and treatment of PA.

APPENDIX A: False and Unfounded Child Sexual Abuse Allegations

A false accusation of sexual assault is the intentional reporting of a crime where no crime has occurred. It is difficult to assess the prevalence of false accusations because they are often conflated with non-prosecuted cases under the designation "*unfounded*" and not all jurisdictions have a distinct classification of false accusation. As such, there are many reasons that can result in a sexual assault case being closed as unfounded or unproven. A good starting point is to review the following article by Rumney. If you can't find the article online, email me and I'll send you a copy.

Purported False Allegations of Rape, Child Abuse and Non-Sexual Violence: Nature, Characteristics and Implications

Philip Rumney, Kieran F McCartan

The Journal of Criminal Law, First Published December 19, 2017

Abstract

The subject of false rape allegations is a subject shrouded in anxiety, confusion and misunderstanding. Despite a growing body of quality research there continue to be significant gaps in our knowledge about the topic, including the phenomenon of false allegations beyond rape and other sexual offences. The purpose of this article is to seek to deepen our understanding by examining a unique dataset comprising 701 cases involving individuals who purport to have been the subject of false accusations of rape, child sexual abuse, child abuse/neglect and other forms of wrongdoing. This article aims to provide an insight into the nature and characteristics of these allegations and explore the implications of the data for several research and policy questions. It will also critically examine some of the current literature and scholarly claims in this area, particularly around the commonality of false allegations and critique claims that discussion of this topic is dangerous and best avoided. Finally, the article sets out a future research agenda in which the complex issues raised by false allegations can be carefully considered, and the scale, impact and pathways to accusation can be better understood.

False allegations of child sexual abuse: Implications for policy and practice.

Robin, Michael.

The state as parent: International research perspectives on interventions with young persons. Hudson, Joe, (Ed); Galaway, Burt, (Ed); pp. 263-280; New York, NY, US: Kluwer Academic/Plenum Publishers; 1989.

Abstract:

Reviews available data on false allegations of sexual abuse / the manner in which cases are investigated is reviewed and future research topics are suggested defining false allegations / defining child sexual abuse / unfounded reports / studies of false allegations / childsexual abuse investigations / impact of bias / when a child denies being abused / credibility of children / assessing allegations / behavioral and emotional indicators / when a child retracts an allegation / anatomically correct dolls

Child abuse and neglect reports in foster care: The issue for foster families of false allegations.

Carbino, Rosemarie.

Child & Youth Services, Vol 15(2), 1991. pp. 233-247.

Abstract:

Possible reasons for the reporting of child maltreatment (MAL) when no MAL occurred include reporting standards, reporter misjudgment, deliberate 'false' reporting, and the need for humane services. Foster parent beliefs, experiences, and needs are reviewed in relation to how agencies respond when abuse is alleged. To ease the damaging effects of responses to MAL reports, services, support, and resources should be provided to all reported foster families (FFs). Four areas of positive change are recommended: (1) awareness of the traumatic impact on FFs of some agency responses to MAL allegations; (2) agency policy on dealing with reported FFs; (3) information provided to FFs; and (4) agency response to MAL reports, going well beyond investigation.

The social construction of child abuse and 'false allegations.'

Robin, Michael. U Minnesota School of Social Work, Minneapolis, US
Child & Youth Services, Vol 15(2), 1991. pp. 1-34.

Traces the evolution and development of child abuse and neglect as a serious social problem and examines how it has been brought to public attention. The content of the claims that have been made about the problem and the practical and political implications of how the problem has been socially constructed are examined. How approaches to the problem of child abuse and neglect have led, in the mid 1980s, to the development of 'false allegations' (FAs) as a serious social problem is also examined. The indifference of the professional community when FAs happen is significant. The injustice of FAs is based not only on the immediate circumstances of the problem but also on the unwillingness of the professional community to acknowledge the phenomenon and to take the necessary steps to prevent and/or ameliorate its negative consequences.

Extended forensic evaluation when sexual abuse is suspected: a multisite field study.

Connie Nicholas Carnes, et al.

Child Maltreatment (2001) 6: 230, pp.

Abstract

*A subset of children referred due to suspected sexual abuse require more than one interview for professionals to reach an opinion about the **veracity of allegations**. The National Children's Advocacy Center's forensic evaluation model was designed for that specific group of children. The multisite study of the model reported here followed a 2-year pilot study. Professionals in 12 states adopted the model and collected data for 2 years on a total of 147 participants. In 44.5% of the cases, a credible disclosure was obtained, with 73% of these cases supported in the legal system. The forensic evaluation procedure yielded clear information to be used in child protection and prosecutory decisions in 64% of the cases (combining cases with credible disclosures and abuse unlikely findings). Finally, the study examined the effects of the length of the evaluation and of the case and child characteristics on evaluation outcomes.*

- *Abuse likely cases. . . in 61 (44.5%) of the 137 valid cases in the sample, evaluators were able to gain credible disclosures from children that could help investigators continue the investigation and could serve as direct evidence for triers of fact. (p. 235)*
- **Comment: Over half (55.5%) of children who were repeatedly forensically interviewed were determined to have unfounded claims of abuse. Further, 19% were actually determined to be “abuse unlikely”/**
- *Abuse unlikely cases. There was a wide variety of cases in the abuse unlikely category (n=26, 19%). Of these, 5 children appeared to have been exposed to an overly sexualized environment but did not appear to have been overtly abused. . . In 4 cases (3% of the sample), it appeared evident an adult had initially coached a child to make a false statement of abuse. A variety of other circumstances existed in this category, including experimentation with age mates, impulsivity and boundary issues, and initial misinterpretation of innocuous activities. . (p. 235)*
- *As was pointed out earlier in this article, it is impossible to know ground truth. This is another major limitation of the study. Although legal corroboration exists for a majority of the abuse likely cases, we cannot know for sure how often the interviewers' judgement coincided with the truth of the situation. (p. 236)*

- *All children judged to be in the abuse likely category required more than one interview opportunity to adequately describe the abuse, and some required as many as eight opportunities (counting the original investigative interview). (p. 236)*
- *In the context of this study, it is important that the results of the evaluation are not only accurate and useful to investigators but also that they are acquired in ways acceptable to the courts. The model sought to take the requirements of the courts and the cautions of the research into account. Although the number of cases tested in the courts is too small to draw generalizable conclusions, we discovered no cases in which a family or criminal court excluded information obtained in the evaluation. The model is not a magic bullet, and evaluators were unable to provide clear information on the credibility of the allegations in 36% of the cases. (p. 237)*

Critique by Dr. Simpson

The importance of this study cannot be overstated. Dutton is citing a well-done study that concludes after repeated forensic interviews 55.5% of children's sexual abuse claims were determined to be unfounded or false.

A case study of child sexual false allegation.

Hershkowitz, Irit.

Child Abuse & Neglect, Vol 25(10), Oct, 2001. pp. 1397-1411.

Abstract:

Follows the path by which a naive suggestion made in the course of a mother-daughter conversation was transformed into an allegation of severe sexual abuse. In addition, this article analyzes the 10-yr-old's interview scientifically and explores the limitations of scientific tools for detecting implausible allegations. Independent case facts were collected and analyzed to determine whether the event described by the child was likely to have happened. The credibility of the child's account was assessed using Criterion-Based Content Analysis and the information provided in both the 'implausible' and 'corrected' statements was compared to quantify the fabricated details in the implausible statement. The event described by the child was 'very unlikely to have happened' but the credibility assessment failed to detect its implausibility. Comparison of the 2 statements revealed that the child did fabricate central details but incorporated them into a description of an event she really experienced, and most of the information provided was truthful. The pressure to conform to suggestions can be irresistible, inducing some children to make false allegations of sexual abuse. Scientific tools designed for credibility assessment are limited and may fail to detect implausible statements.

False sexual-abuse allegations by children and adolescents: Contextual factors and clinical subtypes.

Authors:

Mikkelsen, Edwin J., Gutheil, Thomas G., Emens, Margaret

American Journal of Psychotherapy, Vol 46(4), Oct, 1992. Boundaries, behavior, and sexual misconduct: Current issues and the medicolegal interface. pp. 556-570.

Abstract:

Develops, based on a review of the empirical literature, a typology of false allegations of sexual abuse against children. The specific subtypes described are false allegations (1) arising out of custody disputes, (2) stemming from accusers' psychological disturbances, (3) resulting from conscious manipulation, and (4) being caused by iatrogenic elements. Clinical examples are presented.

(Text included below)

FALSE SEXUAL-ABUSE ALLEGATIONS BY CHILDREN AND ADOLESCENTS: CONTEXTUAL FACTORS AND CLINICAL SUBTYPES

The authors present a typology of false allegations of sexual abuse against children that is derived from the literature and their clinical experience. **The specific subtypes described are false allegations (1) arising out of custody disputes, (2) stemming from accusers' psychological disturbances, (3) resulting from conscious manipulation, (4) being caused by iatrogenic elements.**

INTRODUCTION

The determination of the validity of a child's or adolescent's allegation of sexual abuse is one of the most difficult clinical questions that mental health professionals are confronted with. Despite the fact that many studies now indicate that a certain percentage of these allegations are false, large numbers of clinicians respond to the enormous complexities of these cases by resorting to oversimplified generalizations such as "children never lie." This type of response renders the decision-making process uncomplicated, but can also yield numerous false positives as this logic virtually precludes the existence of false allegations. In this manuscript we will review the literature concerning false allegations and will present a typology of their clinical subtypes to aid in the detection and clinical understanding of false allegations of sexual abuse, as well as in future research in the area.

FREQUENCY OF FALSE ALLEGATIONS OF SEXUAL ABUSE BY ADOLESCENTS AND CHILDREN

A recent review of the literature concerning systematic research into the frequency of false allegations of sexual abuse^[1] revealed rates ranging from two to eight percent of referrals to child abuse clinics,^[2-4] six percent of emergency room referrals^[5] and substantially higher rates of 36.4%^[6] to 55.5%^[7] for the special circumstance of allegations arising out of the context of custody disputes. These articles are summarized in Table I.

In a large retrospective review involving all 576 complaints of sexual abuse made to the Denver, Colorado, Department of Social Services in 1983, Jones and McGraw^[8] utilized the innovative strategy of breaking away from a strict Yes/No dichotomy and put forward four categories that capture the ambiguity of many of these situations. Their four categories and the frequency of each are as follows: confirmed--53%; suspicious but not conclusive--17%; insufficient evidence to reach a conclusion--24%; and, definite false allegations--2%.

An important variable that has been analyzed in this research is the age of the child as it relates to the frequency of false allegations. This research as summarized by Everson and Boat^[1] indicates that the relative frequencies for different age groups is as follows [N for each group indicated in ()]: 1 to 2.9 years of age (N = 124) 6%; 3 to 5.9 years of age (N = 301) 7%; 6 to 11.9 years of age (N = 414) 4.3%; and 12 to 17.9 years of age (N = 410) 8.0%. Thus, it would appear that the risk of an allegation being false is greater with older children.

CLINICAL ASPECTS OF FALSE ALLEGATIONS

While the research cited above is of use in ascertaining anticipated rates of false allegations the studies do not provide a great deal of clinical detail other than to indicate that one's suspicion should be heightened in cases where the allegation arises out of a custody dispute and that older children have higher rates of false allegations. This lack of clinical detail is not a specific shortcoming of the studies per se, but rather is reflective of their goal to determine overall frequencies of false allegations. More clinical detail is presented in the case-report literature which provides clinical descriptions of the reported cases. While these reports do not have the statistical

significance of the studies previously mentioned they do provide more detail concerning the context and circumstances which surround false allegations. A summary of reported cases of false allegations made by children and adolescents is presented in Table II. ^[1,6,9,10-12] We have attempted to locate and summarize as many of these reports as possible, but do not claim that this listing includes every report which has ever been published. We have also excluded those cases that did not appear to have a firm basis for concluding that the allegation was false as opposed to inconclusive.

The reported cases continue the theme elaborated in the empirical research that allegations arising out of custody disputes are more suspect. However, the case reports also extend the range of contextual factors to be considered by highlighting the importance of the psychological stability of the reporting individual be it the child or an involved adult, and manipulation on the part of the child to obtain a specific result.

A TYPOLOGY OF SUBTYPES OF FALSE ALLEGATIONS OF SEXUAL ABUSE BY CHILDREN AND ADOLESCENTS

Our own clinical research into this phenomenon coupled with the literature reviewed has led to the formulation of a typology of subtypes of false allegations that can alert the clinician to contextual factors that should at least heighten concern and which might otherwise go undetected. Our findings suggest that these factors are not usually found in pure culture (although pure forms of each do exist). We will present the major subtypes below accompanied by a brief description of each with references to similar cases in the table. Following these we will present other more complex cases that represent aspects of more than one clinical subtype. All cases described in detail or by brief vignettes have either been reported in the literature, are a matter of public record, have been approved by the individuals involved or have been altered in a minor manner that would be sufficient to avoid identification.

SUBTYPE I: FALSE ALLEGATION IN THE CONTEXT OF CUSTODY DISPUTE

As noted above this would appear to be the most frequent type of false allegation based both on the empirical and case-report literature. This type of allegation is a conscious manipulation on the part of one parent or caregiver to obtain custody of children from another parent or caregiver often as a countermeasure to damning allegations (e.g. physical abuse against the main caretaker). In its purest form this would entail a parent or relative seeking custody who consciously sets out and plots to coerce a child into alleging sexual abuse at the hands of the target parent or caregiver. In these instances the description of the abuse may be more sophisticated than the child would be expected to have at their developmental level.

Example: The mother of a mentally retarded eleven-year-old boy is in a comatose state as the result of an auto accident. The large monetary settlement has been placed in trust for the boy under control of the maternal grandparents. The boy's biological father maintains custody but, in fact, the boy spends much of his time with the grandparents. The father commences legal action to obtain control of the trust. In the context of this action the boy alleges having been forced to engage in reciprocal oral sex with his seventy-two-year-old grandmother. The boy's descriptions of this activity used words which are much more sophisticated than the rest of his vocabulary. For example, he uses the word ejaculate and cunnilingus, but can not explain what they mean. It emerges that the allegations are fabricated by the father who had coerced and coached the boy as he feels it will aid his efforts to gain sole control of the trust fund.

SUBTYPE II: FALSE ALLEGATIONS RESULTING FROM THE ACCUSER'S PSYCHOLOGICAL DISTURBANCE

This type of false allegation is the outgrowth of psychological disturbance of the reporting individual, be it the child himself/herself, a caregiver, a relative or neighbor. When the reporter is the child the nature of the disorder is usually such that it compromises the ability to differentiate fantasy from reality, such as borderline personality disorder or a psychotic process. In cases where the reporter is an adult caregiver, the disorder usually entailed a circumscribed delusional process in an individual who in general appears to be functioning adequately.

Example 1: A woman who had been sexually abused by her fourteen-year-old brother when she was twelve has two children, an older son and a younger daughter who also are two years apart in age. When the son reaches age fourteen and the daughter twelve, the mother becomes obsessed with the thought that her son is abusing her daughter. The evidence that she reveals is clearly delusional in nature although she does not appear to be grossly psychotic. The allegations (which the daughter denies) are ultimately seen as an outgrowth of the mother's early abuse at the hands of her brother.

Example 2: An immigrant from a civil-war-torn third-world country brings her seven-year-old son for treatment following the dismissal of charges brought against a male summer camp worker who the mother had alleged abused her child. The therapy does not focus on the alleged abuse, but rather, on the difficulty the mother and her children are having in adjusting to a strange culture without family supports. Approximately 18 months after treatment begins the therapists receive a call from a local hospital late in the evening. The mother has arrived with her son at the emergency room stating that she has found blood in her son's underwear and that upon questioning him about this he had admitted that he had been sodomized by a black male teacher at school. The physical examination revealed no signs of anal tears. Both the mother's therapist and the boy's therapist are concerned about the extremely distraught nature of the mother and the reticence of the boy, but decide it is safe for them to return home. Two days later the boy calls his therapist and leaves a message on his answering machine that no abuse had occurred and that he had been forced by the mother into disclosing the abuse. It subsequently emerges that in what would appear to have been a circumscribed delusional episode, the mother had mistaken menstrual blood on her underwear for blood stains on her son's underwear. When he denied that he had been sodomized she had beaten him until he agreed with her. The exact genesis of this delusion is never fully determined, however, the therapist who worked with the mother does elicit an unfolding history of abuse that the mother had suffered in the context of the civil war in her native country.

SUBTYPE III: FALSE ALLEGATION AS CONSCIOUS MANIPULATION BY THE CHILD OR ADOLESCENT

This type of false allegation refers to those instances where a child makes an allegation of abuse toward an adult either as a means to obtain a specific goal or out of vindictiveness, desire for revenge or rage. The most infamous example of this type of allegation involved not sexual abuse, but witchcraft. When the adolescent girls of Salem who started the witchcraft hysteria were asked (after the hysteria had passed) why they had watched their victims hanged or burned at the stake a few of them answered "for sport."^[13] This type of sadistic premeditation is fortunately quite rare and most of the case examples cited in the literature involve children who want to extricate themselves from a living situation with a step parent or foster family that is not to their liking. There are also cases involving an allegation that is the outgrowth of anger over a perceived injustice or feelings of abandonment.

Example: A seven-year-old, severely deprived boy forms a close relationship with his primary counselor at a long-term residential treatment center. Following the return from an annual camping trip, the boy alleges that the counselor molested him on a hike, despite the observation that there were almost always others around. Prior to the trip, the counselor had told the boy that he would

be terminating in two months to return to college. The counselor was encouraged to continue his termination work with the boy without withdrawing from him. During the course of the subsequent investigation the boy admits that he had fabricated the allegation out of his feelings of anger and abandonment over the counselor's announced termination.

SUBTYPE IV: IATROGENIC

Iatrogenic components can be found in many cases involving false allegations. These factors most often consist of contamination errors involved in the conduct of the evaluation. There is also an iatrogenic quality to much of the pseudo-clinical lore that has developed concerning allegations of sexual abuse by children. Taken in their totality these baseless clinical "axioms," such as "children never lie," make it logically impossible for an allegation not to be found to be true once it has been made. For example, if the child later retracts the allegation it is said to be due to the child's ambivalence and need to protect the perpetrator.

Pure iatrogenic cases are relatively rare. However, one individual can do significant social and clinical harm, such as the pediatrician in England who felt that she could detect sexual abuse based on subtle findings on physical examination which were known only to her. Based on these results charges were made against a number of parents in one village in England. ^[14] Although we have not been able to obtain material relating to the psychological profile of these individuals one would assume that at least circumscribed psycho-pathological factors are involved. ^[15] Less flagrant but equally difficult to comprehend cases are summarized in the following narrative provided by a colleague:

An adolescent student at a private school seeks help for an eating disorder. The therapist has read articles concerning the frequency of sexual abuse in females with eating disorders. Despite a negative history of sexual abuse and what would appear to have been a stable family background, the therapist becomes convinced that there must have been an incestuous relationship between the girl and her father. Ultimately, she resorts to hypnosis. Under the influence of the hypnotic state and in response to distorting leading questions, the patient produces a history of sexual contact with the father that the therapist believes supports her theory. When the patient later states misgivings about the allegation she is told that it is common for victims to have ambivalent feelings about disclosure and is told that the allegations must be true.

COMBINATION SUBTYPE

As indicated above, most cases of false allegations do not evolve as purely as the examples cited in this article and involve elements of more than one subtype, (although it is usually possible to discern a major subtype). The following are three more detailed case examples involving multiple themes.

Example 1: Henry is a 32-year-old physician who met and married his wife, Helen, while in college. His wife had been married before and Henry proceeded with efforts to adopt his wife's son by her previous marriage. The couple later has two daughters ages six and four. Helen gradually deteriorates psychologically. She refuses attempts at treatment by different psychiatrists who diagnose her as having a borderline personality disorder. Ultimately Henry seeks a divorce due to Helen's condition and refusal of treatment. The couple have joint legal custody of their children and Helen is awarded physical custody. Henry is given liberal visitation with his children. Following the divorce Helen appears to deteriorate further and Henry becomes increasingly concerned about her refusal of treatment and her ability to care for the children. Reluctantly he petitions for sole legal and physical custody of the children with only visiting rights for Helen. The court-ordered evaluations of the parents are not favorable to Helen, and Henry appears to be on the verge of winning full custody. Literally hours before the final hearing, both daughters allege

that Henry has sexually abused them during their visitation with him. Henry's position rapidly changes from being on the verge of winning custody of his children to facing a grand jury. Although ultimately acquitted of the sexual abuse charges, the negative publicity destroys his career and he loses both custody and visitation with his children. The court mandates that he can only resume visitation if he undergoes psychological treatment. The therapist whom he is ordered to see states that as a prerequisite for therapy he must admit to the charges. Henry maintains his innocence and consequently can have only professionally supervised visits with his children. Henry resumes his visits under these constraining and expensive conditions while undertaking legal efforts to regain custody.

Three years after the sexual abuse allegation the adopted stepson comes forward and admits that he heard his mother coercing and coaching her daughters with the details of the allegations just before the final custody hearing. The daughters' fear of the mother was such that they acquiesced. Despite this admission, favorable reports by the visitation supervisor, the dismissal by the grand jury, the reconstruction of his career, a successful second marriage, and favorable reports by subsequent professional evaluations, Henry is granted only a decrease in the percentage of supervised visits. The stigma of the original allegation coupled with the first psychologist's report that he must be guilty because he refused to admit his guilt proves too great an influence on the judge who refuses to reverse his decision.

This case is illustrative of a combination of subtypes involving (1) aspects of those cases arising out of custody disputes, (2) psychological instability on the part of the reporter and, (3) an iatrogenic component. It also illustrates the power of the stigma of the allegation which can, on occasion, not even be undone even by first-hand witnesses to the contrary.

Example 2: Kerri is a fifteen-year-old, mildly retarded girl with Down's syndrome who attends a special school. She lives at home with her parents, two brothers, and three sisters. Teachers at her school became concerned when Kerri begins to engage in sexually provocative behavior such as lifting up her skirt in the classroom. She will also openly masturbate. One of the teachers had attended a seminar in which she had been told that sexually provocative behavior in a student could be a sign of sexual abuse. On this basis the Department of Social Services is contacted. Leading questions by the interviewer yield an ambiguous statement by Kerri that she has been sexually abused. The details as she describes them are sketchy, but primarily consist of inappropriate touching of her genital area. When asked to name the perpetrator Kerri named her brothers, her father, two male teachers at her school, and a famous rock star.

At this point the Department of Social Services refers her to a local clinic specializing in sexual abuse. After attending the clinic on a weekly basis for several months, Kerri has developed a strong attachment to her female therapist, but still has not narrowed down the list of possible "perpetrators." Out of desperation and pressure from the Department of Social Services, the therapist at the beginning of one session places Kerri in the therapy room by herself, puts a piece of paper in front of her and tells her that she will return in fifteen minutes; she further indicates that if Kerri does not write down the name of one perpetrator by the time she returns she can never come back to see her therapist again. When the therapist returns Kerri has written down the name of her father. The local authorities are contacted and the police come to remove the father from the family home. He is ordered by the court to maintain separate living quarters and to have only supervised visits with his family. The family hires a private attorney and eventually lose the house they are building as they cannot afford both the legal fees (which ultimately exceeded \$40,000) and construction costs.

The family is referred to our clinic by their attorney to assist in their re-stabilization following this trauma. In her first interview Kerri states that just the night before the visit she had had dinner in Hollywood with the rock star she had once named as abusing her. When asked how she was able to get back and forth from the West coast so quickly, she says "Like this" and snaps her fingers. After four months of individual work with Kerri, which is purposefully not focused on the alleged abuse, she spontaneously tells her therapist that she has not been sexually abused by her father or anyone else. She has been voluntarily engaging in sexual activity with an older retarded boy at the school. It is this activity which has led to the sexually stimulated behavior observed by the teacher.

Kerri relates that she admitted to the sexual abuse when questioned by the Department of Social Services worker, because she was embarrassed by the sexual activity and afraid that she would get into trouble at school as a result. When asked to name a perpetrator she named several men to avoid blaming any one person. When she was confronted with naming one person, she had singled out her father out of a childish concrete view that her father was so powerful, he could not be hurt. The family subsequently sues the Department of Social Services.

An interesting footnote to this case is the reaction of the therapist to whom Kerri told the correct sequence of events. Even though this version is spontaneous rather than being built upon answers to leading questions, is consistent with the events, and is consistent each time she recounts it, the therapist is still worried that perhaps the father is guilty. After all she reasons he had been initially defensive and had worn dark glasses to one early session which the therapist had thought might be to cover up eyes bloodshot from drinking. This reaction on the part of the therapist again illustrates the stigmatizing power of the allegation.

Example 3: A junior at a small college has a well-known penchant for fabricating stories to friends and comes from a severely abusive background. While in the process of developing a story line for a fictional work, he calls a rape hotline and alleges that he has been sexually assaulted by an unnamed faculty member. The call elicits more of a response than he planned on, and the student retracts the allegation, stating it was made only in the interest of obtaining information for his fictional work.

The representatives of the college do not accept his explanation and begin to pressure the student into naming a faculty member. Under this pressure and hoping for an end to the incident, the student names faculty member A. After an informal evaluation of faculty member A, the college's investigations conclude that it could not have been done by this individual, as he was away at the time of the alleged incidents. Confronted with this information, the student names faculty member B. Again, the investigations conclude that it could not have been this individual.

The investigators have reasons of their own to suspect yet a third faculty member. Accordingly, when confronting the student with the information that it could not have been faculty member B, they also tell him (even though this is not true) that faculty member C has been accused of sexually abusing a male student in the past. The rationalization of the investigators for engaging in this rather blatant falsehood is that they are sure that faculty member C is guilty, and a campus therapist told them that victims of abuse will often try to conceal the name of the perpetrator to protect him/her. Given this false information, the student formally names faculty member C and charges are brought against him.

This case represents elements of both subtype II (psychologically disturbed reporter) and subtype IV (iatrogenic). The jury spent fifteen minutes in deliberation before reaching a verdict of not guilty.

DISCUSSION

False allegations of sexual abuse by children and adolescents are statistically uncommon, occurring at the rate of 2 to 10 percent of all cases with rates up to 50% in special situations such as heated custody disputes. Nevertheless, when they do occur, they can be extremely detrimental to all involved including the accuser. Thus it is important that those who evaluate these allegations be open to the possibility of a false allegation and have a knowledge of the principal clinical subtypes of false allegation. Our research indicates that it is a narrow focus on the reporter and ignorance or dismissal of the broader contextual factors that often leads to the perpetuation of a false allegation.

The literature and our own clinical research has revealed four clinical subtypes of false allegations:

- (1) Allegations arising in the context of custody disputes;
- (2) Allegations stemming from psychological disturbances on the part of the accuser;
- (3) Allegations resulting from conscious manipulation by the child or adolescent;
- (4) Allegations based on iatrogenic elements.

While pure examples exist of all of these subtypes complicated cases will often have elements of more than one subtype although usually one subtype can be seen as the primary factor. Both subtypes I and III involve conscious manipulation. In subtype I an adult is consciously manipulating the child and in subtype three the child is consciously fabricating the allegation for manipulative purposes. Significant inertia on the part of authorities frustrates attempts to correct even recognized false allegations.

This material is presented in the interests of heightening the awareness of this serious miscarriage of clinical and legal processes and its severe and potentially irreversible social consequences. The field would benefit from the further research into the relative frequency of these subtypes of false allegations.

SUMMARY

The authors review the empirical literature concerning the frequency of false allegations of sexual abuse as well as the case report literature that describes individual episodes of false allegations in detail. The authors then construct a clinical typology that is derived from the literature and their own clinical experience with similar cases. The specific subtypes of the typology are: (1) False allegation in the context of a custody dispute, (2) false allegations resulting from psychological disturbance on the part of the accuser, (3) false allegation as a conscious manipulation by the child or adolescent and, (4) false allegations based on iatrogenic factors. Clinical examples of each subtype are presented. The case material presented and reviewed indicates the importance of attending to the contextual factors surrounding the allegation and pursuing a detailed comprehensive evaluation that is as free of bias as possible.

About Dr. Paul Simpson

- Extensive experience testifying in state, federal and military courts-martial and providing consultation with legal teams (Government and Defense), assisting with voir dire of potential members.
- Has been a course instructor for the Air Force JAG School's Advance Sexual Assault Litigation Course since 2016.
- Has provided CLE trainings for the State Bar of Arizona, Air Force and Marine Corps JAG regarding:
 - *Child Sexual Abuse Allegations: What Every Attorney Should Know*
 - *Daubert Standard and Psychological Evaluations: What Every Attorney Should Know*
 - *Memory in the Courtroom: What Every Attorney Should Know*
 - *Mental Health Evaluations in Homicides and Crimes of Violence: What Every Attorney Should Know*
 - *Anatomy of a Psychosexual Evaluation: What Every Attorney Should Know*
 - *Online Sex Offense: What Every Attorney Should Know*
- Has been an instructor for the Arizona Supreme Court in training competency evaluators.
- A former case manager with Child Protective Services, Dr. Simpson has extensive experience working with victims and perpetrators of sex crimes, including over 1000 psychosexual evaluations of adults and juveniles. He is trained and/or certified in the Abel, Affinity 2.5, Look VTM, MEGA, Static 99R/2002R, Stable/Acute 2007, SVR-20, HCR-20, J-SOAP 2, ERASOR, and Limestone plethysmograph.
- A former Arizona officer for the Association for Treatment of Sexual Abusers (ATSA).
- Since 2003 has provided over 300 full-day trainings in all 50 states for professionals on assessing/treating sexual and Internet compulsions.
- Author of *Second Thoughts*, a book that was instrumental in helping expose the false claims and dangers of 'recovered memory therapy.' Throughout the 1990's Dr. Simpson was a leading educator on *False Memory Syndrome* and trained thousands of counseling professionals on standards of practice. He also served as an expert consultant to the *Arizona Board of Psychologist Examiners*.
- Dr. Simpson has been a guest on *The Joan Rivers Show*, the *Leeza Gibbons Show*, *Parent Talk Radio*, *Focus on the Family*, *Frontline*, and *Fox News*. He has been a professional consultant to a number of national media, including *20/20*, *60 minutes*, *NBC News*, *Nightline*, *The Oprah Winfrey Show*, the *Chicago Tribune*, *Dateline*, *The Today Show*, *Focus on the Family*, and *Vanity Fair magazine*.

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