Child Sexual Abuse Disclosure and Forensic Practice

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Abstract

Arguably the process whereby children come to disclose that they are being or have been sexually abused is the first step in professionals responding to sexual abuse. There is agreement that disclosure is a process rather than an event and that most children do not disclose until adulthood. Disclosure leads to forensic and clinical interest in false reports, suggestibility, and criteria which help adults confirm a child's disclosure of abuse.

Keywords

Child Sexual Abuse · Disclosure · Abuse Criteria · Suggestibility · Assessment Protocols

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Introduction

Since the early days of modern interest in child sexual abuse (see Conte and Simon 2020), child and adult victims' disclosures of their childhood sexual abuse have been met with skepticism by many. There was a suspicion, especially of young children, that their memoires could not be accurate – that adults who often had positions of authority and power (e.g., teachers, priests, middle-class fathers, etc.) could not possibly do what the survivors said was done to them. There was also an appreciation that some styles of interviewing or assessment might lead children to report what did not take place. Many adults did not understand young children's reports of abuse, while others believed that phallic images in children's art were a disguised disclosure of sexual abuse. In this context of doubt, denial, and faulty theories, there was a significant increase in efforts to understand how children disclose, how they could be helped to make disclosures, and how adults could have confidence in the veracity of those disclosures. Hence, forensic practice to evaluate disclosures and possible experiences of abuse became a key area in the development of professional practice and knowledge within the field. This chapter addresses the existing research on both disclosures of child sexual abuse and the forensic responses that may consequently follow.

Disclosure of Child Sexual Abuse

Arguably the disclosure of CSA is a vital if not the most vital step in responding to abuse. Without knowing that a child has been abused, nothing for that child can be accomplished. As illustrated below this may well be a major reason for considerable attention being devoted by researchers and professionals to the topic. Disclosure is the child's report or confirmation that they have had an experience. While there are differences in how various professionals have conceptualized disclosure, there is a rather amazing level of agreement about many things.

It is generally understood that disclosure is a process and not an event (Alaggia et al. 2019; Sorensen and Snow 1991). Children may disclose information about negative experiences in a piecemeal fashion, perhaps to test the responses of others to what they have to say. Children who have had multiple abuse experiences may disclose aspects of one abuse event and then later provide information about other events. Children locked in abusive situations with offenders who have gone to great lengths to convince them that they will not be believed or that they will get in trouble or have been threatened with some dire consequence may be reluctant to disclose. Children who have been successfully conditioned to believe that they gave consent or wanted the abuse may also fear disclosure.

Little is understood about why children disclose when they do. Some children behave in ways that alert adults that something may be going on. Behavior change or certain behaviors (e.g., developmentally inappropriate sexual knowledge, deterioration in behavior) may indicate that the child is under some kind of stress. While it is incorrect to believe that such behaviors or change in behaviors always indicates

abuse, it is important to recognize it as indicating that the child should be talked to. So-called indirect disclosure through a child's behavior, contrary to what some have argued, is not really a disclosure, but is an important alert to adults to inquire further with the child.

Indeed, the first step in identifying a child as a possible victim is the attitude and knowledge of adults with whom the child comes in contact. Changes in behavior, behavior indicative of stress or emotional concerns (e.g., nightmares, reluctance to be with certain people or go to certain places, depression, aggression), should all cause the adult to wonder what may be going on with the child.

Some children disclose directly when asked or do so on their own. This is generally thought of as a direct disclosure. Parents or other adults may inquire about the child's experiences beginning with general questions (e.g., How was youth group today? How was your time at your friend Billy's house?) and becoming more specific when the child's response requires a follow-up (e.g., Child: "I don't want to go there anymore." Adult: "Did something happen?") and becoming more specific (e.g., Child: "I got hurt." Adult: "Who hurt you?" and, if appropriate, Adult: "What part of your body was hurt?").

The often-cited report by Sorensen and Snow (1991) examined the disclosure process of 116 children (3–17 years of age) and, importantly, confirmed the abuse by confession or plea (90%), conviction in criminal court (14%), or medical evidence (6%), and report a number of findings **related to accidental andpurposfeul disclosure**, most of which have borne out in more recent research. Accidental disclosure (i.e., discovery) of the abuse took place in 74% of cases more often in preschool children versus adolescents who disclosed purposively. Accidental disclosure was related to exposure to the perpetrator (amount of time child spent with offender), inappropriate or excessive sexual behavior, inappropriate statements (e.g., "Suck on my pee pee, Mommy"), or shared confidence with a friend who did not keep the confidence. Alaggia (2004) suggests that disclosures may be thought of as accidental, purposeful, or prompted/elicited.

There is general agreement that most CSA is not disclosed until adulthood. In a 2008 review, London, Bruck, Wright, and Ceci report that estimates range from 55% to 69% of child victims who do not disclose until adulthood. Hébert, Tourigny, Cyr, McDuff, and Joly (2009) report on a telephone study of 804 adults in Quebec with a prevalence rate of 22% women and 9.7% men abused in childhood with 21% of child victims reporting within a month of the abuse and 48.8% waiting 5 years or more to disclosure. Prompt disclosure was 3.76 times more likely among females and 6.76 times more likely for victims abused by non-family members than family members. In a sample of 487 male survivors, the average delay in disclosure was 28 years, and the age at first disclosure was 32. Twenty-seven percent first disclosed to a partner or spouse and 20% to a mental health professional. Alaggia (2005), based on 30 interviews with adult survivors, reports 58% did not disclose until adulthood. More recently, based on a qualitative study of 40 adult survivors, Alaggia (2010) identifies a number of factors which may be associated with delay in disclosure, including individual characteristics of the victim (e.g., developmental factors or temperament or personality factors), family dynamics (rigidly fixed gender

roles with dominating fathers, presence of another form of child abuse, insensitive responses to disclosure), neighborhood and community (e.g., social isolation, teachers not knowing how to respond), and cultural and societal attitudes (e.g., sexualization of young girls [viewing them as seductive], or attitudes that men could not be victims). While these are not all empirically identified, they provide an excellent conceptual overview for the range of factors that well could impact disclosure.

Many barriers to disclosure have been identified. In an early review, Ullman (2002) reports a critical review of literature on social reactions to disclosure which yielded 9 nonclinical/convenience samples and 23 clinical samples. Studies showed a broad range of negative reactions to both child and adult disclosures of CSA (e.g., disbelief, blame, minimization, ignoring the disclosure, egocentric responses, accusing victim of lying, punishing or beating the victim, parental rejection, neglect, indifference, anger, and avoiding talking or listening). Negative reactions to CSA disclosure were associated with significant harmful effects on various measures of psychosocial adjustment in these studies (i.e., more psychological symptoms, psychopathology, self-denigration, dissociation, and borderline symptoms). Conversely, positive reactions (especially maternal support) are associated with better adjustment as children, but not necessarily as adults.

In a recent review of 33 articles with more than 42,000 participants (Alaggia et al. 2019), delayed disclosure was found to occur in high rates. For example, one study of 1,737 CSA cases found disclosure was delayed by 72 h to 1 month in 31% of cases and by more than a month in 22% of cases. In a nationally representative telephone study that identified 288 female survivors of child rape, 27% of these women reported disclosing within a month, while 58% did not disclose for between 1 and 5 years; moreover, 28% reported having never told anyone until being asked during the study interview. Another study of 487 men found an average delay of more than 20 years for first disclosure. Barriers (and facilitators) to disclosure included intrapersonal, interpersonal, and contextual factors. Age and gender strongly predicted delayed or withheld disclosure with fewer disclosures occurring among younger children and boys. Other reviews have focused on different barriers. For example, McElvaney (2015) found reasons for patterns of delay include (a) younger age, (b) abused by family member, (c) whether there is a supportive parent or not, (d) the fear of upsetting parent or other consequences, (e) being a boy, (f) mental health difficulties, and (e) the fear of not being believed. High rates of nondisclosure also occur in forensic settings even when corroborative evidence exists that abuse has occurred (e.g., medical evidence, witness reports, or abuser's confession). Disclosure strategies among young people include more direct (seeking peer support, seeking non-professional adult support, disclosing to service provider) and less direct strategies (risk-taking behaviors, not talking about abuse). Morrison, Bruce, and Wilson (2018) report on a systematic literature review of barriers and facilitators to childhood disclosure of CSA based on seven studies published between 1996 and 2012. Six themes were identified as barriers and facilitators to disclosure: (1) a fear of what will happen if they disclose, (2) fearing being disbelieved by others if they disclose, (3) the emotional impact of the abuse (e.g.,

shame, embarrassment, guilt, etc.), (4) having the opportunity to disclose (e.g., the place or time, or a safe, private, familiar setting), (5) concern for self and others (e.g., wanting to discourage future abuse or not get family members in trouble), and (6) feelings toward the abuser (mixed feelings versus fear or terror toward them). Tener and Murphy (2015) reviewed studies published between 1980 and 2013 on disclosure of CSA during adulthood and yielded 28 studies meeting inclusion criteria. The study found that adult disclosure is described in the literature as a deliberate, intentional, purposeful, and thoughtful decision. The process of telling among adults is less understood but seems to consist of preparing, telling, revising, and sharing. Barriers to disclosure among adults include intrapersonal (not understanding what happened to them was abuse or doubting memory, shame, embarrassment, etc.), interpersonal (fear of others' reactions, not being believed), and sociocultural factors (role of males, negative attitudes toward survivors). Facilitators for disclosure among adults include (a) a desire to protect others, (b) a trusting social relationship, (c) social supports in adulthood, and (d) media stories and legal cases that receive popular attention.

A number of studies of disclosure have taken place with children seen in forensic settings. Anderson (2016) examined 196 forensic interviews at a Children's Advocacy Center and reported that two-thirds of children interviewed disclosed "actively" versus one-third who made a "tentative" disclosure. A tentative disclosure was defined as somewhere in between a disclosure and non-disclosure. Children were more likely to disclose "tentatively" if they were older, were multiracial or biracial (versus Caucasian), had an unsupportive family, or if the abuse was witnessed or was reported after a perpetrator confession, or the alleged perpetrator was an adult (versus a peer) or unrelated (versus a relative). These results are somewhat surprising given prior research indicating children abused by family members were more reluctant to report. Lowe, Pavkov, Casanova, and Wetchler (2005), in a study of a diverse sample of undergraduates, report factors that inhibited disclosure were shame associated with abuse, fear of not being believed, fear of being removed from the caretaker's home, and fear that disclosure would impact the relationship with a parent and break up the family.

Fontes and Plummer (2010), based on a review of published literature, identified a series of cultural factors which may impact disclosure. These are (a) shame; (b) taboos and modesty; (c) virginity; (d) sexual scripts; (e) the status of females; (f) "obligatory" violence; (g) honor, respect, and patriarchy; (f) religious values; (g) varied reporting costs; (h) structural barriers; and (i) cultural supports.

In a 2003 report, Goodman-Brown, Edelstein, Goodman, Jones, and Gordon report on 213 child victims seen at a district attorney's office. This is a noteworthy study in part because of the rigor of its methodology. Results note factors associated with delay in disclosure were age, type of abuse (intra-family vs non-family perpetrator), fear of negative consequences to others, and if the child perceived responsibility for the abuse. Analyses indicate that fear of negative consequences to others was more important for older rather than younger children. Older children were more likely to feel responsible for their own abuse.

Schaeffer, Leventhal, and Asnes (2011) report on a study in which forensic interviewers asked children about how they came to tell about sexual abuse and if children waited to tell about abuse, and the children gave specific answers to these questions. The reasons children identified for why they chose to tell were classified into three domains: (1) disclosure as a result of internal stimuli (e.g., the child had nightmares), (2) disclosure facilitated by outside influences (e.g., the child was questioned), and (3) disclosure due to direct evidence of abuse (e.g., the child's abuse was witnessed). The barriers to disclosure identified by the children were categorized into five groups: (1) threats made by the perpetrator (e.g., the child was told they would get in trouble told), (2) fears (e.g., the child was afraid something bad would happen), (3) lack of opportunity (e.g., the child felt the opportunity to disclose never presented), (4) lack of understanding (e.g., the child failed to recognize abusive behavior as unacceptable), and (5) relationship with the perpetrator (e.g., the child thought the perpetrator was a friend).

As in all research, it is important to consider the sample employed in the study. For example, Azzopardi, Eirich, Rash, MacDonald, and Madigan (2019) conducted a meta-analysis of cases in forensic settings. This meta-analysis on the prevalence of child sexual abuse disclosure yielded 216 studies with 45 samples ($n = 31{,}225$). The review notes there is widespread evidence that non-disclosure and delayed disclosure of CSA are common in childhood: among children under 18, the mean prevalence of CSA disclosure in forensic settings was found to be 64.1%. Therefore, more than one-third of youth do not disclose when interviewed. Variability in prevalence estimates between studies was attributed to (a) child age and gender (the most frequently and reliably measured predictors of disclosure in forensic settings), (b) whether there was prior disclosure, and (c) study year. The authors point out methodological issues in the research reviewed, including inconsistent operational definitions of terms such as abuse, the retrospective self-report of subjects, and lack of confirmation of the abuse. The latter point is not an insignificant one.

Cases referred to a forensic setting are unlikely to consist of only true cases of abuse. So non-disclosure in some cases could be an accurate assessment resulting in the correct decision the child was abused but in other cases could mean that an abused child failed to disclose when in fact a disclosure would have been appropriate. As a result of this significant unknown regarding what non-disclosure means, it is difficult to know what disclosure rates in studies employing cases from forensic practice actually mean.

Children typically disclose to their mothers and peers (Malloy et al. 2007). This has given rise to efforts (e.g., parent alienation syndrome) to blame mothers for encouraging false reports. Some have thought that disclosure to family or friends should be thought of as a "partial disclosure" since it is somehow thought that disclosure to professionals is more "believable." Children disclosing and then recanting is a well- known event (see, e.g., Summit 1983; Malloy et al. 2007). The notion that the chaos resulting from disclosure would have an impact on children's willingness to maintain a description of something that causes such upheaval should not be a surprise. Efforts to suggest that recantation is more valid

than the original disclosure are unfounded in any research. Staller and Nelson-Gardell (2005) make the point that children delay, partially disclose, affirmatively (sometimes accidently) disclose, retract, and reaffirm as part of the process of disclosing. Malloy, Lyon, and Quas (2007) estimate that 23% recant in cases seen in a family court. Easton (2013) reported only 15.1% of allegations are first reported to professionals.

McElvaney et al. (2014) point out, based on interviews with 22 youth, that non-disclosing is not a passive process but rather takes mental and emotional activity of the victim not to disclose. They refer to the process of disclosing as one starting with active withholding (of information), the pressure cooker effect (struggle between wanting to tell and not wanting others to know), and confiding the secret (sharing of deeply personal information). It is important to add that the active withholding phase is strengthened by efforts of the offender to induce a sense of responsibility for the victim's own abuse, threats of dire consequences if disclosed, and bribes which create a false sense of duplicity in many victims. A complete understanding of the many pressures not to tell makes it somewhat surprising that victims ever tell and gives a window into how horrible the experience is for most victims.

There is some confusion in thinking about disclosure as to whether it is something the victim does or something that results from an interaction between adults and a child. For example, Alaggia (2004) refers to behaviors often thought to be indicative of CSA (e.g., clinging, regression in behavior accomplishments, anger, nightmares) as indirect disclosure. (See also Ungar, Barter, McConnell, Tutty, and Fairholm (2009) who also address indirect disclosure strategies, including risk-taking behaviors such as self-harm.)

These would seem to imply a conscious or unconscious effort to tell indirectly. Certainly behaviors which indicate stress or trauma should be identified and evaluated, but it does not seem to add much to regard them as a disclosure process unless one thinks of two general types of disclosure: one which describes how instances of sexual abuse are discovered by others and the process whereby victims come to report on their experience. In the first instance, knowing the offense history of an adult, observing an adult engaged in inappropriate behavior with a child, prior reports of abuse, and others are all part of the process whereby potential instances of CSA are identified. It is not that Alaggia (2004) or Ungar et al. (2009) are wrong but rather it seems more useful to think of disclosure by the child as one thing and due diligence by adults in identifying children who are being or are at risk for being abused as a different process.

Supporting children to disclose can be difficult for many adults. On the one hand, most professionals and indeed most adults will say that getting children to come forward when being abused is a worthwhile undertaking. On the other hand, there is a reluctance among some adults to support disclosure because it means that the abuse has to be reported. Some professionals hold negative views of the consequences to child and family of reporting to child protective services or law enforcement. Some simply do not want the hassle that reporting involves.

Asking children direct questions about experiences, including CSA, is not that complicated, although certainly understanding verbal communications from very

young children can be a challenge. Asking a child about his/her experience is arguably the most direct way to identify children who are being abused (Lemaigre et al. 2017; see also McElvaney 2015). Ungar et al. (2009) note that CSA reports increased fourfold from 7% to 31% when clients were asked directly whether they had been molested. It is the ambivalence of many professionals and discomfort of some adults that prevent this obvious disclosure support from being more widely employed.

There has been some interest in the effects of disclosure, although interestingly much of this is from several decades ago. This may be a function of a concern among many about child protection and law enforcement being involved with children and families. It is unfortunate that this interest has not continued into the current phase of dealing with CSA. McNulty and Wardle (1994) report on a review of research available to them and comment that the possible link between disclosure and psychiatric symptoms "has been noted so frequently that consideration of possible links seems important" (p. 550). One of their hypotheses is that disclosure is associated with an increase in symptoms because the release of submerged memories is associated with intense distress. The authors also point out the negative impact of reactions of others to the disclosure. In one study, Arata (1998) examined the effects of disclosure on 204 female survivors of CSA and reports that the disclosure was not related to current level of functioning but was associated with fewer intrusive images of the abuse and avoidant symptoms. Disclosure was less common with more severe levels of assault and when the victim was related to the perpetrator.

Berliner and Conte (1995) report on a retrospective study of 82 children. Results indicate that although often thought to be traumatic, separation from family and testifying in court were not related to distress. Talking with a detective or prosecutor, a medical exam, expecting to testify, and having more contact with system professionals were related to distress. Henry (1997) reported on a study of 90 children (9 through 19 years of age). Results indicate that the number of interviews the child had was associated with scores on the Trauma Symptom Checklist for Children. There was no association with trauma scores for the 30 children who testified nor the 36 children who were removed from the home.

More recently, Hershkowitz, Lanes, and Lamb (2007b) interviewed 30 children and their families. More than half (53%) of the children delayed disclosure for between 1 week and 2 years, fewer than half first disclosed to their parents, and over 40% did not disclose spontaneously but did so only after they were prompted; 50% of the children reported feeling afraid or ashamed of their parents' responses, and their parents indeed tended to blame the children or act angrily. The disclosure process varied depending on the children's ages (33% of 7–9-year-olds versus 73% of 10–12-year-olds), the severity (more severe and greater frequency of abuse meant more delay), the parents' expected reactions (88% of children whose parents reported stress or being anxious delayed), the suspects' identities (more familiar experienced longer delays), and the strategies they had used to foster secrecy. In terms of the effects of disclosure, 50% reported feeling generalized distress, and 50% reported feeling fear or shame of the parent. Factors positively associated with

feelings of fear or shame included perpetrators were familiar (78%), abuse was serious (83%), abuse was repeated (79%), delay of disclosure (88%), disclosed to friends or siblings (79%), and did not spontaneously disclose (77%). Parent reactions to disclosure were judged to be supportive (37%) and unsupportive (63%). Factors positively associated with unsupportive parental reaction were perpetrators were familiar (89%), abuse was serious (92%), abuse was repeated (93%), parental response to stress is anxious (88%), delay of disclosure (81%), and child reported feelings of fear and shame (87%). It should be noted that after the investigation, 4 of 30 children claimed the abuse did not happen (retracted).

Kogan (2005) examined the role of disclosure on adolescent symptomology in a national probability sample of adolescents. Participants' mean age was 14.9, and the sample was 78% female, 62% White non-Hispanic, 15% African American, and 13% Hispanic. Delayed disclosure was associated with an increased number of clinical symptoms. Delayed disclosure was also associated with frequency of abuse and having a family relationship to the perpetrator. Prompt disclosure to an adult was associated with a reduced risk of revictimization. Penetration, fear, and delayed disclosure were significantly associated with the presence of symptoms, but interestingly neither fear nor penetration was associated with delay in disclosure.

Finally, Jonzon and Lindblad (2004) evaluated abuse characteristics, disclosure, and social support in a sample of 122 adult survivors of CSA. Twenty-one categories of disclosure receivers were identified. Slightly less than one-third of survivors disclosed in childhood. The average delay in disclosure was 21 years. Those who disclosed in childhood reported more instances of physical abuse, multiple perpetrators, and the use of violence. Younger age at first event and use of violence best predicted delay. Interestingly, for those who told in childhood ($N = 26$), 15 reported the abuse continued after disclosure. Mothers ($N = 18$) were the most common receivers in childhood and therapists ($N = 33$) most common in adulthood. Abuse of longer duration, the use of violence, and high number of perpetrators were associated with more negative reactions of others in childhood.

As noted above, the critical role disclosure plays in all other responses to CSA calls for more research in this area. The decisions to protect children when necessary by removal from their homes and to prosecute offenders and indeed the many negative aspects of being a victim of CSA in general make it clear that the negative effects of disclosure are not going to go away. Studies of adults recalling childhood experiences are helpful, but examination of children's experiences while still in childhood should provide greater insight into all aspects of disclosure. What brings a child to disclose in the first place? What are the obstacles as perceived by the child to disclosure? Are there means to increase disclosure earlier after the abuse first starts? Once disclosure takes place, what are the most difficult aspects of social, medical, legal, and mental health interventions? These and a host of other questions are among the most pressing. In particular, because the systems have changed over the decades, understanding based on the current population of children and the current approaches by various systems would be of great value.

Forensic Practice

Forensic literally means belonging to, used in, or suitable to courts. CSA involves a number of legal practices. The effects of CSA are a subject of frequent civil lawsuits in which victims sue the persons or organizations responsible for the sexual abuse. CSA is raised in some family law matters pertaining to child custody; often this involves allegations of abuse and counter allegations that the child's disclosures are false or manipulated by the other family member. CSA is a violation of criminal laws in every state and most countries although, as noted above, there were discussions early in modern awareness of CSA about whether treatment or prosecution was the preferred way to handle cases, and this issue is still raised in cases of very young offenders. While child abuse professionals may hope that policy makers would be open to data and expert opinion about offenders and victims, it is abundantly clear that the law will continue to have a significant impact on CSA. This is hardly a new awareness, and it is this fact that has been largely responsible for a great deal of research on CSA and forensic issues.

In addition to the role of law, there is a deep-seated mistrust of children in the minds of some adults. Children are viewed as intellectually and developmentally immature, so their memories and reports are regarded with suspicion. Some have argued that children are easily manipulated by adults, especially mothers who are out to harm former male partners. These may or may not be correct ideas, but they have been exploited and exaggerated in the defense of some older persons accused of CSA. It is also true that some ideas such as a child's behavior prove sexual abuse or a child who uses a certain color ink in artwork or depicts what appear to be phallic images in art have to have been sexually abused, although passionatey believed by some, were never ideas supported by research. We are not going to review the volumes of research addressing forensic issues in the space allowed for this entry. We will illustrate below some of that research, much of which has been supportive of children's capacities to participate in legal processes.

False reports. Considerable early interest was focused on how often children make outright false reports of sexual abuse. (See, e.g., de Young 1986; Everson and Boat 1989; Green 1986.) There is general consensus that false reports are rare. Early work by Everson and Boat (1989), examining false reports (4.7–7.6%) in a sample of CPS cases, noted that false reports were more likely in a subset of CPS workers who believed that false reports were common. The authors note that they may be less common in workers who believe that false reports are rare. This points to the power of belief as well as the problem in research and practice of determining what criteria should be employed to judge a report false. A recent review by O'Donohue, Cummings, and Willis (2018), looking at 13 studies on the topic, notes the wide diversity in research in how "false" is defined. Nonetheless, false reports were found in a small number of cases (2% to 5%). Oates, Jones, Denson, Sirotnak, Gary, and Krugman (2000), in a study of Denver Social Services cases over a 1-year period, point out that unsubstantiated does not mean false. Thirty-four percent of cases were determined to be "not sexual abuse" based on social worker judgment, a belief that a parent or relative overreacted, a report from someone in the community later to be

judged unfounded, and definite fabrication made by an adult (9 out of 185 cases). Although it was thought that a large number of false reports arose in divorce cases, Thoennes and Tjaden (1990), in a review of cases from 12 domestic relations courts over the USA, report that 2% of contested custody or visitation cases involved allegations of CSA.

Criteria. The criteria for determining whether an allegation of CSA is true or not have also been the subject of professional interest, in no small part due to suspicion of children as reporters of events in their own lives. At its most basic level, this is a question of professional judgment. Berliner and Conte (1993) early on described the indicator approach (i.e., characteristics of statement from the child, or behaviors of the child or case characteristics). Conte, Sorenson, Fogarty, and Rosa (1991) examined the criteria employed by a sample of 212 professionals. Forty-one criteria were rated for importance. Respondents reported physical medical indicators as the most important criterion (importance index of 84.9), followed by age-inappropriate sexual knowledge (69.3), and consistency in child's report over time (68.5). Self-mutilating behavior was ranked least important (36.4). As noted by the authors then and more clear now is that indicators of true versus false cases have generally failed to be of much value in part because of limited research that they actually discriminate between true and false cases and because they are largely a matter of professional judgment.

Herman (2009) addresses this issue noting that about one-third of all forensic evaluations included uncorroborated verbal reports of CSA by the child. Herman goes on to note that 24–39% of evaluator judgments are in error. And even efforts to create protocols for evaluation still have high error rates. (See Hershkowitz, Fisher, Lamb, and Horowitz (2007a); see also Herman and Freitas (2010).) Everson and Sandoval (2011) note that professional judgments about the validity of child reports of CSA vary and can be accounted for in part by attitudes of the professional (e.g., skepticism about the truthfulness of youth claims).

Protocols. The search for something other than the child's statement of what happened about whether a report is "true or false" has been of interest. In a review Herman (2010) reports on five chart review studies and observes corroborative evidence was present in 35% of 894 forensic cases and in 54% of cases where the professional judged the allegation to be true. At the same time, Walsh, Jones, Cross, and Lippert (2010) examined a sample of 329 cases from the Children's Advocacy Center in Dallas. Charges were filed in 64% of cases. Types of evidence examined included child disclosure (87%), corroborating witness (46%), offender confession (22%), behavioral evidence (20%), eyewitness account (18%), physical evidence (9%), and psychological evidence (4%). Charges were more likely to be filed when there was a child disclosure, corroborating witness, offender confession, or additional reports against the offender. Behavioral evidence led to charges being less likely to be filed.

As noted by Berliner and Conte (1993), another approach has been to develop standards for the professional practice involved in assessing allegations of CSA. In a significant and thorough paper, Faller (2015) reviews developments in the interviewing of children about CSA consistent with this standards approach.

Although, as noted above (Hershkowitz et al. 2007a), even interviewing protocols based on clear standards can result in errors. Research has examined different interview formats such as the cognitive interview (Milne and Bull 2003) and the National Institute of Child Health and Human Development Investigative Interview Protocol (Sternberg et al. 2001). This interview has received considerable attention. In a 2015 review, Benia, Hauch-Filho, Dillenburg, and Stein report on an analysis of five evaluative studies indicating that the NICHD Protocol increases child informativeness but not so much for preschool children. Interviewed children provided more central details than controls. An extensive review provided by Saywitz, Lyon, and Goodman (2018) of approaches to interviewing children about CSA provides guidelines for the interviewer. These include understanding the importance of nonleading questions and understanding the pressures on children not to disclose; appreciating the risk of suggestibility, especially in very young children; developing rapport with the child; and using language consistent with the child's grammar and vocabulary. Free recall questioning followed up by more specific questions is preferred.

Suggestibility. Research efforts to understand the accuracy of children's reports in forensic matters has exploded over the last several decades. Gail Goodman has been a consistent leader in these efforts (Goodman and Reed 1986; Goodman et al. 1991; Goodman and Melinder 2007). Without exploring the topic of memory in detail, it is worth noting that memory is influenced by a variety of cognitive and social factors and that events experienced as traumatic tend to be accurately recalled over long periods of time, even when they occur in childhood (see Goldfarb, Goodman, Larson, Eisen, and Qin (2019) for a recent 20-year longitudinal study on childhood experiences of genital contact).

Suggestibility has been defined cognitively ("the extent to which individuals come to and subsequently incorporate post-event information into their memory recollections" [Gudjonsson 1986]) and socially ("the degree to which encoding, storage, retrieval and reporting of events can be influenced by a range of social and psychological factors" [Ceci and Bruck 1993]), as noted in Ceci and Bruck's 2006 review. Their study identifies interviewer bias as the main characteristic of suggestive interviews, with the potential adverse consequences of eliciting inaccurate responses from children or instilling in them false beliefs (e.g., they were not victimized but come to believe they were). Interviewer practices that may introduce bias and contribute to child suggestibility include asking focused or leading questions, repeating questions or interviewing children multiple times, and rewarding or punishing children for their responses, among others (Ceci and Bruck 2006).

Goodman, Jones, and McLeod (2017) review areas of contemporary professional consensus on children's suggestibility and memory in the context of a forensic interview. While the authors caution that research to date still has not produced a way to identify whether a witness in court is right or wrong, two primary themes have emerged regarding the accuracy of children's reports. These are to acknowledge real limitations and associated challenges with interviewing children, particularly young children of preschool age, and to implement techniques that aim to minimize coercive interviewing practices.

According to Goodman et al. (2017), interview techniques to increase the accuracy of a child's reports that have consensus include providing non-contingent support that does not reinforce specific answers, using a science-based protocol (such as the NICHD), having children promise to tell the truth, and asking free recall and open-ended questions, which also increase the likelihood of lengthier responses. Regardless of interviewer efforts to increase the accuracy of reports, it has been widely observed that preschool-aged children are more likely than older children to produce less accurate responses, to respond with less information to free recall questions, and to be more prone to respond inaccurately to misleading questions (i.e., to be more suggestible). While the authors note that young children can give accurate reports (they give an example of a substantiated disclosure made by a 2-year-old girl), part of the difficulty inherent in interviewing children of this age are developmentally related limitations on attention and verbal skills which may lead interviewers to ask more "memory cuing" questions in order to increase the completeness of a report. That these questions may be seen as leading is a widely acknowledged "trade-off" in interviewing younger children, but consensus also exists that they should only be used when necessary (e.g., prompting elaboration on information the child themselves introduced). Other areas of consensus described include the importance of building rapport with the child being interviewed (though the effect of rapport on accuracy of reports remains understudied) and the worth of improving children's comfort during an interview by allowing them to draw at no risk of decreasing the accuracy of a report (Goodman et al. 2017).

A point of professional consensus identified by Goodman et al. (2017) was supported by Saywitz, Wells, Larson, and Hobbs (2019) in a recent systematic review and meta-analysis on child memory and suggestibility. Fifteen studies published from 1991 to 2015 met their inclusion criteria and were identified as being of good quality. The meta-analysis found supportive interviewer behaviors offered in a non-contingent manner increased the accuracy of children's reports. Interestingly, non-contingent support was also associated with children making fewer errors in response to non-suggestive questions, which seems to indicate positive effects of support on memory.

Summary and Conclusion

From the perspective of history, even the short history of the past three or four decades, it is encouraging that less attention is being directed at doubting the disclosures of children and adults abused in childhood. While legal issues involving allegations of child sexual abuse will also be contested, there is increasing research upon which experts, courts, and families can rely. Encouraging disclosure early after a child has been abused deserves considerably more attention as a top priority, as do research to stop abuse after the first incident and, obviously, efforts to prevent abuse from happening.

Key Points

- Disclosure is the child's report or confirmation that they have had an experience of sexual abuse. Disclosure is a process that is shaped by a variety of barriers and facilitators, takes place over time, and often is delayed until adulthood. It is not uniform and may occur purposely or accidentally.
- Forensic practice exists to evaluate claims of abuse arising from disclosure and examine the veracity of the possible abuse experience/s in line with professional protocols, with implications for further legal action.
- Identifying and confirming experiences of child sexual abuse through disclosure and forensic practice, respectively, can contribute to the prevention of future abuse.

Cross-References

► Sexual Abuse of Children

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