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Recantation and False Allegations of Child Abuse

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Selected Bibliography

2005

Updated 2011

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Introduction

The issues pertaining to recantation and false allegations of abuse by children are among the more complex to understand psychologically and to interpret accurately. Ac-cording to Lipian, Mills and Brantman (2004), false allegations of abuse may derive from (1) submitting to suggestion by authority figures; (2) the result of "pseudo memories;" or (3) the product of evading honest answers. Recantation may result from the same reasons.

Scope

This bibliography focuses specifically on literature related to recantation and false allegations of abuse experienced in childhood. The relationship between disclosure, memory, truthfulness, fantastical storytelling, suggestibility, and coaching with recantation and false allegations is complex. To the extent possible, this bibliography does not, except in passing, delve deeply into those topics, preferring instead to provide guidance to publications that specifically address the core topic of false allegations and recanted accusation. Those other topics so closely intertwined with the issue of false allegations and recantation will be addressed in subsequent bibliographies in this series.

Publications

The publications listed here are books, chapters in books, and journal articles published in English, 1987-2011. The bibliography does not include theses and dissertations, conference papers, technical reports, audiovisual materials, or ephemera.

Organization

This bibliography is arranged chronologically, from most recent to oldest publication date. When possible, the abstracts that were included with the original publication are used in this bibliography. These are designated with as Author Abstract. When an original abstract was not available, abstracts were written by staff of the National Children's Advocacy Center Research Library and are designated as NCAC Abstract. In some cases, abstracts are drawn from the American Psychological Association's PsycInfo® database and are used here with permission of American Psychological Association.

Ahern, E. C., Lyon, T. D., & Quas, J. A. (2011). Young children's emerging ability to make false statements. *Developmental Psychology, 47*(1), 61-66.

This study examined the origins of children's ability to make consciously false statements, a necessary component of lying. Children 2 to 5 years of age were rewarded for claiming that they saw a picture of a bird when viewing pictures of fish. They were asked outcome questions ("Do you win/lose?"), recognition questions ("Do you have a bird/fish?"), and recall questions ("What do you have?"), which were hypothesized to vary in difficulty depending on the need for consciousness of falsity (less for outcome questions) and self-generation of an appropriate response (more for recall questions). The youngest children (2½ to 3½ years old) were above chance on outcome questions, but it was not until age 3½ that children performed above chance on recognition questions or were capable of maintaining false claims across question types. Findings have implications for understanding the emergence of deception in young children. (Author Abstract)

Mart, E. G. (2010). Common errors in the assessment of allegations of child sexual abuse. *Journal of Psychiatry and Law, 38*(3), 325-343.

The assessment of child sexual abuse (CSA) allegations is a complex, challenging, high-stakes undertaking. The consequences of sloppy assessments leading to false positive or false negative court decisions are clearly severe. Despite this, many professionals and paraprofessionals who undertake such assessments continue to perform substandard child sexual abuse investigations. This article presents some of the common errors made by CSA investigators and suggests the use of research-based investigative protocols and ongoing training as ways of improving this situation. (Author Abstract)

Kuehnle, K. & Connell, M. (Eds). (2009). *The evaluation of child sexual abuse allegations: A comprehensive guide to assessment and testimony.* Hoboken, NJ: John Wiley and Sons.

The evaluation of child sexual abuse allegations: A comprehensive guide to assessment and testimony is an in-depth and practical guide for forensic psychologists and other mental health professionals working on child sexual abuse cases. It reflects the current knowledge in this field through contributions written by nationally and internationally recognized experts in applied research and practice. Applying empirically based clinical decision-making to child sexual abuse evaluations, this timely book orients readers to the extraordinary catastrophes that can unfold

when children are interviewed with faulty techniques and provides vital assistance to understanding the research that guides the work of all well-trained clinicians. This thorough yet accessible guide explores: (a) Well-established empirical findings on decision-making and the relationship to false negative and positive errors in cases of alleged child sexual abuse; (b) The difficulties in conducting reliable and meaningful research; (c) Children's behavior and the fallacy of symptoms as markers when child sexual abuse is suspected; (d) The impact of Megan's Law on children with sexual behavior problems; (e) The literature concerning children's susceptibility to suggestibility; (f) Controversies within the field including repeated interviews, inconsistencies in children's statements, and recantations of sexual abuse allegations; and (g) The effectiveness of using props, including dolls, drawings, and photographs, to make memory more accessible for verbal reporting. Providing guidance for mental health professionals working to protect children, The evaluation of child sexual abuse allegations: A comprehensive guide to assessment and testimony offers practical and important measures for the accurate and thoughtful evaluation and assessment of children who are possible victims of sexual abuse. (Author Abstract)

Lindahl, M. W. (2009). Beyond Munchausen by proxy: A proposed conceptualization for cases of recurring, unsubstantiated sexual abuse allegations. *Journal of Child Sexual Abuse, 18*(2), 206-220.

In the emerging literature, cases involving recurring, unsubstantiated allegations of child sexual abuse have generally been categorized as Munchausen by proxy. Recent scholars have recommended restricting the label to the original conceptualization, involving purposeful deception motivated by psychological needs for medical attention. This leaves many cases unclassified that do not fit the Munchausen by proxy criteria, involve significant risks to the child, and ultimately fall outside of existing structures for Child Protective Services/legal intervention. This paper presents a reconceptualization of such cases, proposing to label them "recurring sexual abuse allegation" cases. Defining the set of cases more clearly can aid child protection workers in their management and encourage research on prevalence, consequences to children, treatment strategies, and needed legal reforms. (Author Abstract)

London, K., Bruck, M., Wright, D. B., & Ceci, S. J. (2008). Review of the contemporary literature on how children report sexual abuse to others: Findings, methodological issues, and implications for forensic interviewers. *Memory, 16(*1), 29-47.

Methods used during forensic interviews with children are driven by beliefs about how children recall and report child sexual abuse (CSA) to others. Summit (1983) proposed a theory (Child Sexual Abuse Accommodation Syndrome) contending that, due to the specific traumatic characteristics of CSA, children will often delay disclosing abuse or altogether fail to disclose during childhood, deny abuse when asked, and often recant abuse allegations. His theory has had a tremendous impact on the field of CSA forensic evaluations, despite its dearth of empirical support. In this paper, we review and critique the contemporary literature from two main sources: retrospective accounts from adults reporting CSA experiences and studies of children undergoing forensic evaluation for CSA. We conclude that data support the notion that children often delay abuse disclosure, but that among valid abuse cases undergoing forensic evaluation, denial and recantation are not common. Methodological issues and implications for forensic interviewers are discussed. (Author Abstract)

Lyon, T. D., Malloy, L. C., Quas, J. A., & Talwar, V. A. (2008). Coaching, truth induction, and young maltreated children's false allegations and false denials. *Child Development, 79*(4), 914-929.

This study examined the effects of coaching (encouragement and rehearsal of false reports) and truth induction (a child-friendly version of the oath or general reassurance about the consequences of disclosure) on 4- to 7-year-old maltreated children's reports (N 5 198). Children were questioned using free recall, repeated yes – no questions, and highly suggestive suppositional questions. Coaching impaired children's accuracy. For free-recall and repeated yes – no questions, the oath exhibited some positive effects, but this effect diminished in the face of highly suggestive questions. Reassurance had few positive effects and no ill effects. Neither age nor understanding of the meaning and negative consequences of lying consistently predicted accuracy. The results support the utility of truth induction in enhancing the accuracy of child witnesses' reports. (Author Abstract)

Faller, K. C. (2007). Coaching children about sexual abuse: A pilot study of professionals' perceptions. *Child Abuse & Neglect, 31*(9), 947-959.

Examines professionals' perceptions on coaching children about sexual abuse. Relevant to the coaching issue is a recent analysis of the Canadian Incidence Study 98 Data (data collected periodically in Canada and used to project the rates, types, and risk factors for child maltreatment, 2005). Trocmé and Bala explored the issue of intentional false allegations of all kinds of maltreatment (as opposed to unsubstantiated cases, which were 31% of the dispositions), who made the false reports, and on what types of cases. This study is a survey of 7,672 child protection workers and, therefore, represents their opinions regarding intentionality. Overall, the researchers found an intentional false allegation rate of 4%. The most frequent type of maltreatment to involve a false allegation was neglect, although slightly higher proportions of sexual abuse cases (6%) were deemed false than other types of child maltreatment (neglect = 4%, physical abuse = 4%, and emotional abuse = 2%). Non-custodial parents' (usually fathers) allegations of all types of maltreatment were more likely to be intentionally false (15%) than custodial parents' (2%) (usually mothers). Only 2% of false reports were made by children; none of children's false reports involved sexual abuse. On the other hand, the child protection workers involved in Trocmé and Bala's study report the frequency of false allegations in custody disputes as 12%, three times the overall rate of false allegations. They did not differentiate coaching from other types of false allegations. (Author Abstract)

Malloy, L. C., Lyon, T. D., & Quas, J. A. (2007). Filial dependency and recantation of child sexual abuse allegations. *Journal of the Academy of Child and Adolescent Psychiatry, 46*(2), 162-170.

Controversy abounds regarding the process by which child sexual abuse victims disclose their experiences, particularly the extent to which and the reasons why some children, once having disclosed abuse, later recant their allegations. This study examined the prevalence and predictors of recantation among 2- to 17-year-old child sexual abuse victims. Case files (n = 257) were randomly selected from all substantiated cases resulting in a dependency court filing in a large urban county between 1999 and 2000. Recantation (i.e., denial of abuse postdisclosure) was scored across formal and informal interviews. Cases were also coded for characteristics of the child, family, and abuse. A 23.1% recantation rate was observed. Multivariate analyses supported a filial dependency model of recantation, whereby abuse victims who were more vulnerable to familial adult influences (i.e., younger children, those

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abused by a parent figure and who lacked support from the nonoffending caregiver) were more likely to recant. An alternative hypothesis, that recantations resulted from potential inclusion of cases involving false allegations, was not supported. Results provide new insight into the process by which children reveal interpersonal trauma and have implications for debates concerning the credibility of child sexual abuse allegations and treatment in dependency samples. (Author Abstract)

Kopetski, L. M., Rand, D. C., & Rand, R. (2006). Incidence, gender, and false allegations of child abuse: Data on 84 parental alienation syndrome cases. In R. A. Gardner, S. R. Sauber, & D. Lorandos (Eds.), The International Handbook of Parental Alienation Syndrome (pp. 65-70). Springfield, IL: Charles C. Thomas Publisher Limited.

This chapter presents descriptive statistics on 84 cases of parental alienation syndrome (PAS), compiled by a custody evaluator in Colorado. Kopetsi's work on alienation began in the 1970s and was fully developed by the time she learned of Richard Gardner's' work. In 1991, Kopetski presented her work on PAS at the Fifteenth Annual child custody Conference in Keystone, Colorado (Kopetski, 1991). She recognized Gardner's' contribution in the introduction, and described her astonishment upon learning of his work in 1987. Simultaneously, while unaware of Gardner's work, she had arrived at observations and conclusions that were remarkably similar in many respects. The paper included descriptive statistics on 84 cases, which Kopetski used to test some of Gardner's findings and hypotheses, such as those relating to the disproportionate number of alienating mother. Kopetski's clinical observations of PAS families were eventually in The Colorado Layer (Kopetski, 1998). Her descriptive statistics on 84 cases are published here for the first time. They document a significant increase in PAS cases from 1976 to 1990. The ratio of mothers to fathers alienating was 2 to 1. False allegations of child abuse, defined as physical or sexual abuse, or child neglect, appeared in 54 percent of cases, with child neglect alleged primarily by alienating fathers and sex abuse alleged primarily by alienating mothers. (Author Abstract)

Lyon, T. D. & Saywitz, K. J. (2006). From post-mortem to preventive medicine: Next steps for research on child witnesses. Journal of Social Issues, 62(4), 833-861.

We propose five directions for future child witness research, inspired by recognition of the day-to-day realities of the legal system and the opportunities of psychology to react proactively to challenges child witnesses face. These directions include (1) the refinement of developmentally

sensitive questioning aids that increase completeness without increasing suggestibility, (2) the development of approaches to non-disclosure and recantation, including understanding of the reasons underlying non-disclosure and the potential for building rapport and increasing trust, (3) the construction of interventions that meet mental health needs of child-victim witnesses without creating false memories or tainting testimony, (4) a focus on details of children's narratives that are often lacking, including temporal information and emotional reactions, and (5) expanding our attention beyond child sexual abuse allegations in criminal court and considering the many contexts in which child witnesses are questioned, including areas in which preferences rather than memories are elicited. (Author Abstract)

Malloy, L. C., & Lyon, T. D. (2006). Caregiver support and child sexual abuse: Why does it matter? *Journal of Child Sexual Abuse, 15*(4), 97-103.

The article focuses on the importance of a caregiver's supportiveness and his or her relation to a child's disclosure, recantation and adjustment after being sexually abused. It has been noted that maternal reactions to abuse, including whether the mother believed the child's allegations and, whether she acted in a protective manner or supportive manner, are important not only in the aftermath of child sexual abuse discovery, but also in terms of children's willingness to disclose. A mother should carefully assessed the situation after the child has reported such crime so that she could impose proper measures. On the other hand, nonsupportiveness may lead the child to fail to disclose the abuse when questioned by social services. (Author Abstract)

Olafson, E., & Lederman, C. S. (2006). The state of the debate about children's disclosure patterns in child sexual abuse cases. *Juvenile and Family Court Journal*, Winter, 27-40.

In current research studies about the disclosure patterns of sexually abused children, experts agree that most victims delay disclosure for years, often until adulthood. Researchers disagree about disclosure rates and recantation rates among children during formal interviews. Studies of children who had not previously disclosed but are known through corroborative evidence to have been sexually abused show lower rates of disclosure than do studies of children who had disclosed prior to the formal interview. Gradual disclosures among children are common, and more than a single interview may be necessary in some cases. Prior disclosure, level of support by non-offending parents, developmental level, and relationship to perpetrator affect children's rates of disclosure and their disclosure patterns. More research is necessary to clarify children's post-disclosure recantation rates and predictors. (Author Abstract)

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, & Law, 11*(1), 194-226.

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. (Author Abstract)

Trocmé N, Bala N., (2005). False allegations of abuse and neglect when parents separate. *Child Abuse & Neglect, 29*(12), 1333-1345.

The 1998 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-98) is the first national study to document the rate of intentionally false allegations of abuse and neglect investigated by child welfare services in Canada. This paper provides a detailed summary of the characteristics associated with intentionally false reports of child abuse and neglect within the context of parental separation. A multistage sampling design was used, first to select a representative sample of 51 child welfare service areas across Canada. Child maltreatment investigations conducted in the selected sites during the months of October-December 1998 were tracked, yielding a final sample of 7,672 child maltreatment investigations reported to child welfare authorities because of suspected child abuse or neglect. Consistent with other national studies of reported child maltreatment, CIS-98 data indicate that more than one-third of maltreatment investigations are unsubstantiated, but only 4% of all cases are considered to be intentionally fabricated. Within the subsample of cases wherein a custody or access dispute has occurred, the rate of intentionally false allegations is higher: 12%. Results of this analysis show that neglect is the most common form of intentionally fabricated maltreatment, while anonymous reporters and noncustodial parents (usually fathers) most frequently make intentionally false reports. Of the intentionally false allegations of maltreatment tracked by the CIS-98, custodial parents (usually mothers) and children were least likely to fabricate reports of abuse or neglect. While the CIS-98 documents that the rate of intentionally false allegations is relatively low, these results raise important clinical and legal issues, which require further consideration. (Author Abstract)

Cavanagh, S. L. (2004). Upsetting desires in the classroom: School sex scandals and the pedagogy of the femme fatale. *Psychoanalysis, Culture & Society, 9*(3), 315-332.

This paper examines the female teacher sex scandal involving former Canadian teacher Annie Markson and false allegations that she indecently assaulted an underage boy student. Using feminist psychoanalytic theory I argue that the media coverage of the story had a voyeuristic quality to it that can best be understood by interpreting the role of the counter-transference in education. The news story also reveals a psychic anxiety about normative masculine identity development, heterosexual bifurcations of gender, and female teacher sexuality. (Author Abstract)

Lipian, M. S., Mills, M. J., & Brantman, A. (2004). Assessing the verity of children's allegations of abuse: A psychiatric overview. *International Journal of Law & Psychiatry, 27*(3), 249-263.

This overview discusses the evaluation of children's allegations of physical and sexual abuse. Like similar false allegations by adults, false recounts by children can be the result of one of three different scenarios: (1) the false claims come from submitting to suggestion by authority figures; (2) the false allegations are the result of "pseudo memories;" or (3) the false claims are the product of evading honest answers. The authors of this article examine all these scenarios in detail. The factors underlying false accusations are explored, including how child development may affect accusations, how emotions may influence cognition, how memory functions in children of different ages, and how suggestible and reliable youngsters' statements are. Analysis is supplemented by practical suggestions to evaluate whether a child's allegation is true or false. Such evaluations are critical to appropriately work with the child and the accused offender in clinical and legal settings. (NCAC Abstract)

Lovett, B. B. (2004). Child sexual abuse disclosure: Maternal response and other variables impacting the victim. *Child & Adolescent Social Work Journal, 21*(4), 355-371.

Disclosure of childhood sexual abuse is a process unique to each victim and may be influenced by factors of race, ethnicity, culture, religion, and gender, as well as by abuse specific factors. The response by caregivers and professionals effects disclosure and can be responsible for recantation. Maternal responses that convey protection and support have been found to be associated with victims' improved mental health and social functioning. Non-abusive caregivers are often marginalized by the child welfare system in its attempt to secure physical safety for the child. This article summarizes the literature regarding sexual abuse disclosure and maternal response. Areas for future research are discussed. (Author Abstract)

Dalenberg, C. J., Hyland, K. Z., & Cuevas, C. A. (2002). Sources for fantastic elements in allegations of abuse by adults and children. In M. L. Eisen (Ed.), *Memory and suggestibility in the forensic interview* (pp. 185-204). Mahwah, NJ: Lawrence Erlbaum Associates.

This book examines the circumstances of fantastic events in eyewitness memory reports that may involve true allegations of abuse. The authors present preliminary findings supporting this claim. This review is intended to encourage scholars to use specific literature to organize future research on fantastic elements in abuse allegations. Greater understanding of these claims may lead to development of treatment plans that support instead of under-mine patient reality testing. More advanced assessment tools would also reduce the likelihood that these elements could be used to destroy the credibility of youngsters who have valid charges of serious abuse. Also, claims with no basis in reality might be more quickly identified. (NCAC Abstract)

Oellerich, T.(2002). The case against the routine provision of psychotherapy to children/adolescents labeled "sexually abused." *Sexuality & Culture: An Interdisciplinary Quarterly, 6*(2), 3-24.

Discusses whether the routine psychotherapeutic treatment of children labeled sexually abused is warranted. Whether symptomatic or asymptomatic, children labeled sexually abused are routinely offered treatment at consider-able financial cost. One result of this is that mental health professionals are being charged with exploiting the problem of child sexual abuse. Issues discussed include substantiation and false allegations, psychological harm, and the effectiveness of child and adolescent psychotherapy. The author argues that the evidence indicates that routine psychotherapy for children and adolescents labeled sexually abused is not warranted. Further, its provision is not seen to be in the best interests of either. (Author Abstract)

Ost, J., Costall, A., & Bull, R. (2002). A perfect symmetry? A study of retractors' experiences of making and then repudiating claims of early sexual abuse. *Psychology, Crime & Law, 8*(2), 155-181.

The aim of recent research has been to contribute new information to the false memory/recovered memory debate by studying the circumstances of retractors' experiences and their initial claims of abuse. The limited research available has been heavily criticized because the experiences of retractors are not considered reliable evidence; these individuals

may just be highly suggestible or unreliable witnesses. The study's aim was to examine this criticism by comparing retractors' experiences as they reported and recanted allegations of abuse. Two males and 18 females ages 28-60 years completed a detailed questionnaire concerning their abuse charges. Results of the questionnaire showed a disparity between the processes of recovery and retraction, for the majority of respondents' retractions took much longer than recovery and involved far less social pressure. Also, respondents said several factors were more important than social pressure in deciding to question their abuse allegations. (NCAC Abstract)

Savvidou, I., Bozikas, V. P., & Karavatos, A. (2002). False allegations of child physical abuse: A case of Munchausen by proxy-like syndrome? *International Journal of Psychiatry in Medicine, 32*(2), 201-208.

The diagnosis of factitious disorder by proxy is still under investigation. Few studies have researched the psychological status and potential underlying psychopathology of the perpetrator, as well as the impact on the child's development and the pathological reactions of rearing a child within the context of a distorted reality. In this article, we present the case of a 12-year-old boy where this diagnosis was suspected. Both he and his parents brought forth false allegations of repeated physical abuse induced by his schoolteacher. The parents presented with shared psycho-sis and the child presented with conduct disorder, factitious disorder, and emotional problems. We suggest that this case represents a Münchausen by proxy-like syndrome involving both the legal and medical systems. Hypotheses regarding the pathogenesis of symptoms in the child are noted, underscoring the differences between Münchausen by proxy syndrome appearing in infancy with that appearing in older children. (Author Abstract)

Tully, B. (2002). The evaluation of retractions in sexual abuse cases. *Child Abuse Review, 11*(2), 94-102.

In some cases of alleged sexual abuse, the child or adult retracts allegations made. This poses problems for both civil and criminal legal proceedings. It is argued that the collection and examination of retraction statements often does not receive the same careful attention as is the case with the investigation of the original allegations. Logically, depending on whether the original complaints were true or false or a mixture, so the meaning of a retraction may vary. Where retractions are examined and evaluated with care they may be shown to add to the confidence of the final conclusion rather than simply throwing doubt on that. A systematic

approach is described, followed by three cases where such application assisted and paradoxically added to the probative value of earlier statements. (Author Abstract)

Ahlgrim-Delzell, L., & Dudley, J. R. (2001). Confirmed, unconfirmed, and false allegations of abuse made by adults with mental retardation who are members of a class action suit. *Child Abuse & Neglect, 25*(8), 1121-1132.

The purpose is to explore differences in confirmed, unconfirmed, and false allegations of abuse made by consumers with mental retardation in regards to type of abuse and perpetrator. Interviews were conducted with 1,220 people with mental retardation who were part of a class action lawsuit in North Carolina. A content analysis of abuse allegations was performed. Frequencies of responses and subgroup differences are reported for type of abuse allegation and perpetrator. Unconfirmed claims are the most frequent. Females made more allegations of abuse than males in general, and more allegations of rape. There are no significant differences among the subgroups (confirmed, unconfirmed, and false allegations) by type of abuse allegation. There are significant differences among the subgroups in regard to the alleged perpetrator. Other consumers with mental retardation are most frequently accused of confirmed assaults. Staff members are most frequently accused in false allegations. Ability of the alleged victim to report information and timing of the investigation are important factors in substantiating abuse. Awareness of consumer-to-consumer violence and prevalence of false accusations against staff necessitates increased safeguards for both consumers and staff. (Author Abstract)

Bala, N., Lee, J., & McNamara, E. (2001). Children as witnesses: Understanding their capacities, needs, and experiences. *Journal of Social Distress & the Homeless, 10*(1), 41-68.

Historically the law regarded children as inherently unreliable and made it difficult for them to testify. Since 1975 awareness of child abuse has increased and research has established that children can be reliable witnesses. Governments began to recognize the needs and capacities of children and enacted legal reforms to facilitate prosecutions for child abuse. This paper reports on a survey of victim witness workers and other justice system professionals which reveals some of the continued failings of that system in dealing with children. Although relatively rare, there are cases of false allegations of abuse, usually a result of investigations by poorly trained professionals. Further legal reforms and better human supports are required to ensure that the needs of children are met and their capacities as witnesses are fully appreciated. (Author Abstract)

Hershkowitz, I. (2001). A case study of child sexual false allegation. *Child Abuse & Neglect, 25*(10), 1397-1411.

The objectives of the case study reported in this article were twofold. The first objective was to follow the path by which a naive suggestion made in the course of a mother-child conversation was transformed into an allegation of severe sexual abuse. The second objective was to analyze the child's interview scientifically and explore 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 two 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 severe sexual abuse. Scientific tools designed for credibility assessment are limited and may fail to detect implausible statements especially when they incorporate information about genuinely experienced events. (Author Abstract)

Ost, J., Costall, A., & Bull, R. (2001). False confessions and false memories: A model for understanding retractors' experiences. *Journal of Forensic Psychiatry, 12*(3), 549-579.

The present paper examines reports by 'retractors' (i.e. adults who have retracted their earlier claims of childhood abuse) to explore suggestions in the literature of possible similarities between their experiences and the experiences of individuals who falsely confess to criminal acts. Despite concerns about the reliability of retractors' reports, these individuals provide valuable insight into the processes involved in making and then repudiating claims of abuse. The present analysis revealed similarities between the contexts in which retractors came to report that they were sexually abused and the contexts in which false confessions arise. Although caution must be taken in generalizing from these findings, these similarities indicate that models of false confession could serve as a useful basis for conceptualizing the processes involved in the development of claims of childhood sexual abuse that are subsequently retracted. (Author Abstract)

Gries, L. T., Goh, D. S., Andrews, M. B., Gilbert, J., Praver, F., & Stelzer, D. N. (2000). Positive reaction to disclosure and recovery from child sexual abuse. *Journal of Child Sexual Abuse, 9*(1), 29-51.

The authors studied the relationship between sexually abused children disclosing the abuse then recanting it and their emotional health. Twenty-one foster children ages 6-18 years in therapy because they had been sexually abused completed the Child Behavior Checklist (T. M. Achenbach, 1991), the Trauma Symptom Checklist for Children (J. Briere, 1996), the Angie/Andy Cartoon Trauma Scales--Long Form (F. Praver et al., 1996), the Child Depression Inventory--Short Form (M. Kovacs, 1992), and the Disclosure Data Sheet. Therapists grouped the youngsters by current level of disclosure of past abuse and the amount of support they received from significant others. The findings show children in an actively disclosing stage demonstrated far fewer externalizing behavior problems than non-disclosing children. Those fully disclosing without recantation displayed much lower dissociation than the other children. Youngsters who recanted with or without re-disclosing their stories showed far more symptoms of posttraumatic stress. In regard to their current ability to function, children's reactions to disclosure by their foster parents were the most striking. Children who received full support from their foster parents had much lower depression scores than did those who received partial support. (NCAC Abstract)

Gudjonsson, G. H., & Sigurdsson, J. F. (2000). Differences and similarities between violent offenders and sex offenders. *Child Abuse & Neglect, 24*(3), 363-372.

The objective was to investigate differences and similarities between violent offenders and two types of sex offenders, rapists and child molesters, in terms of their personality, the nature of the victim, the role of alcohol, and their confession to their crime. Thirty-six adult sex offenders, 23 child molesters, and 32 violent offenders were compared on personality measures, their relationship with the victim, the presence of alcohol intoxication, their confession rate and retraction at trial, and the reasons they gave for having confessed to the police. Child molesters and adult sex offenders (rapists) were significantly more introverted than the violent offenders. The child molesters had higher social desirability scores than the other groups, they tended to assault relatives and friends, they were rarely intoxicated while committing the offense, and they had strong internal need to confess to the police. Rapists and violent offenders were more commonly intoxicated during the commission of the offense; the former tended to assault acquaintances, where violent offenders most commonly assaulted strangers. Exactly half of the rapists retracted their confession when the case went to trial; in contrast none of the other offenders retracted their confession. The results show that there are significant differences as well as similarities between the three groups of offenders, which have implications for assessment and treatment. (Author Abstract)

Wood, J. M., & Garven, S. (2000). How sexual abuse interviews go astray: Implications for prosecutors, police, and child protection services. *Child Maltreatment: Journal of the American Professional Society on the Abuse of Children, 5*(2), 109-118.

This article argues that child sexual abuse interviews can go astray in two different ways: (a) improper interviewing has the potential to elicit false allegations from children, and (b) clumsy interviewing does not typically produce false allegations, but may have other negative consequences, particularly for child victims. The article clarifies the distinction between the two kinds of bad interviewing and suggests that clumsy interviewing is the more common of the two. The potential negative consequences of both improper and clumsy interviewing are described, along with implications for prosecutors, police, and child protection services. In the authors' opinion, improper interviewing can probably be eliminated rather easily, but clumsy interviewing may be considerably more resistant to change. (Author Abstract)

Anderson, E. M., & Levine, M. (1999). Concerns about allegations of child sexual abuse against teachers and the teaching environment. *Child Abuse & Neglect, 23*(8), 833-843.

The major objective was to determine teachers' awareness of the potential for child abuse allegations against themselves and the effects on the teaching environment. Of 3,000 questionnaires sent out to a random sample of New York state teachers, 515 were returned. The responding teachers were similar to New York state teachers in terms of gender, age, and racial/ethnic distribution. A large percent of the respondents (56%) were aware of false allegations made against a teacher in their school district. About a third (36.5%) expressed concern that a child abuse allegation could be made against them. In response to a vignette, forty-two (42%) advised a new teacher against being alone in a room with a student; 62% advised against casual touching; 70% advised against hugging or putting an arm around a student. Males more than female teachers, especially those teaching upper grades, advised against such contact. The more teachers expressed concern about abuse allegations against themselves, the more teachers advised against contact. Fear of abuse allegations are salient for teachers. Fears may cause teachers to limit contact with students with potentially adverse consequences for students and the teaching environment. (Author Abstract)

Carnes, C. N., Nelson-Gardell, D., & Wilson, C. (1999). Addressing challenges and controversies in child sexual abuse interviewing: The forensic evaluation protocol and research project. *Journal of Aggression, Maltreatment & Trauma, 2*(2), 83-103.

This article describes a forensic evaluation protocol, designed at the National Children's Advocacy Center (NCAC). The means by which the NCAC forensic evaluation protocol addresses the challenges and controversies inherent in the field of sexual abuse allegation assessment are discussed. Results of a two-year study are reported, in which efficacy of the protocol is demonstrated in three areas: (1) in gathering facts to validate true abuse, thus assisting the child protective and legal systems in case decision making, (2) in determining when initial concerning statements of children are actually not due to sexual abuse, but to other events or circumstances, and (3) in uncovering false allegations and vindicating the falsely accused. (Author Abstract)

Knapp, S., & VandeCreek, L. (1999). Moral principles underlying the treatment of adults with memories of childhood abuse. *Ethics & Behavior, 9*(4), 319-330.

The area of treatment of adults with memories of childhood abuse has become controversial in recent years. An analysis of the memory-recovery techniques that have been described in the recanter literature and promoted in the popular self-help press shows that they appear to disregard the moral principles (regard for patient autonomy, nonmalficence, beneficence, and fidelity) that form the moral basis of professional ethics. On the other hand, the treatment recommendations found among prominent authorities in psychology and among the position papers of major mental health organizations are consistent with these moral principles. (Author Abstract)

Marmer, S. (1999). Variations on a factitious theme. *Journal of Psychiatry & Law, 27*(3-4), 459-481.

This article examines three problems. The first problem is determining the difference between malingering and factitious disorders in patients. Malingering disorders are those in which an individual feigns illness when he or she has no clear motive. Factitious disorders are those in which an individual pretends to be ill when there are no obvious personal benefits. Second, deciding whether memories are true is particularly controversial in cases of reported childhood abuse. The authors contend that some patients may have a mixture of Munchausen-like symptoms, adult dissociative symptoms, and childhood trauma. Third, there is the controversy over cases of patients who assert histories of severe childhood abuse and subsequently retract

those stories. Rather than seeing them as helpless foils of therapists who suggest false claims or as individuals trying to benefit from turning against therapists who had helped them, this paper contends that such patients may be playing a pathological victim role with the therapist and the attorney in a "legal Munchausen syndrome." (NCAC Abstract)

Perlis Marx, S. (1999). Victim recantation in child sexual abuse cases: A team approach to prevention, investigation, and trial. *Journal of Aggression, Maltreatment & Trauma, 2*(2), 105-140.

This article explores the reasons for victim recantation in child sexual abuse cases, problems that surface with a recantation, and practical steps multidisciplinary professionals can take to prevent the recantation of truthful allegations. Secondly, the article discusses the roles of investigative team members in the investigation and evaluation of a victim's recantation and in the trial which may follow. Finally, the article addresses possible final outcomes of criminal court intervention and the team's role in continued support for the child. (Author Abstract)

Alpert, J. L., Brown, L. S., & Courtois, C. A. (1998). Comment on Ornstein, Ceci, and Loftus (1998): Adult recollections of childhood abuse. *Psychology, Public Policy, & Law, 4*(4), 1052-1067.

This is a response to the article by Ornstein, Ceci and Loftus titled "Adult Recollections of Childhood Abuse: Cognitive and Developmental Perspectives." The original article was derived from a report by the American Psycho-logical Association Working Group on Investigation of Memories of Childhood Abuse. Points on which they agree with Ornstein, Ceci and Loftus include: (1) real occurrences and false allegations of sexual abuse are serious and potentially life-shattering for victims; (2) memory is not perfect; (3) remembering is facilitated by retrieval cues, contextual support, and the re-experiencing of affect similar to that which occurred at the time of an event; (4) some people are suggestible under certain conditions; (5) psycho-therapy can be substandard, as can research; (6) when a report of memory of sexual abuse first arises in therapy, a neutral and exploratory stance by the therapist should be maintained. Points of disagreement include: (1) the selective review of the memory literature, (2) the lack of attention to methodological issues, (3) the selective interpretation of the literature and the resultant drawing of implications, and (4) a serious misunderstanding of some of the concepts under discussion. (NCAC Abstract)

Campbell, T. W. (1998). *Smoke and mirrors: The devastating effect of false sexual abuse claims*. New York: Insight Books.

Campbell devotes seven chapters in this book to false claims of child sexual abuse. In the first chapter, he discusses how false allegations can happen anywhere to anyone. Paying attention to false claims should not be seen as minimizing or denying the trauma of real abuse, he says. At the same time, victims of false claims also struggle with their own trauma, a trauma that calls for justice and vindication. The number of false allegations likely surpasses the number of true accounts; Campbell cites statistics to make this point. In the following chapter, the author distinguishes between false and fabricated reports, the former occurring without "premeditated malice" and the latter occurring with such intentions. Evaluators, Campbell says, must determine the following when evaluating allegations: (1) who was the first to suspect the child had been abused; (2) how much time was there between the first suspicion and the apparent "confirmation;" and (3) who did the person making the original complaint share their concerns with, what did they discuss, and how did those discussions influence the child's claims. In his third chapter, Campbell says direct interviews with children are far more reliable at identifying abuse than a number of established procedures alone. Chapter 4 focuses on the effects of suggestibility on children's memory with research showing (1) it is easy to distort a child's memory through leading questions and (2) once a youngster's memory has been distorted, the child truly believes the distortion. Campbell discusses pretrial taint hearings in Chapter 5. In these court proceedings, evidence against a defendant is reviewed with the aim of deciding whether the evidence is faulty as the result of interviewing procedures. The New Jersey Supreme Court established this type of hearing after a miscarriage of justice in a particular case. Chapter 6 looks at cases of alleged abuse that are really outright lies, and Chapter 7 discusses the potential hazards of play therapy. (NCAC Abstract)

Parnell, T. F. (1998). Defining Munchausen by proxy syndrome. In T. F. Parnell & D. O. Day (Eds.), *Munchausen by proxy syndrome: Misunderstood child abuse* (pp. 9-46). Thousand Oaks, CA: Sage Publications.

Munchausen by proxy syndrome, the falsification by parents of dramatic medical symptoms in children, has been called multiple names including child abuse, chronic non-accidental poisoning, Medea complex, Polle syndrome, and Meadow's syndrome. The terms Munchausen syndrome and Munchausen syndrome by proxy predominate in published research, but the terms factitious disorder and factitious disorder by proxy are used in the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV). In this chapter, Parnell explores false sexual and physical abuse allegations linked to Munchausen by proxy syndrome. False allegations may arise because of a desire for revenge against the child, mental illness in the

parent, and a desire to influence child custody disputes. Parnell presents research by a number of professionals involving false allegations and says that clinicians should not only under-stand the dynamics of Munchausen by proxy and sexual abuse but have appropriate interviewing skills, knowledge of child development, and understanding of the literature on youngsters' memory and false allegations of abuse. (NCAC Abstract)

Salter, A. C. (1998). Confessions of a whistle-blower: Lessons learned. *Ethics & Behavior, 8*(2), 115-124.

In 1988 I began a report on the accuracy of expert testimony in child sexual abuse cases utilizing Ralph Underwager and Hollida Wakefield as a case study (Wake-field & Underwager, 1988). In response, Wakefield and Underwager began a campaign of harassment and intimidation, which included multiple lawsuits; an ethics charge; phony (and secretly taped) phone calls; and ad hominem attacks, including one that I was laundering federal grant monies. The harassment and intimidation failed as the author refused demands to retract. In addition, the lawsuits and ethics charges were dismissed. Lessons learned from the experience are discussed. (Author Abstract)

Bernet, W. (1997). Case study: Allegations of abuse created in a single interview. *Journal of the American Academy of Child & Adolescent Psychiatry, 36*(7), 966-970.

The objective was to illustrate how young children can be induced to make false allegations of sexual abuse. The author presents a case that is unusual because elaborate, detailed allegations of sexual abuse came about during a single interview, the interviewer was a baby-sitter rather than a mental health professional, and the interview was recorded on tape. Children can be induced to make elaborate, detailed false statements after being subjected to repetitive, suggestive, and leading questions during a single interview. Child abuse investigators should determine the origin and evolution of allegations of abuse. Children should not be removed from their parents if is likely that the allegations against the parents are false. (Author Abstract)

Bottoms, B. L., & Davis, S. L. (1997). The creation of satanic ritual abuse. *Journal of Social & Clinical Psychology, 16*(2), 112-132.

Fears about satanic ritual child abuse swept the nation in the 1980s and 1990s, but were probably largely unfounded. In this article, we explore sociocultural, individual, and therapy-related factors that together may be responsible for the creation of ritual abuse allegations. We conclude that there are serious problems with embracing false ritual abuse claims and call for more responsible journalistic coverage of issues relating to child abuse, more research to identify factors that contribute to false allegations, and better therapeutic practices to aid people seeking psycho-logical help. (Author Abstract)

Campbell, T. W. (1997). Indicators of child sexual abuse and their unreliability. *American Journal of Forensic Psychology, 15*(1), 5-18.

The author discusses the reliability of indicator lists purporting to identify sexually abused children and argues that the definitional characteristics of these indicators (e.g., secrecy, helplessness, retraction) are vague and ill-defined. The author is specifically critical of Gardner's Sexual Abuse Legitimacy (SAL) scale, concluding that there has never been any empirical evidence published in a peer-reviewed journal demonstrating that mental health professionals apply the SAL scale in a consistent and reliable manner, and that it cannot support expert testimony in a legal proceeding. (NCAC Abstract)

Dammeyer, M. D., Nightingale, N. N., & McCoy, M. L. (1997). Repressed memory and other controversial origins of sexual abuse allegations: Beliefs among psychologists and clinical social workers. *Child Maltreatment: Journal of the American Professional Society on the Abuse of Children, 2*(3), 252-263.

The purpose of this study was to assess beliefs about repressed memory and other controversial origins of sexual abuse allegations. This was examined by conducting a national survey of psychologists and clinical social workers. The results indicated that experimental psychologists and clinicians differ regarding belief in repressed memory, with clinicians expressing more confidence that such memories can and do exist. No differences were found between clinicians with different types of academic training. How-ever, academic degree and level of research involvement were found to be related to views toward one or more of the following: (a) usefulness of anatomical dolls, (b) leading questions, or (c) the possibility of therapeutic techniques leading to false allegations of sexual abuse. Although the respondents'

sex often accounted for a significant portion of the variance, removing this influence did not alter the overall pattern of the results. Possible explanations for these results are discussed. (Author Abstract)

Goodman, G. S., Quas, J. A., Bottoms, B. L., Qin, J., Shaver, P. R., Orcutt, H., et al. (1997). Children's religious knowledge: Implications for understanding satanic ritual abuse allegation. *Child Abuse & Neglect, 21*(11), 1111-1130.

The goals of the present study were to examine the extent of children's religious, especially satanic, knowledge and to understand the influence of children's age, religious training, family, and media expo-sure on that knowledge. Using a structured interview, 48 3- to 16-year-old children were questioned about their knowledge of: (a) religion and religious worship; (b) religion-related symbols and pictures; and (c) movies, music, and television shows with religious and horror themes. Although few children evinced direct knowledge of ritual abuse, many revealed general knowledge of satanism and satanic worship. With age, children's religious knowledge increased and became more sophisticated. Increased exposure to nonsatanic horror media was associated with more nonreligious knowledge that could be considered precursory to satanic knowledge, and increased exposure to satanic media was associated with more knowledge related to satanism. Our results suggest that children do not generally possess sufficient knowledge of satanic ritual abuse to make up false allegations on their own. However, many children have knowledge of satanism as well as nonreligious knowledge of violence, death, and illegal activities. It is possible that such knowledge could prompt an investigation of satanic ritual abuse or possibly serve as a starting point from which an allegation is erected. (Author Abstract)

Lieb, R., Berliner, L., & Toty, P. (1997). Protocols and training standards: investigating allegations of child sexual abuse. Olympia, WA: Washington State Institute for Public Policy.

This project was funded in 1996 with the aim of collecting information on the development of protocols and training standards for child sexual abuse investigations. Data from Washington, other states, and foreign countries were included. The final report contains four sections: research and findings in abuse allegations, protocols and relation-ships among investigating agencies, investigative interviews, and videotaping interviews with children. The three appendices contain details on a protocol for multiple party cases, listings of additional experts consulted and a number of interview resources, and a bibliography. In Section 1, the authors say that freely recalled accounts of abuse are the most accurate and that opportunities for influence of children arise with questioning by the interviewers. Factors especially involved in

greater suggestibility are repetitious and leading questioning, questioning after lengthy delays, and questioning by authority figures looking for particular answers. Section 2 describes the reason for protocols in various models and coordinating responses to suspected child sexual abuse in the United States. Protocols in seven Washington counties are examined as are practices in multiple party cases. Section 3 discusses training requirements for forensic investigations and training opportunities in Washington. In Section 4, the pros and cons of videotaping interviews are summarized. The laws and practices regarding videotaping in other states and countries are also discussed. (NCAC Abstract)

Swan, T. A. (1997). Problems in caring for sexually abused girls: Care providers speak out. *Community Alternatives: International Journal of Family Care, 9*(1), 71-87.

Concern is growing about the possibility of false allegations of sexual abuse when sexually abused children are in foster care. Literature suggests that sexually abused children in foster care may be unable to tell the difference between appropriate, affectionate family touching and behavior that was connected with their past abuse. Also, children might use allegations to accomplish a goal such as moving to a different foster home. Out of fear of experiencing false allegations, foster parents may refuse to take sexually abused children. The author studied eight well-experienced foster care providers in Toronto who had fostered abused girls. The study determined: (1) the possibility of men and boys in the fostering homes being falsely accused of sexual abuse was the major concern of the families, (2) families protected the males in the house-holds by establishing rules, (3) the rules resulted in distancing the fathers/brothers from the child and limited the fathers' role to taking care of the physical home environment, (4) foster parents felt isolated, and that the agency ignored their concerns about false allegations and failed to support them when allegations were made. The author suggests changes for child welfare agencies that could address these problems. (NCAC Abstract)

Bradley, A. R., & Wood, J. M. (1996). How do children tell? The disclosure process in child sexual abuse. *Child Abuse & Neglect, 20*(9), 881-891.

Children's disclosure of sexual abuse has been de-scribed as a quasi-developmental process that includes stages of denial, reluctance, disclosure, recantation, and reaffirmation (Sorenson & Snow, 1991, Summit, 1983). It has been reported that nearly 75% of sexual abuse victims initially deny abuse, and that nearly 25% eventually recant their allegations (Sorenson & Snow, 1991). The present study examined disclosures in 234 sexual abuse cases validated by

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Protective Services in El Paso, 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 eight victims who recanted appeared to do so in response to pressure from a caretaker. The Child Sexual Abuse Accommodation Syndrome described by Summit (1983) seems to be infrequent among the types of cases seen by child protection agencies. The present findings do not support the view that disclosure is a quasi-developmental process that follows sequential stages. (Author Abstract)

Everson, M. D., Boat, B. W., Bourg, S., & Robertson, K. R. (1996). Beliefs among professionals about rates of false allegations of child sexual abuse. *Journal of Interpersonal Violence, 11*(4), 541-553.

A total of 244 judges, law enforcement officers, mental health practitioners, and child protection service (CPS) workers were surveyed to explore their beliefs about the frequency with which children lie or fail to tell the truth when they allege sexual abuse. Results indicated that judges and law enforcement officers were significantly more skeptical of children's reports than were mental health and CPS workers. Although age, gender, and years of experience did not appear to affect beliefs about credibility, those professionals who dealt with more cases of child sexual abuse in the previous year were significantly more likely to believe the reports of children than were professionals who worked with fewer cases. Significant differences also were found among professional groups on whether children never or frequently lie about sexual abuse. Finally, across all groups, reports of sexual abuse made by female adolescents were viewed as significantly less believable than other groups of children. The implications of these findings for professionals are discussed. (Author Abstract)

Knapp, S., & VandeCreek, L. (1996). Risk management for psychologists: Treating patients who recover lost memories of childhood abuse. *Professional Psychology: Research & Practice, 27*(5), 452-459.

The mental health community and, in certain respects, society itself have become polarized over the issue of lost and recovered memories of childhood abuse. Psychologists who treat patients who recover lost memories of childhood abuse during psychotherapy may find themselves vulnerable to lawsuits from patients who later recant the memories of abuse or, in unusual circumstances, from family members of the patients. Psychologists can reduce their legal risks by following certain basic precautions, including maintaining appropriate boundaries

with their patients, following acceptable procedures in diagnosing and treating patients, obtaining informed consent (especially when using experimental procedures), and showing concern for patients' long-term relationships with their families. Consultation on difficult cases and careful documentation are also indicated. (Author Abstract)

Kuehnle, K. (1996). *Assessing allegations of child sexual abuse*. Sarasota, FL: Professional Resource Press/Professional Resource Exchange.

Since youngsters' responses to sexual abuse are unpredictable and inconsistent, professionals face a complicated process as they evaluate allegations of abuse. This book gives empirical details about what is known and unknown in examining allegations with preschool and latency-aged youngsters. Kuehnle's aim is to summarize how youngsters respond to abuse and how they respond during evaluations. The author reviews valid techniques helpful in providing accurate information to the courts. Of particular interest are Chapter 2, Chapters 3 through 7, and Chapter 9. Chapter 2 discusses the mental health professional's role in evaluations. Chapters 3 and 4 describe "normal" childhood behavior, the development of childhood memory, and youngsters' susceptibility to suggestions about abuse. Chapters 5 through 7 study ways of evaluating, interview techniques, and empirical details used to decide whether allegations are true. Chapter 9 examines standardized means of observation, behavior rating scales, and assessment tools for evaluating allegations. An appendix summarizes a variety of information including a number of checklists and rating scales, sample form letters to parents and attorneys, and a list of agencies that provide informative details on abuse. (NCAC Abstract)

Leonard, E. D. (1996). A social exchange explanation for the child sexual abuse accommodation syndrome. *Journal of Interpersonal Violence, 11*(1), 107-117.

Social exchange framework is applied to Summit's Child Sexual Abuse Accommodation Syndrome, which describes a common pattern of interaction and response among child victims of sexual abuse, their caretakers, and the adult offenders. Using the principles of cost and rewards, an analysis is made of the five components of the syndrome: (a) secrecy; (b) helplessness; (c) entrapment and accommodation; (d) delayed, conflicted, and unconvincing disclosure; and (e) retraction. Exchange principles show that all components reflect the least unprofitable of the limited options perceived by victims. Analysis of the syndrome demonstrates the applicability of the exchange perspective for this aspect of child sexual abuse and encourages its use with other aspects of family violence. (Author Abstract)

Marx, S. P. (1996). Victim recantation in child sexual abuse cases: The prosecutor's role in prevention. *Child Welfare, 75*(3), 219-233.

Recantation by a child who has been abused and has disclosed the abuse is a common phenomenon. Reasons for recantation and the problems recantation presents for the continued safety of the child and for the efficacy of child protective services and criminal justice interventions are explored. Although not in itself diagnostic of abuse, recantation by a child who has been abused and has disclosed the abuse is a common phenomenon. This article explores reasons for recantation and the problems recantation presents for the continued safety of the child and for the efficacy of child protective services and criminal justice interventions. Practical steps are offered for prosecutors, child protective services workers, CPS attorneys, law enforcement investigators, and members of multidisciplinary teams to prevent recantation of truthful allegations of child sexual abuse. (NCAC Abstract)

Porter, L. S., & Lane, R. C. (1996). Latrogenic creation of false childhood sexual abuse memories: Controversy, dynamics, fantasy, and reality. *Journal of Contemporary Psychotherapy, 26*(1), 23-42.

Examines the phenomenon of False Memory Syndrome. In the last decade there has been an increase in the number of adult individuals who report childhood sexual abuse only to recant their allegations. Recanters and the falsely accused are specifying that therapeutic interventions by trusted and, at times, well-intentioned therapists facilitated their false memories. The theory of repression, reliability of memory, recovery techniques, and characteristics of therapist and clients are explored. This paper also discusses a number of cases that have been filed, and some guidelines for therapists who work or plan to work in the recovery of repressed memories. (PsycINFO Database Record (c) 2004 APA, all rights reserved)

Rubin, M. L., & Thelen, M. H. (1996). Factors influencing believing and blaming in reports of child sexual abuse: Survey of a community sample. *Journal of Child Sexual Abuse, 5*(2), 81-100.

Believing and blaming of alleged victims of child sexual abuse (CSA) was measured in a community sample of 202 adults. Subjects completed a questionnaire consisting of vignettes in which 11-year-old girls reported being sexually abused. A majority of respondents viewed the girl's report of sexual abuse as truthful; however, alleged victim retractions significantly reduced the credibility ratings for those reports. The effect of perpetrator socioeconomic status (SES) did

not reach significance on either alleged victim believing or blaming. Females were significantly more likely than males to believe the girl's report of abuse, and more likely to believe children's reports in general. Females were significantly less likely than males to blame the girl for the occurrence of the abuse. Gender differences on believing and blaming remained significant when effects of respondent age and education were removed as covariates. Estimates of the prevalence of CSA varied widely, with no significant gender difference. Over half of the respondents believed that alleged victims aged five years or younger should be allowed to testify in court in CSA cases. (Author Abstract)

Schreier, H. A. (1996). Repeated false allegations of sexual abuse presenting to sheriffs: When is it munchausen by proxy? *Child Abuse & Neglect, 20*(10), 985-991.

Munchausen by proxy syndrome, wherein a caretaker (most often a mother) simulates or fabricates illness in a child in order to assume the sick role through another, has now been described involving a variety of psychiatric problems and false allegations of sexual abuse. Given that a proposed dynamic appears to be a need in a dependent and/or hostile relationship with powerful transferential people from the past, it was expected that professionals (school psychologists, social workers, lawyers) other than doctors would be involved. A case involving law enforcement agents as a primary "target" is described and its significance discussed. (Author Abstract)

Siegel, E. V. (1996). *Transformations: Countertransference during the psychoanalytic treatment of incest, real and imagined*. Hillsdale, NJ: Analytic Press.

In this book, Elaine Siegel discloses the countertransferential ruminations and associations with the occurrence of incest at various stages during the treatment process over the course of 30 years of clinical work. An analyst, registered dance therapist, and motor development specialist, she is especially illuminating in relating her sensory and physiological responses to her analysands, which ultimately provided a valuable tool in learning to differentiate real from imagined abuse. The text includes cases of multigenerational incest, mother-son and father-daughter incest, and false claims of sexual abuse. (NCAC Abstract)

Abbott, B. R. (1995). Some family considerations in assessment and case management of intrafamilial child sexual abuse. In T. Ney (Ed.), *True and false allegations of child sexual abuse: Assessment and case management* (pp. 260-274). Philadelphia, PA: Brunner/Mazel.

Professionals must be cautious when trying to use results of research on family functioning to decide whether child sexual abuse claims are true. Caution is especially needed when the offending or non-offending parent deny the abuse. Being mindful that family dynamics alone cannot determine whether incest has occurred within a family, professionals should know that assessment is still critical to deciding on the treatment and case management of such troubled families. (NCAC Abstract)

Bekerian, D. A., & Dennett, J. L. (1995). Assessing the truth in children's statements. In T. Ney (Ed.), *True and false allegations of child sexual abuse: Assessment and case management* (pp. 163-175). Philadelphia, PA: Brunner/Mazel

One of the toughest problems for investigators is determining if a youngster's allegations of abuse are truthful. Issues of truthfulness and ways of identifying truthful accounts have been the subject of much study by psychologists. Assessment procedures have been developed that can be applied to a youngster's story, and in theory should help professionals decide whether an account is true. The authors refer to this approach as statement assessment. This chapter summarizes the main assumptions behind statement assessment and examines the nature of evidence gathered by researchers. It also de-scribes some critical points in the current debate of these procedures when they involve individual judicial systems. Statement assessment is considered one of the most promising sets of tools professionals can use in determining the truthfulness of sexual abuse allegations. (NCAC Abstract)

Bekerian, D. A., & Dennett, J. L. (1995). An introduction to the cognitive interview technique. In T. Ney (Ed.), *True and false allegations of child sexual abuse: Assessment and case management* (pp. 192-206). Philadelphia, PA: Brunner/Mazel.

This chapter looks at the Cognitive Interview technique and considers its possible applications for child witnesses. The authors review the technique and summarize the main findings then examine the most appropriate conditions under which this type of assessment could be used with youngsters. Such circumstances involve the age of the child (seven years and older), the youngster's emotional state, and his or her verbal ability. Three recommendations are given: professionals must receive formal training in using the Cognitive Interview technique, they

should see this method as more suited for youngsters fluent in telling a story, and they should use the Cognitive Interview only after other conditions have been weighed such as the emotional state of the child and the particular stage in the investigation. (NCAC Abstract)

Bertrand, L. D., Hornick, J. P., & Bolitho, F. H. (1995). The child witness in sexual abuse cases: Professional and ethical considerations. In T. Ney (Ed.), *True and false allegations of child sexual abuse: Assessment and case management* (pp. 319-333). Philadelphia, PA: Brunner/Mazel.

An overview of literature on the issue of revictimization is presented in this chapter as are the results of a project whose aim is to assess the effectiveness of Canadian legislation on curbing the stress children may feel in court cases. Based on a number of studies, it is evident many sexually abused youngsters find testifying in court traumatic and anxiety-provoking. Legislation passed in Canada which allows for changes in courtroom procedures seems helpful in reducing the trauma these children experience. (NCAC Abstract)

Ceci, S. J., & Bruck, M. (1995). Jeopardy in the courtroom: A scientific analysis of children's testimony. Washington, DC: American Psychological Association.

This book is a thorough summary of the issues surrounding sexual abuse allegations of children and the courts. Ceci and Bruck, who have published more than 300 scholarly articles, books, and book chapters, are widely recognized for their work. The year before this book was published they received a major prize for the best article that year concerning child abuse. The authors discuss the issue of children's credibility, stating that one side suggests that a therapist or social worker should believe all allegations a child makes since it is not likely youngsters will make false reports of sexual abuse. The other side contends that professionals should always be skeptical of such claims since young children are more vulnerable to leading questions and erroneous suggestions than older youngsters. Ceci and Bruck do not espouse either extreme. Their 18-chapter book presents the data and arguments that have shaped their opinions on this issue. Chapter 1 is an introductory chapter, and chapter 2 gives summaries of seven case histories referred to in later chapters. Chapter 3 looks at statistics on child abuse and child witnesses in the court-room. Chapter 4 defines such major terms as memory and suggestibility and is the most theoretical chapter in the book. Starting with early research at the turn of the 20th century, the fifth chapter takes a look at the studies on youngsters' suggestibility. The sixth chapter examines pertinent studies of the 1980's and 1990's. The next six chapters form the core of the authors' arguments. In chapter 7, the dynamics of therapeutic and forensic interviews with youngsters are presented. Chapters 8 through 11 examine the influence that

elements of these interviews have on the accuracy of children's claims. In chapter 12, the focus is on the use of anatomically correct dolls. The next two chapters look at the controversial subject of recovering repressed memories of early childhood abuse. Chapters 15 and 16 discuss age differences in the reliability of children's allegations and related issues concerning the factors that might account for suggestibility. In chapter 17, the authors discuss professional conduct including how experts testify in the courtroom and the obligations professionals have toward prospective child witnesses. The concluding chapter pulls together the studies presented in earlier chapters and cautions professionals not to over- or under-interpret this information. (NCAC Abstract)

Ceci, S. J., & Bruck, M. (1995). Age difference in the reliability of reports. In *Jeopardy in the courtroom: A scientific analysis of children's testimony* (pp. 233-251). Washington, DC: American Psychological Association.

Especially among preschoolers, definite age differences do exist in the potential for suggestibility. This suggestibility can be about "unimportant details," but it may also lead to fabrication of entire episodes of abuse. Other research shows youngsters can be led to make false remarks about individual acts of abuse which professionals may see as proof of sexual abuse or, in a lesser way, embarrassing or painful. With interviewers are neutral and unbiased, the youngest children may give quite accurate reports though they may lack details. According to the research, youngsters ages 6 and above may or may not be subject to suggestibility, depending in part on pressure put on them by interviewers. (NCAC Abstract)

Ceci, S. J., & Bruck, M. (1995). The architecture of interviews with children. In *Jeopardy in the courtroom: A scientific analysis of children's testimony* (pp. 75-85). Washington, DC: American Psychological Association.

Because the testimony of young witnesses is sought through interviews, it is important to understand the structure of conversations and interviews between adults and children. This understanding helps in evaluating the claims of child witnesses. This chapter focuses on practices and assumptions of adults responsible for collecting information from young children. Gathering information from children for forensic purposes is not an easy process. Three factors can affect the interviewing process. First, there is a language barrier when interviewing youngsters who are not used to giving elaborate verbal explanations about their experiences. Second, there is a cognitive problem that emerges when children are asked to remember

events from years ago, and the child may have trouble recalling the details. Finally, youngsters may find it difficult to report information about embarrassing, painful, or stressful events. All these factors limit the interviewer as he or she tries to gather information. (NCAC Abstract)

Ceci, S. J., & Bruck, M. (1995). Assessing the scope and characteristics of child sexual abuse. In *Jeopardy in the courtroom: A scientific analysis of children's testimony.* (pp. 21-38). Washington, DC: American Psychological Association.

While statistics vary widely on the actual number of sexually abused children in this country and around the world, statistics do reveal the seriousness of the problem especially among girls. A large number of abused pre-school age children end up in court, and recent innovations in the courtroom focus on the needs of this age group. Some of the numbers indicate the high number of false, unfounded, and unsubstantiated claims of abuse. False allegations appear to occur more often in disputed divorce or custody battles. Studies also show the influence of threats on youngsters' disclosure of abuse. (NCAC Abstract)

Ceci, S. J., & Bruck, M. (1995). The effects of repeated questioning. In *Jeopardy in the courtroom: A scientific analysis of children's testimony* (pp. 107-125). Washington, DC: American Psychological Association.

While they are necessary techniques, repeating questions within interviews as well as multiple interviews have the potential to reduce the accuracy of youngster's claims. Interviews by biased professionals can raise the risk of children's answers being tainted. Misinformation gained from such interviews may skew children's reports; in addition, these repeated questions and multiple interviews may show the child the interviewer's bias and the youngster may learn how to answer questions to meet the professional's expectations. (NCAC Abstract)

Ceci, S. J., & Bruck, M. (1995). Ethical and professional issues. In *Jeopardy in the courtroom: A scientific analysis of children's testimony* (pp. 269-293). Washington, DC: American Psychological Association.

The authors emphasize in this chapter that many methods used to interview youngsters are not acceptable ethically. Some of these interviews may even be "impeachable" in court because they violate national guidelines for interviewing that require professionals to be open-minded. The authors discuss expert witnesses and particular points they should cover. These points

include; stating that there are age differences in youngsters' suggestibility with preschoolers being the most vulnerable, explaining that young children, though they usually make accurate reports, can make mistakes, describing ways that can decrease the risk of suggestibility, and explaining the complex nature of how different factors affecting youngsters' accuracy interrelate. (NCAC Abstract)

Ceci, S. J., & Bruck, M. (1995). Mechanisms that may account for age differences in suggestibility. In *Jeopardy in the courtroom: A scientific analysis of children's testimony* (pp. 253-268). Washington, DC: American Psychological Association.

This chapter summarizes major factors that may affect suggestibility in children. These include age differences in memory, children's smaller knowledge base, language skills that are less developed, youngsters' ability or inability to distinguish fantasy from reality, social factors such as young children's tendency to be compliant with adult interviewers, and the question of lying. Studies show most children do not intentionally lie to the professionals interviewing them, and few make "malicious attempts" to distort the truth. Children may have a number of motivations that may encourage lying; these include evading punishment, playing a game described as an adult interviewer as a secret, keeping a promise, attaining personal gains such as rewards and acceptance by peers, and avoiding embarrassment. In the future, the authors say, research will focus how these cognitive and social factors interact so they may better suggestibility. (NCAC Abstract)

Ceci, S. J., & Bruck, M. (1995). Other suggestive interviewing techniques. In *Jeopardy in the courtroom: A scientific analysis of children's testimony* (pp. 139-159). Washington, DC: American Psychological Association.

The authors describe several components of suggestive interviewing techniques including the emotional tone of the interview, the effects of peer pressure on children's reports of abuse, and the effects of being interviewed by "powerful" adults such as police officers, medical personnel, and judges. First, most professionals would agree on the importance of interviewers establishing a supportive environment for their young clients. However, interviewers who believe they are creating such a rapport set a different emotional tone when they use threats, rewards, or bribes. Second, the effect of telling youngsters their friends have "already told" can often result in their making false responses so they can be "one of the crowd." Finally, researchers have long recognized that youngsters are more likely to believe adults than other children such that they are more likely to go along with adults' wishes and to include adults'

beliefs in their stories. The chapter concludes with an excerpt from an interview containing elements of different kinds of interview bias. (NCAC Abstract)

Ceci, S. J., & Bruck, M. (1995). The pros and (mostly) cons of using anatomically detailed dolls. In *Jeopardy in the courtroom: A scientific analysis of children's testimony* (pp. 161-186). Washington, DC: American Psychological Association.

The use of anatomically detailed dolls is common in forensic and therapeutic interviews; however, some re-searchers and professionals are skeptical about their use. First, the dolls are suggestive and may encourage youngsters, whether or not they have been sexually abused, to use the dolls in sexual play. Also, professionals cannot make real conclusions about abuse based on children's interaction with the dolls because there are no standard guidelines for assessments of this kind. Based on the authors' review of the research, they believe these dolls should not be used as a diagnostic tool, at least not with very young children. They realize some professionals will disagree with their view. However, the authors conclude use of the dolls could lead to "serious misuse," which could result in inducing false memories in children, removing non-abused youngsters from their homes, and putting innocent adults in prison. (NCAC Abstract)

Ceci, S. J., & Bruck, M. (1995). The recent past: Changes in legal and behavioral approaches. In *Jeopardy in the courtroom: A scientific analysis of children's testimony* (pp. 63-74). Washington, DC: American Psychological Association.

The numerous studies examined in this chapter may be highly important in revealing the factors involved in suggestibility and children's memory, but they may underestimate the power of suggestive techniques in real cases. Because of this concern, other researchers have examined in more detail the conversations and interviews between youngsters and adults and the effects of different interviewing techniques on the accuracy of youngsters' claims. The seven chapters that follow analyze these issues. (NCAC Abstract)

Ceci, S. J., & Bruck, M. (1995). The Role of interviewer bias. In *Jeopardy in the courtroom: A scientific analysis of children's testimony* (pp. 87-105). Washington, DC: American Psychological Association.

The three studies reviewed in this chapter involve children ages 3-6. They show how personal biases of interviewers can definitely influence the interview process and the accuracy of youngsters' testimony. When an interviewer's hypothesis is correct, young children often have accurate recall of events. When an interviewer's pre-conceived beliefs are not correct, these youngsters tend to have inaccurate recall. These studies show that those who conduct interviews should employ the same principles as scientific investigators and discover the truth by ruling out certain hypotheses and trying to disprove the hypothesis they personally favor. The authors believe that interviewers should be told only the necessary background information and permitted to test their hypotheses on the basis of their investigations. (NCAC Abstract)

Ceci, S. J., & Bruck, M. (1995). Stereotype induction: A suggestive interviewing technique. In *Jeopardy in the courtroom: A scientific analysis of children's testimony* (pp. 127-137). Washington, DC: American Psychological Association.

Besides leading questions, a number of suggestive interview techniques can greatly affect preschoolers' testimony. One of these techniques is stereotype induction which is an effort by an interviewer to give a child a negative view of an individual or event whether that view is accurate or not. An example of this technique is telling youngsters a suspect "tries to scare children" or "does bad things." Stereotype induction is used to help ashamed or frightened children reveal information about their abuse or an event they witnessed. However, this technique when used by biased interviewers may seriously damage the accuracy of youngsters' reports. (NCAC Abstract)

Charles, G. (1995). The assessment and investigation of ritual abuse. In T. Ney (Ed.), *True and false allegations of child sexual abuse: Assessment and case management* (pp. 303-315). Philadelphia, PA: Brunner/Mazel.

The subject of ritual abuse has led to a divisive debate among mental health professionals. There are two extremes: either all allegations must be believed or all allegations must be fictitious or delusional. This means clinicians must rely on "experts" from either extreme for information on treating suspected cases. This chapter gives an over-view of ritual abuse and makes seven recommendations for clinicians and individuals in the child protection and criminal justice fields as they assess and investigate such claims. (NCAC Abstract)

Conte, J. R. (1995). Assessment of children who may have been abused: The real world context. In T. Ney (Ed.), *True and false allegations of child sexual abuse: Assessment and case management* (pp. 290-302). Philadelphia, PA: Brunner/Mazel.

This chapter examines the nature of difficult cases that must be assessed for possible sexual abuse, discusses selected studies on such aspects of assessing these cases as child witnesses and the difference between "true" versus "false" reports, and identifies some of the "real world" issues that make assessment of some cases tougher than others. (NCAC Abstract)

Ehrenberg, M. F., & Elterman, M. F. (1995). Evaluating allegations of sexual abuse in the context of divorce, child custody, and access disputes. In T. Ney (Ed.), *True and false allegations of child sexual abuse: Assessment and case management* (pp. 209-230). Philadelphia, PA: Brunner/Mazel.

The authors' purposes in this chapter are (1) to discuss the extent, nature, and credibility of sexual abuse claims in divorce and custody cases; (2) to familiarize the professional with contexts in which these allegations might occur; (3) to summarize major issues in assessing abuse allegations during divorce, custody, and visitation disputes; and (4) to examine ethical and professional matters pertaining to clinical practice in these cases. In the conclusion, 10 recommendations for professionals working on divorce and custody cases are presented. (NCAC Abstract)

Gordon, B. N., Schroeder, C. S., Ornstein, P. A., & Baker-Ward, L. E. (1995). Clinical implications of research on memory development. In T. Ney (Ed.), *True and false allegations of child sexual abuse: Assessment and case management* (pp. 99-124). Philadelphia, PA: Brunner/Mazel.

This chapter reviews research on memory processes among children as it is pertains to children's testimony. A framework with four basic themes is presented: (1) all details are not stored in a youngster's memory, (2) the information that does go into memory may vary in strength, (3) the status of details in memory changes over time, and (4) memory retrieval is imperfect. In the context of these themes, the authors discuss factors that can make an impact on children's memory. Twelve recommendations for professionals who work with potential child witnesses are also presented. (NCAC Abstract)

Greuel, L., & Kuehne, A. (1995). Assessment of adolescents who have been sexually abused. In T. Ney (Ed.), *True and false allegations of child sexual abuse: Assessment and case management* (pp. 140-149). Philadelphia, PA: Brunner/Mazel.

While research has increased on the issue of child credibility, study on the assessment of teen-agers has been overlooked. This chapter examines general aspects of assessing credibility and discusses specific problems in working with teens in sexual abuse cases. These specific problems include suggestibility and compliance, self-identity and sex-role orientation, and such disorders as depression and drug use. In any sexual abuse investigation, the evaluator must have a basic hypothesis as well as alternative hypotheses about other possible origins of the alleged abuse. To adequately explore the alternative hypotheses, the evaluator should take into account the following: the teen's competence to testify, the credibility of the adolescent's statement, and developmental tasks of teen-agers. (NCAC Abstract)

Hewitt, S. K., & Friedrich, W. N. (1995). Assessment and management of abuse allegations with very young children. In T. Ney (Ed.), *True and false allegations of child sexual abuse: Assessment and case management* (pp. 125-139). Philadelphia, PA: Brunner/Mazel.

Dealing with sexual abuse in very young children is difficult because youngsters 36 months old or younger cannot communicate very well about what they have been through. The authors combine information on the characteristics of abused children ages 18-36 months with basic child development and research on early memory and age-appropriate sexual behavior, presenting this information in a format for developmentally appropriate assessment. Suggestions are also offered for changes in interview techniques to allow for the developmental status of young children. The authors outline a procedure for court-ordered reunion with the alleged abuser that can be used when abuse is not substantiated, but the age and developmental status of the child make him or her vulnerable to possible abuse in the future. (NCAC Abstract)

Horton, C. B., & Kochurka, K. A. (1995). The assessment of children with disabilities who report sexual abuse: A special look at those most vulnerable. In T. Ney (Ed.), *True and false allegations of child sexual abuse: Assessment and case management* (pp. 275-289). Philadelphia, PA: Brunner/Mazel.

This chapter discusses widely held myths that interfere with identifying sexual abuse, reporting it, and planning interventions among victims who are special needs children. Particular

suggestions for sound, compassionate investigations with these youngsters are discussed. (NCAC Abstract)

Johnson, T. C., & Friend, C. (1995). Assessing young children's sexual behaviors in the context of child sexual abuse evaluations. In T. Ney (Ed.), *True and false allegations of child sexual abuse: Assessment and case management* (pp. 49-72). Philadelphia, PA: Brunner/Mazel.

The authors look at "problematic" sexual behaviors among children and compare them with healthier sexual activities. Fifteen guidelines are presented to help professionals determine if these behaviors need additional investigation. Acknowledging that certain sexualized activities can be a sign of abuse or other problems within a family, the authors describe methods professionals can use to evaluate information they gather on children's sexual behaviors. (NCAC Abstract)

Limber, S. P. (1995). Ethical and legal issues in cases of child sexual abuse in the United States. In T. Ney (Ed.), *True and false allegations of child sexual abuse: Assessment and case management* (pp. 334-354). Philadelphia, PA: Brunner/Mazel.

Limber focuses on instances of suspected abuse and the provision of expert testimony in court. He suggests that many mental health professionals are still not involved enough in reporting cases of suspected maltreatment, yet they are often involved too much in providing expert opinions in court. The author makes six recommendations to mental health professionals: that they realize their ethical and legal responsibility to report all suspected instances of child sexual abuse, that clients must be fully informed before therapy starts of the limits of confidentiality in a counseling relationship and that reminders of these limits should be made throughout the course of counseling, that cooperation between themselves and child protective services caseworkers is vital once a report of child abuse has been made and all actions in the case should be closely followed with consultations made with caseworkers to help decide the best course to follow for the youngster and family, that professionals who testify not deliver unscientific beliefs on whether a child fits an abuse "profile," likely has been victimized, or is telling the truth, that professionals realize the questionable use of anatomically detailed dolls as assessment tools and their potential to be misleading about abuse allegations, and that professionals not give (a) "ultimate issue testimony" based on interactions with such dolls and (b) not testify about "typical" play behaviors with the dolls until additional studies can clearly define those behaviors. (NCAC Abstract)

Ney, T. (1995). *True and false allegations of child sexual abuse: Assessment and case management.* Philadelphia, PA: Brunner/Mazel.

Ney wrote this book for a wide-ranging readership of seasoned professionals and students training to be social workers, child and youth care workers, probation officers, counselors and psychologists, nurses, medical practitioners, and teachers. Legal professionals may also find it helpful. Ney's aim is to address the many questions professionals confront concerning true and false allegations of child sexual abuse. The book focuses on improving skill level, competent assessment, and case management. While Ney and authors of the other chapters examine complex theory, they write in ways more readable for the lay person. Using everyday and legally relevant examples, complicated principles are translated into practical recommendations for practice. A lengthy list of references for further research is presented after each chapter. (NCAC Abstract)

Perry, N. W. (1995). Children's comprehension of truths, lies, and false beliefs. In T. Ney (Ed.), *True and false allegations of child sexual abuse: Assessment and case management* (pp. 73-98). Philadelphia, PA: Brunner/Mazel.

The purpose of this chapter is to help practitioners see how youngsters comprehend such concepts as truths, false beliefs, and lies. Toward that end, it describes children's comprehension of different kinds of beliefs and their understanding of the obligation to tell the truth. The chapter also looks at factors that can influence truthtelling and describes strategies for improving the potential for truthtelling in reports of child sexual abuse allegations. (NCAC Abstract)

Walker, A. G., & Warren, A. R. (1995). The language of the child abuse interview: Asking the questions, understanding the answers. In T. Ney (Ed.), *True and false allegations of child sexual abuse: Assessment and case management* (pp. 153-162). Philadelphia, PA: Brunner/Mazel.

The writers of this chapter discuss the assumptions adults make when they speak with each other and how those assumptions may be inappropriate and even harmful if they become part of conversations with youngsters. In any interview with a child, we recommend several guidelines: that the youngster's comprehension of words be established, that the complexity of sentences be tailored to his or her level of understanding, that the youngster's comprehension of questions be monitored, and that a structure be provided for the youngster's report. (NCAC Abstract)

Yuille, J. C., Tymofievich, M., & Marxsen, D. (1995). The nature of allegations of child sexual abuse. In T. Ney (Ed.), *True and false allegations of child sexual abuse: Assessment and case management* (pp. 21-46). Philadelphia, PA: Brunner/Mazel.

This chapter gives an overview of incidence rates and patterns of child sexual abuse allegations. Using their professional experience and the available literature, the authors define allegations, determine their incidence rates, and discover their origins. The authors found that valid allegations are far more common, but false allegations do occur. Investigations of sexual abuse allegations must be based on knowledge and principles that promote the likelihood of determining valid and false allegations. More research in the area of child sexual abuse allegations is necessary, as are investigators who are appropriately informed and trained. (NCAC Abstract)

Bussey, K., Lee, K., & Grimbeek, E. J. (1993). Lies and secrets: Implications for children's reporting of sexual abuse. In G. S. Goodman & B. L. Bottoms (Eds.), *Child victims, child witnesses: Understanding and improving testimony* (pp. 147-168). New York, NY: Guilford Press.

The authors state that older children and adults are not in general more honest than younger children because of their views on truthfulness. First, they say, not all older children and adults develop personal standards in which they value truthfulness over lying. Second, even if they develop these personal standards, older children and adults may easily disregard them by justifying themselves. This chapter also focuses on youngsters' failure to disclose events with a particular focus on false denials. Based on research discussed in this chapter, the authors offer their thoughts about the truthfulness of particular age groups in regard to reporting sexual abuse. Children ages 3 to 5, for example, would find it harder to tell the truth about abuse if they had been threatened for discussing it than would youngsters ages 9 and 10. Nine- and 10-year-olds would have firmer internal standards for telling the truth and their truthfulness would be based less on external factors. These children may be more truthful than teen-agers and adults since they may know less about how to justify themselves. Ultimately, however, there is no way to predict if a child or adult will tell the truth in a particular situation. The authors propose that the less threatened children feel about telling the truth, the more they are likely to be truthful. Therefore, parents and professionals who provide "safe" interviewing situations will likely find more success in obtaining complete and truthful testimony from youngsters. (NCAC Abstract)

Koverola, C., & Foy, D. (1993). Post traumatic stress disorder symptomatology in sexually abused children: Implications for legal proceedings. *Journal of Child Sexual Abuse, 2*(4), 119-128.

Examines the implications of a posttraumatic stress disorder (PTSD) diagnosis for sexually abused children faced with legal proceedings. The potential relationship between PTSD symptomatology and the phenomenon of denial and retraction of abuse is considered. Theories regarding PTSD and empirical research on PTSD in sexually abused children are discussed. Repeated court-room interrogations of a child experiencing PTSD could intensify the child's capacity to avoid memory. It is suggested that children suffering from PTSD secondary to the sexual abuse may deny or retract their abuse disclosure because they are experiencing the avoidance phase of PTSD. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Robin, M. (1992). The trauma of false allegations of sexual abuse. In E. C. Viano (Ed*.), Critical issues in victimology: International perspectives* (pp. 140-148). New York, NY: Springer Publishing Co.

This chapter discusses the problem of false allegations of child abuse and their consequences. The author states that people who have been falsely accused of abuse often experience the same type of symptoms as those who have actually been abused – symptoms such as trauma, betrayal, powerlessness, and stigmatization. The author maintains that the ethical obligation of psychologists to "above all else, do no harm" requires them to respond to those who suffer the trauma of false accusation (NCAC Abstract)

Tate, C. S., Warren, A. R., & Hess, T. M. (1992). Adults' liability for children's "lie-ability": Can adults coach children to lie successfully? In S. J. Ceci & M. D. Leichtman (Eds.), *Cognitive and social factors in early deception* (pp. 69-87). Hillsdale, NJ: Lawrence Erlbaum Associates.

The authors describe their efforts to coach young children to provide false reports to a confederate. Because people assume that children do not have enough knowledge about sexual behavior to fabricate stories of sexual abuse, it is generally assumed that children are telling the truth when they report such episodes. The authors believe that many of these children may be urged by a parent to make false allegations of abuse, and may be coached by them to tell a lie. (NCAC Abstract)

Rieser, M. (1991). Recantation in child sexual abuse cases. *Child Welfare, 70*(6), 611-621.

This article pulls together coherently a rather sparse literature on children's not infrequent retraction of their earlier disclosure of having been sexually abused. Evidence to date indicates that very few originally lied. The pressures and circumstances that underlie recantation are multiple, and suggestions are made for mitigating them. An 11-year-old girl who reported being repeatedly sexually abused by her grandmother's boyfriend over a four-year period wrote the following note to him when he was in jail awaiting trial: Dear Mr. Sam: How are you doing? I'm sorry what I did to you, but don't worry, we will be getting out soon as we go to court. I hope you are not mad. I'll get you out, don't worry. I don't know what was going through my mind when I said that. For practitioners working with children who have been victims of sexual abuse, the problem of recantation--a child revealing that she has been sexually abused and then later stating that she was lying in her earlier admission--is agonizing. Questions about the child's health and safety arise. Has this child been sexually abused? If so, why is she changing her story? If no sexual abuse took place, why did she initially claim that she was abused? How can we protect the child from further abuse, as well as provide her and her family with the help they need, if the child testifies in court that nothing happened? Although there are few statistics on the frequency of recantation in child sexual abuse cases, the phenomenon is not uncommon. In one review of 630 cases of alleged sexual abuse, recantation occurred in 22% of the cases [Sorensen and Snow 1991]. Russell [1986] conducted a study in which a random sample of more than 900 women were questioned regarding sexual abuse experiences. She found that 16% of the women had been incestuously abused as children. Two percent of those cases were reported to the police; what happened in the other 98% of the incest cases? Russell's subjects reported numerous reasons they never told anyone about the abuse: they were afraid, they didn't think anybody would believe them, they didn't want the abuser to go to jail. Stories were also recounted in which the child did tell someone, and that person, or a person in a position of responsibility, did not believe the child. Recantation can take place before a case is reported to law enforcement and other professionals, or after a report has been made. This article focuses on incidents of recantation that take place subsequent to a formal report of abuse, since there is no awareness by professionals of sexual abuse incidents prior to reporting. The reasons recantation happens and its negative effects are explored. Finally, techniques for preventing recantation are discussed. (Author Abstract)

Robin, M. (1991). *Assessing child maltreatment reports: The problem of false allegations*. Bingham-ton, NY: The Haworth Press.

With serious consequences concerning allegations of child abuse, deciding on the accuracy of such reports is paramount. The aim of articles in this book is to help professionals realize they must be objective, keep an open mind, and distinguish between theory and hypothesis and fact from fiction. As of publication, this marked the first time a volume had presented scholarly reports on false allegations of child abuse. In the book, respected researchers and mental health professionals in child welfare services give basic advice for assessing allegations, so adequate treatment can be provided. The following are reviewed: child abuse risk assessment systems, clinical means of assessing the accuracy of allegations, the role of false sexual abuse allegations in custody/visitation disagreements, and reports of child abuse in foster homes. (Author Abstract)

Lloyd, D. W. (1989). Allegations of sexual abuse in child custody and visitation situations: A think tank. Huntsville, AL: National Children's Advocacy Center.

This forum was held in Huntsville, Alabama in connection with the Fifth National Symposium on Child Sexual Abuse. The National Resource Center on Child Sexual Abuse was the sponsor. Presenters and panelists included the director of clinical services at the National Resource Center on Child Sexual Abuse, attorneys, psychologists, a physician, a representative of the Mothers' Alliance for the Rights of Children in Charleston, and a special agent with the Tennessee Bureau of Investigation. Moderating were U.S. Rep. Bud Cramer, then president of the National Resource Center on Child Sexual Abuse, and Howard Pohl, assistant state's attorney for the Sexual Battery & Child Abuse Unit in Miami. Among the points addressed were the lack of critical studies on the validity of sexual abuse violations, the issues of what can be proven in court and how to handle unresolved cases, a suggestion to change the way judges for these kinds of cases are chosen, the Sexually Abused Children's Bill of Rights as a solution for the courts ' reluctance to end visitation though children have been abused, the need to train psychologists and attorneys about working in tandem on mediation issues in custody cases, the need to see custody and visitation as separate issues that should be treated as such in court, and expert witnesses. The Sexually Abused Children's Bill of Rights was written in part by a Louisiana attorney in 1987 and approved by the Louisiana Senate. The rights described in the measure concern court proceedings over custody and visitation of children alleged as sexually abused. (Author Abstract)

Robin, M. (1989). False allegations of child sexual abuse: Implications for policy and practice. In J. Hudson & B. Galaway (Eds.), The state as parent: International research perspectives on interventions with young persons (pp. 263-280). New York, NY: Kluwer Academic/Plenum Publishers.

This 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 / child sexual 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 (PsycINFO Database Record (c) 2004 APA, all rights reserved)

Halliday, L. (1988). *Examining false allegations*. Campbell River, British Columbia: Ptarmigan Press.

Author Linda Halliday is well-respected as an expert witness by Canada's Justice System. Halliday quotes one attorney who believes 20 percent of child custody cases overall involve allegations of sexual or physical abuse. False allegations are made in 55 percent of such custody cases in the United States. It is necessary to have competent, professional interviewers in custody cases containing sexual abuse allegations, the author says. Mindful that interviews of non-accusing parents should precede agreements to interview youngsters, Halliday lists 32 questions asked of these parents during an interview. Quoting from Suzanne Sgroi, Halliday says several factors should be looked at to detect the possibility of abuse. These include: an absence of progression from sexual behavior to sexual penetration; the victim being adamant that rape happened only once or twice, thus eliminating the more typical history of multiple encounters; and a child refusing to disclose any details of the abuse. The author presents a case example of a 3-year-old girl who was influenced by the behavior of her mother, a woman who was separated and sexually active socially. Two other girls, ages 6 and 8, used "sexual" words that to them had non-sexual meanings. The author includes 10 possible indicators an interviewer should investigate. False allegations about rape should be judged against at least eight factors. Some of these include: false allegations usually being made to a third party, the accuser being vague about details, an accuser being unable to name the location of the abuse, and the supposed victim having a hidden agenda. (NCAC Abstract)

Schetky, D. H., & Green, A. H. (1988). *Child sexual abuse: A handbook for health care and legal professionals.* Philadelphia, PA, US: Brunner/Mazel.

This overview of child sexual abuse contains several chapters that address recantation. As of 1988, the year this book was published, few publications had focused on false allegations of sexual abuse. Of particular interest to readers is Chapter 6, "True and False Allegations of Child Sexual Abuse." As discussed in Chapter Four, professionals need to be open to the possibility that accusations may be false. Table 1 in Chapter 4 lists characteristics of true and unsubstantiated cases of abuse. False disclosures can occur in seven situations in particular. These include: the parent, usually the mother, who "brainwashes" the child in an effort to punish her spouse and exclude him from contact with the youngster; a delusional mother who influences the child by projecting her sexual fantasies onto the spouse; the youngster who bases his allegations on sexual fantasies instead of reality; the child who seeks revenge against the father by falsely accusing him; third parties who initiate false allegations; the child who feels influenced because of exposure to the testimony of other youngsters in preschool and day care settings; and the child who has certain medical problems that account for physical findings or that increase concerns among adults. Evaluations of the interaction between the child and parents and of the parents themselves can help the professional decide whether allegations are true. Two case studies presented describe one boy's true allegations and other children's false allegations. In some cases, molestation is not easily proved or disproved. The appendix lists sources for anatomically correct dolls, names of books on child sexual abuse for children, teens, and adults, general resources such as a prevention booklet available from the National Committee for Prevention of Child Abuse, films discussing sexual abuse, and distributors of other resources including the American Journal of Nursing and the Committee for Children based in Seattle. (NCAC Abstract)

Wong, D. L. (1987). False allegations of child abuse: The other side of the tragedy. *Pediatric Nursing, 13*(5), 329-333.

As the incidence of child abuse and neglect has risen, so has the problem of false allegations of abuse. Currently, of the 1.9 million cases reported for child abuse, 1.2 million are found to be unsubstantiated. (Author Abstract)

Summit, R. C. (1983). The child sexual abuse accommodation syndrome. *Child Abuse & Neglect, 7*(2), 177-193.

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. (Author Abstract)