

Investigating False Allegations of Child Sexual Abuse

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Learning Objectives:

Upon completion of this presentation, attendees will be able to:

- a. Identify the contexts that may give rise to false allegations of sexual abuse;
- b. List three different types of false allegations;
- c. Identify from a list of child sexual behaviors, those that are found in children who have not been abused;
- d. Identify the ways in which children's memory can become distorted;
- e. List at least three interviewing techniques that can lead to false allegations; and
- f. Identify at least five red flag indicators of a false allegation that indicate the need for a more thorough investigation of the case.

Types of False Allegations

- Deliberate fabrication
- Delusional allegation
- Allegation against the wrong person

Evaluating Medical Evidence of Sexual Abuse

Most cases of child sexual abuse involve NO medical evidence

Many alleged "indicators" of sexual abuse are found in non-abused children

There is no "gold standard" for evidence of sexual abuse when there is no medical evidence. The only reliable medical evidence is:

- pregnancy
- presence of semen
- presence of gonorrhea or syphilis

Normal Sexual Behavior In Children

- Children under the age of 5 or 6 engage in a wide variety of sexual behaviors.
- After age 6, the frequency of these behaviors decreases with age until puberty.
- As children enter elementary school, they become more "modest".
- The family has a reciprocal influence on the child's sexual behaviors.
- Higher levels of family nudity are related to higher levels of overall sexual behavior in children.
- Children with a psychiatric diagnosis exhibit significantly more sexual behavior than children without psychiatric problems.
- Unusual sexual behaviors for children of all ages tend to be more aggressive and imitative of adult sexual behavior.

Most Infrequent Sexual Behavior For Children

4% or fewer children of all ages and both genders exhibit these behaviors. When these behaviors are present, it is possible (but not definitive) that abuse has occurred. All of these behaviors are a reason for significant concern.

- Puts mouth on sex parts
- Asks to engage in sex acts
- Masturbates with an object

- Inserts object into the vagina/anus
- Imitates intercourse
- Makes sexual sounds

Memory: Common Terminology And Facts

Autobiographical memory:

Memory for experienced events and issues relating to one's self (also called personal memory or episodic memory)

Autobiographical memory is constructive and reconstructive:

"...brains do not work with information in the computer sense, but with meaning... (which) is a historically and developmentally shaped process...Because each time we remember, we in some senses do work on and transform our memories; they are not simply being called up from store...Our memories are recreated each time we remember." (Rose, 1993:91)

Types of Memory Retrieval

Recognition:

Occurs in the presence of an object that has previously been encountered; this is the first type of memory that infants exhibit.

Recall:

The ability to evoke a mental image of something that is not present (also called evocation)

Cued Recall:

The ability to evoke a mental image of something that is not present when a specific cue or information is provided

Additional Facts for Investigating Child Sexual Abuse Allegations

- There is no single behavior or set of behaviors that definitively indicate a child has been sexually abused.
- The more fantastic the sexual abuse allegation, the more likely it is false
- Children become LESS suggestible as they become older.
- Children are cooperative conversational partners when being interviewed
- Expectations about an outcome can influence the outcome itself:
WHAT YOU EXPECT INFLUENCES WHAT YOU GET!

The Interview Funnel

Interviews should start with broadly focused, free narrative questions. Use as many open ended, free narrative questions as possible. If needed, questions can gradually narrow with “who, what, when, and where” questions to get specific information not mentioned in free narrative. After specifics are obtained, start over with free narrative to gain new information and begin the interview “funnel” process again. Multiple or forced-choice questions should only be used with younger children and should be avoided unless there is no other option.

Recognizing Good and Bad Interviewing Skills used in Child Sexual Abuse Investigations (Adapted from Adams, 1996)

General Rule of Thumb #1: The interviewer should ask open-ended, non leading questions and should only proceed with more direct questions when the situation warrants it.

Examples of open-ended, non-leading questions:

Is there something that you wanted to tell me? (or need to tell me?)

How did you get along with (person) when you went to see him?

What do you and (person) do when you go to visit?

General Rule of Thumb #2: Minimally leading questions. The interviewer should always select the least leading form of the question possible.

Examples of minimally leading questions:

I understand there have been some problems in your family. Can you tell me about them?

I understand that you have had some trouble sleeping recently. Can you tell me if anything has happened that would make you have trouble sleeping?

Has anyone done things to harm you or upset you?

General Rule of Thumb #3: Moderately leading questions. By using moderately leading questions the interviewer directs the child to an area of discussion, but risks contaminating the child’s account.

Examples of moderately leading questions:

How have you and your daddy been getting along lately?

Can you tell me what happened between you and (person)?

I need to know how your pee-pee got hurt. Can you tell me how that happened?

General Rule of Thumb #4: Maximally leading questions. Maximally leading questions carry increased risks of eliciting inaccurate information with substantial risk of introducing errors and contaminating the child’s memory. The interviewer should always avoid using such questions. Specific information should only be elicited based on what the child has already said.

Examples of maximally leading questions:

Show me where your father touched you.

Did your father touch your pee-pee with his finger?

Did your stepfather take off his clothes when he laid down on top of you?

Did he touch you under your clothes or over your clothes?

General Rule of Thumb #5: Aggressive, coercive, and deceptive questions. The interviewer should never use aggressive, coercive and deceptive questioning because it greatly jeopardizes the results and can confuse, intimidate, and traumatize younger children.

Examples of aggressive, coercive, and deceptive questions:

All of the other children talked to us and they felt better.

If you don't tell, you'll feel yucky inside.

Answer my question right now!

You can't go home until you tell me.

I'd hate to tell your friends that you didn't want to help them.

General Rule of Thumb #6: Selective reinforcement. Be very aware of reinforcement principles and of reinforcement of responses. The interviewer should avoid using social reinforcers such as nods, grins, and verbal reinforcers. Selective reinforcement carries great risks in eliciting inaccurate information.

Examples of selective reinforcement:

Nonverbal nods, grins, headshakes

Good! - That's just right!

You're so brave to tell us all about this.

Mommy will be so proud if you tell us.

General Rule of Thumb #7: Interviewer expectations and biases. Be very aware of the interviewer's expectations and biases. In order to obtain accurate information, the interviewer should approach the interview without a prior bias.

The interviewer should adopt a neutral position about whether the abuse occurred or not

S/he should investigate all possibilities

S/he should explore alternative hypotheses

Elements of a Good Investigation

The investigator should:

- Adopt a neutral stance until the investigation is complete.
- Interview all people who have knowledge of the child and the child's situation.
- Evaluate all medical evidence related to the alleged abuse.
- Determine if there is a history of psychiatric disorder in the family.
- Investigate the family and family history for possible motive.
- Review and evaluate all interviews (formal and informal).
- Review and evaluate all evidence that led to a substantiated allegation.

- Review and evaluate all evidence that is provided to you by all parties.
- Develop alternative hypotheses about the allegation.
- Examine the existing evidence to determine which hypothesis is most likely.

Red Flags For False Accusations Of Child Sexual Abuse *

- Disputed custody or divorce.
- Mom says the child has disclosed. The child denies any abuse.
- Mom goes doctor shopping.
- Mom continues to make new allegations, even though the previous ones were not substantiated.
- The child is asked leading, suggestive and/or coercive questions after denying that abuse occurred.
- Reports of the child's "symptoms" cannot be corroborated by neutral parties.
- The child is confused when asked for details or asked to clarify contradictions.
- The child's account of the abuse changes over time.
- The child repeatedly denied that sexual abuse occurred but eventually makes an outcry when placed in therapy to "uncover" the abuse.
- The child is asked leading, suggestive and/or coercive questions after denying that abuse occurred.

* **No one of these items is necessarily a "red flag" by itself.** When a case contains several of these elements combined, the likelihood of a false allegation increases.

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