

# FORENSIC ASSESSMENT OF CHILD SEXUAL ABUSE ALLEGATIONS

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## RATIONALE

- CSA is prevalent
- CSA can produce multiple negative consequences
- Essential to identify true cases of CSA
- Essential to distinguish true from false reports

(Howard & Wang, 2005; Lewis, McElroy, Harlaar, & Runyan, 2016; Maniglio, 2009; Nelson, Baldwin, & Taylor, 2012; Perez-Fuentes, Olsson, Villegas, Morcillo, Wang, & Blanco, 2013; White & Smith, 2001)

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## OVERVIEW

- Prevalence of CSA
- Challenges in forensic assessment of CSA
- Factors influencing false allegations
- Relevant research
- Best practices

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## THE NATURE OF THE PROBLEM

Prevalence of CSA and False Reports of CSA

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## PREVALENCE OF CSA: ANNUAL

- Single year prevalence
  - 674,000 confirmed abuse and neglect cases
  - 57,964 (8.6%) confirmed sexual abuse cases
- Significantly underreported

(U.S. Department of Health & Human Services, 2019)

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## PREVALENCE OF CSA: LIFETIME

- Research supports that significantly underreported
- Females: 6 to 62%
- Males: 3 to 31%

(Finkelhor, Vanderminde, Turner, Hamby, & Shattuck, 2014; Freyd et al., 2005; Kloppen, Haugland, Svedin, Maehle, & Breivik, 2016; Mathews, 2019; Perez-Fuentes et al., 2013; Stoltenborgh, Bakermans-Kranenburg, Van Ijzendoorn, & Alink, 2013)

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## ASSUMPTIONS ABOUT IDENTIFYING CSA

- Not as easy as believed
- Distinguishing symptoms
- Disclosure
- False information

(Melkman, Hershkowitz & Zur, 2017)

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## PREVALENCE OF FALSE REPORTS

- Majority of reports (at least 65%) are true
- False allegations of all types: 2 to 35%
- False allegations in contested custody case: up to 50%

(Oates et al., 2000; O'Donohue, Cummings & Willis, 2018; Poole & Lindsay, 1998; Trocme & Bala, 2005)

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## RESEARCH ON ASSESSMENT OF CHILD SEXUAL ABUSE

Including Challenges in Conducting CSA Assessments

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## CHALLENGES IN ACCURATELY ASSESSING CSA I

- False allegations occur
- Professionals are not good at detecting false reports
- Some children do not initiate disclosure
- No definitive symptoms prove abuse

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## CHALLENGES IN ACCURATELY ASSESSING CSA 2

- Potential victims are subjected to repeated interviews
- Children are highly suggestible
- Typical CSA interview methods increase false reports

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## INTENTIONAL FALSE REPORTS

- Reasons: anger at the accused, retribution, jealousy, a desire for attention, or because of psychological problems
- Others encouraged or coached by someone
- Frequency: 2% to 8% of CSA allegations

(McGleughlin, Meyer, & Baker, 1999; Oates et al., 2000; O'Donohue, Cummings & Willis, 2018; Shapiro & Sanchez-Rivero, 2017; Trocme & Bala, 2005)

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## ALL FALSE ALLEGATIONS

- Up to 35% of allegations

(Elliott & Briere, 1994; Faller, 1991; Jones & McGraw, 1987; Oates et al., 2000; O'Donohue, Cummings & Willis, 2018; Poole & Lindsay, 1998; Trocme & Bala, 2005)

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## UNINTENTIONAL FALSE ALLEGATIONS

- Comprise majority of false reports
- Especially difficult to detect
  - Child may falsely believe CSA occurred
  - Child may have pseudomemory

(Abadie & Camos, 2018; Ceci & Bruck, 2006; Garry, Manning, Loftus, & Sherman, 1996; Goff & Roediger, 1998; Hyman, Husband, & Billings, 1995; Klemfuss & Ceci, 2009; Korkman, Laajasalo, Jussola, Uusivuori, & Santtila, 2015; Loftus, Coan, & Pickrell, 1996; Loftus & Pickrell, 1995; Ornstein, Ceci, & Loftus, 1998; Patihis, Frenda, & Loftus, 2018; Rudy & Goodman, 1991; Saywitz et al., 1991)

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## PROFESSIONALS ARE NOT GOOD AT DETECTING FALSE ALLEGATIONS 1

- Tendency to assume that reports are true
- Bias increases suggestive interviewing

(Bruck, 2003; Ceci, 2003; Everson & Sandoval, 2011; Hritz et al., 2015; Kuehne, 1996)

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## PROFESSIONALS ARE NOT GOOD AT DETECTING FALSE ALLEGATIONS 2

- Tendency to believe in one's own lie detection ability
- No better than chance at detecting lies
- Most false reports are not intentional lies

(Ceci, 2003; Ekman & O'Sullivan, 1991; Fulero et al., 2009; Herman, 2005; Hritz et al., 2015; Korkman et al., 2015; Melkman, Hershkowitz & Zur, 2017; Vrij et al., 2006)

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## PROFESSIONALS ARE NOT GOOD AT DETECTING FALSE ALLEGATIONS 3

- Tendency to mis-remember child's words and actions
- Present information as more consistent with abuse than is accurate
- Mis-remember own interview behavior

(Ceci, 2003; de Keijser, Malsch, Kranendonk, & de Gruijter, 2012; Goodman & Melinder, 2007; Hritz et al., 2015; Korkman et al., 2015)

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## SOME CHILDREN DO NOT INITIATE DISCLOSURE OF CSA

- Many children do not disclose and are not asked
- Research is often misinterpreted to mean children deny abuse

(Azzopardi et al., 2018; Hebert, Tourigny, Cyr, McDuff, & Joly, 2009; London, Bruck, Ceci, & Shuman, 2005; London, Bruck, Wright, & Ceci, 2008)

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## TRUTH ABOUT MISINTERPRETED RESEARCH

- When CSA cannot be proven: children who initially deny will disclose abuse after repeated questioning
- When CSA is proven: children typically acknowledge CSA when asked directly

(Azzopardi, Eirich, Rash, MacDonald & Madigan, 2018; Bradley & Wood, 1996; Hershkowitz, Horowitz, & Lamb, 2005; Jones & McGraw, 1987; Lamb, Orbach, Hershkowitz, Esplin, & Horowitz, 2007)

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## DISCLOSURE RATES OF CSA

- Half to two-thirds of children disclose in interview
- Less likely among preschool age children (50%)

(Azzopardi et al., 2018; Eisen, Goodman, Qin, Davis, & Crayton, 2007; Ernberg, Magnusson, & Landstrom, 2018; Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003; Hershkowitz, Horowitz, & Lamb, 2005; Katz, Hershkowitz, Malloy, Lamb, Atabaki, & Spindler, 2012; Lamb, Orbach, Hershkowitz, Esplin, & Horowitz, 2007; Lippert, Cross, Jones, & Walsh, 2009)

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## RECANTING ALLEGATIONS

- Some children recant allegations
  - Abuser is parent
  - Not supported for having made report

(Katz, 2014; Malloy, Lyon, & Quas, 2007; Malloy & Mugno, 2016)

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## PSYCHOLOGICAL SYMPTOMS CANNOT BE USED TO PROVE CSA

- Assumptions about the origin of psychological symptoms and behaviors
  - May be correlates
  - Do not consistently distinguish CSA

(Adelson et al., 2012; Augusti, Baugerud, Sulutvedt, & Melinder, 2018; Bruck, Ceci, & Hembrooke, 1998; Demirci, 2018; Drach et al., 2001; Gardner, 2001; Gratz & Orsillo, 2003; Harding, Burns, & Jackson, 2012; Kendall-Tackett et al., 1993; Kim & Cicchetti, 2010; Kuehnle, 1996; Langevin, Hebert, Bernard-Bonnin, & Allard-Dansereau, 2017; Lilly, 2014; Romans, Gendall, Martin, & Mullen, 2001)

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## CHILD'S SEXUAL KNOWLEDGE

- Sexual knowledge does not necessarily indicate CSA
  - Imagination
  - Witnessed sexual behavior
  - Another child told them

(Adelson et al., 2012; Elkovitch, Latzman, Hansen, & Flood, 2009; Friedrich et al., 1998; Gardner, 2001; Grossi, Lee, Schuler, Ryan, & Prentky, 2016; Kuehnle, 1996)

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## REPEATED INTERVIEWING

- Typical for child to be interviewed repeatedly
- Increases risk for false allegations

(Bruck, 2003; Ceci, Kulkofsky, Klemfuss, Sweeney, & Bruck, 2007; Hritz, 2014; Hritz et al., 2015; Leichtman & Ceci, 1995; Melinder et al., 2010; Patterson & Pipe, 2009; Poole & Lindsay, 1998; Price & Connolly, 2013)

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## CHILDREN ARE SUGGESTIBLE

- Children are suggestible
  - Occurs at all ages
  - Occurs even if not intended
  - Occurs regardless of child's cognitive functioning

(Bruck, 2003; Ceci, 2003; Chae, Goodman, Eisen, & Qin, 2011; Eisen, Goodman, Qin, Davis, & Crayton, 2007; Finnila et al., 2003; Hrtiz, Royer, Helm, Burd, Ojeda, & Ceci, 2015; Leichtman & Ceci, 1995; Melinder et al., 2010; Otgaar, Howe, Peters, Sauerland, & Raymaekers, 2013; Principe & Ceci, 2002; Royer, 2014; Scullin et al., 2002)

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## TYPICAL INTERVIEW METHODS INCREASE FALSE REPORTS

- Typical CPS methods increase false reports
  - Even in well-intentioned children
  - Regardless of who uses these methods

(Ceci, Loftus, et al., 1994; Garry, Manning, Loftus, & Sherman, 1996; Goff & Roediger, 1998; Korkman, Santtila, Drzewiecki, & Sandnabba, 2008; Ornstein, Ceci, & Loftus, 1998; Powell & Snow, 2007)

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## LEADING QUESTIONS

- Leading questions increase inaccuracies
- Other closed-ended questions increase inaccuracies

(Cassel & Bjorklund, 1995; Ceci, 2003; Gagnon & Cyr, 2017; Hershkowitz, Lamb, Orbach, Katz, & Horowitz, 2012; Lyon, 2014; Patterson & Pipe, 2009; Snow, Powell, & Murfett, 2009; Stolzenberg, McWilliams, & Lyon, 2017)

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## CONFIRMATORY BIAS

- Collect only confirmatory information
- Reinforce answers consistent with abuse
- Increase inaccurate information

(Cassel & Bjorklund, 1995; Cunningham, 1988; Goodman & Melinder, 2007; Hritz et al., 2015)

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## PROLONGED AND REPEATED QUESTIONING

- Prolonged interviews for children who deny
- Repetitive questions
- Increase inaccuracies and false reports

(Bruck, 2003; Bruck, Ceci & Melnyk, 1997; Patterson & Pipe, 2009)

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## FORCED ANSWERS

- Children tend to guess if uncertain
- Often pushed to answer questions
- Forced answering produced 40-75% inaccurate responses

(Patterson & Pipe, 2009; Poole & Lamb, 1998; Poole & White, 1993)

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## ANATOMICALLY DETAILED DOLLS AND DRAWINGS

- Dolls and figure drawings frequently used as interview aids
- Proven to increase false reports

(Brown, Pipe, Lewis, Lamb, & Orbach, 2007; Bruck, 2003; Bruck & Ceci, 1997; Lilienfeld, Wood, & Garb, 2000; Lyon, Lamb, & Myers, 2009; Melinder et al., 2010; Poole & Dickinson, 2011; Santtila, Korkman, & Sandnabba, 2004; Williams, Wiener, & MacMillan, 2005; Wolfman, Brown, & Jose, 2018)

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## BEST PRACTICES IN ASSESSING CSA ALLEGATIONS

Including related research

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## PROPER TRAINING

- Graduate education in conducting & interpreting research
- Graduate training in interview techniques
- Graduate education in normal child development
- Continuing education about child development
- Continuing education about assessing allegations of child sexual abuse
- Continue education in proper interviewing techniques in abuse cases

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## NICHD INTERVIEW PROTOCOL

- Interview guidelines for assessment of CSA
- Produces more accurate information

(Brown & Lamb, 2009; Dickinson, Brubacher, & Poole, 2015; Gagnon & Cyr, 2017; Hershkowitz, Fisher, Lamb & Horowitz, 2007; Hershkowitz, Lamb, & Katz, 2014; Lamb, Orbach, Hershkowitz, Esplin, & Horowitz, 2007; O'Donohue, Benuto & Cirlugea, 2013; Orbach et al., 2000)

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## OTHER BEST PRACTICES

- Gather information from multiple sources
- Consider all reasonable hypotheses
- Consider the context
- Know and apply relevant research
- Examine evidence on both sides

(Duron, 2018; Herschkowitz, Melkman & Zur, 2018; Laajasalo et al., 2018; Otgaar, de Ruiter, Howe, Hoetmer, & van Reekum, 2017; Poole, 2012)

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## NATURE OF DISCLOSURE

- Spontaneous disclosures more likely to be accurate
- Disclosures after leading or suggestive questions more likely to be false

(Bruck et al., 2002; Hritz et al., 2015; Leichtman & Ceci, 1995; Poole & Lindsay, 2001; Poole & White, 1993)

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## AGE OF CHILD

- Younger children – more false reports
- Older children – more false reports

(Brainerd, Holliday, Reyna, Yang, & Togli, 2010; Brainerd, Reyna, & Ceci, 2008; Ceci, Kulkofsky, Klemfuss, Sweeney, & Bruck, 2007; Lyon, Ahern, & Scurich, 2012; Otgaar, Howe, Peters, Sauerland, & Raymaekers, 2013)

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## DISCLOSURE AFTER USE OF INTERVIEW AIDS

- Especially likely to be false

(Brown, Pipe, Lewis, Lamb, & Orbach, 2007; Bruck, 2003; Bruck & Ceci, 1997; Liliensfeld, Wood, & Garb, 2000; Lyon, Lamb, & Myers, 2009; Melinder et al., 2010; Poole & Dickinson, 2011; Santtila, Korkman, & Sandnabba, 2004; Williams, Wiener, & MacMillan, 2005; Wolfman, Brown, & Jose, 2018)

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## CHILD'S INTERVIEW EXPERIENCE

- Who has child talked to?
- How many interviews?
- Any signs of suggestion or influence?

(Ceci, Loftus, et al., 1994; Garry, Manning, Loftus, & Sherman, 1996; Goff & Roediger, 1998; Korkman, Santtila, Drzewiecki, & Sandnabba, 2008; Ornstein, Ceci, & Loftus, 1998; Powell & Snow, 2007)

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## PLAUSIBILITY OF ALLEGATION

- Are all aspects of allegation plausible?
- Are there illogical or impossible details?

(Kuehnle, 1996; Otgaar, de Ruiter, Howe, Hoetmer, & van Reekum, 2017; Raskin & Esplin, 1991)

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## NORMAL SEXUAL BEHAVIORS

- Consistent with developmental level
- Example: 4 to 10 years
  - Masturbation
  - Looking at own or same-age child's genitals
  - Touching same-age child's genitals in non-sexual manner

(Adelson et al., 2012; Elkovitch, Latzman, Hansen, & Flood, 2009; Friedrich et al., 1998; Gardner, 2001; Grossi, Lee, Schuler, Ryan, & Prentky, 2016; Kuehnle, 1996)

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## SEXUAL BEHAVIOR WITH CSA

- Significant increase compared to non-abused children
- Significant increase in developmentally inappropriate sexual behaviors

(Adelson et al., 2012; Elkovitch et al., 2009; Friedrich & Grambsch, 1992; Friedrich, Lysne, Sim, & Shamos, 2004; Gardner, 2001; Hall, Mathews, & Pearce, 2002; Kendall-Tackett et al., 1993; Kuehnle, 1996; Lepage, Tourigny, Pauze, McDuff, & Cyr, 2010; Marriage et al., 2017; Martin, 2014; Putnam, 2003; Sim et al., 2006; Smith, Lindsey, Bohora, & Silovsky, 2019)

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## CONSISTENCY OF ALLEGATION

- Normal to change the way events are described
- Normal to focus on different details
- Not normal for factual elements to change

(Baugerud, Magnussen, & Melinder, 2014; Ceci, 2003; Peterson, 2011; Raskin & Esplin, 1991; Steller & Koehnken, 1989)

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## EMOTIONAL STATE WITH DISCLOSURE

- False reports contain more emotionality
- Variations in emotional response during medical exam
- Very young children may be neutral
- Match in emotional states

(Bruck et al., 1998; Ceci, 2003; Hritz et al., 2015; McGleughlin et al., 1999; Vrolijk-Boschart et al., 2017)

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## MEMORY FOR DETAILS

- Compare to developmental norms
- Memory for details increases with age
- Temporal details associated with false reports

(Ceci, 2003; Eisen, Goodman, Qin, Davis, & Crayton, 2007; Gagnon & Cyr, 2017; Lippert, Cross, Jones, & Walsh, 2009; Raskin & Esplin, 1991)

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## CONCLUSIONS

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# QUESTIONS?

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