

False Allegations on Child Sexual Abuse:
Annotated Bibliography
Compiled by Monit Cheung, Ph.D., LCSW, Professor
Graduate College of Social Work, University of Houston
Send Comments to mcheung@uh.edu

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 lawsuit. *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.

Anderson, E.M., & Levine, M. (1999). Concerns about allegations of child sexual abuse against teachers and the teaching environment. *Child Abuse and 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. A large percent of the respondents were aware of false allegations made against a teacher in their school district. About a third expressed concern that a child abuse allegation could be made against them. In response to a vignette, forty two 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. Male 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 is salient for teachers. Fears may cause teachers to limit contact with students with potentially adverse consequences for students and the teaching environment.

Bala, N. M. C., Mitnick, M., Trocmé, N., & Houston, C. (2007) Sexual abuse allegations and parental separation: Smokescreen or fire? *Journal of Family Studies, 13*(1), 26-56.

If allegations of sexual abuse of a child are made after parents separate, the challenges of resolving custody and visitation issues are greatly increased, with the abuse allegations overshadowing other considerations. These are high conflict cases, and settlement may be very difficult (or inappropriate) to arrange. The involvement of a number of agencies and

professionals, with overlapping responsibilities and potentially conflicting opinions, may complicate the resolution of these cases. A significant proportion of allegations of child abuse made in the context of parental separation are true, but this is a context with a relatively high rate of unfounded allegations. While some cases of untrue allegations are due to fabrication, more commonly unfounded allegations are made in good faith. Preexisting distrust or hostility may result in misunderstandings and unfounded allegations, especially in cases where the children involved are young and the allegations are reported through a parent. Some cases of unfounded allegations may be the product of the emotional disturbance of the accusing parent. This paper discusses how parental separation affects the making of child sexual abuse allegations, with particular emphasis on how separation may contribute to unfounded allegations. Recent research is reviewed, and national data from Canada on allegations of abuse and neglect when parents have separated is presented. Legal issues that arise in these cases are discussed in the context of American and Canadian case law. The authors discuss factors that can help distinguish founded from unfounded cases. The paper concludes by offering some practical advice about the handling of this type of case by mental health professional, judges, and lawyers.

Barker, L. H., & Howell, R. J. (1994). Munchausen syndrome by proxy in false allegations of child sexual abuse: Legal implications. *Bulletin of the American Academy of Psychiatry & the Law*, 22(4), 499-510.

The article presents a review of the literature regarding Munchausen syndrome by proxy in relation to allegations of child sexual abuse. Problems in the diagnosis of Munchausen syndrome by proxy in these cases can be the result of a failure to consider that the allegations may be false, legal issues surrounding the child's testimony, and other biases in professional and legal attitudes toward allegations of sexual abuse. A proposal for a more stringent standard of care is made. Treatment of Munchausen syndrome by proxy is best effected by case management, with the person who made the diagnosis managing the case throughout the treatment. This person should act as a liaison to relay information between all the parties involved.

Baker, R.A. (Ed.) (1998). *Child sexual abuse and false memory syndrome*. New York: Prometheus Books.

The book consists of six parts, including memory and its recovery; repression and amnesia; hypnosis, suggestion, and iatrogenesis; professional problems and ethical issues; research, needed research, and legal implications; and summary and conclusion. Baker warns therapists and other helping professionals, "we simply cannot afford or tolerate therapeutic incompetence", and "As a society we must also learn to use restraint and vision and avoid a panicked "rush to judgment" when the media bothers us with stories..."

Bernet, W. (1993). False statements and the differential diagnosis of abuse allegations. *Journal of American Academic Children and Adolescence Psychiatry*, 32(5), 903-910.

Because child psychiatrists do not have a consistent way to classify the untruthful child and because there are no generally accepted definitions of the many ways in which false statements occur in allegations of abuse, the objective of this paper is to classify and define the various ways in which false statements occur in allegations of abuse. The

author reviewed 40 articles, chapters, and books that contained examples of false statements made by children or caregivers in the context of an abuse allegation. This paper clarifies the concepts of indoctrination, suggestion, fantasy, delusion, misinterpretation, miscommunication, innocent lying, deliberate lying, confabulation, pseudologia phantastica, overstimulation, group contagion, and perpetrator substitution.

Bernet, W., & Chang, D.K. (1997). The differential diagnosis of ritual abuse allegations. *Journal of forensic sciences*, 42(1), 32-38.

Because psychiatrists do not have a consistent way to classify and define the forms of child abuse that may be mistaken for ritual abuse, the objective of this paper is to create a comprehensive differential diagnosis of allegations of ritual abuse. The authors reviewed 60 articles, chapters, and books that contained allegations of ritual abuse or behaviors that might be mistaken for ritual abuse, that were made by patients or caretakers. This paper clarifies the behaviors that represent or may be mistaken for ritual abuse: Cult-based ritual abuse, pseudoritualistic abuse, activities by organized satanic groups, repetitive psychopathological abuse, sexual abuse by pedophiles, child pornography portraying ritual abuse, distorted memory, false memory, false report due to a severe mental disorder, pseudologia phantastica, adolescent behavior simulating ritual abuse, epidemic hysteria, deliberate lying, and hoaxes. The differential diagnosis of allegations of ritual abuse is important in both clinical and forensic psychiatry. In some cases, it will not be possible to tell whether a particular allegation is factual or what the underlying mental processes are. It is important to separate the role of the mental health professional as therapist from the role as an expert witness in court.

Besharov, D.J. (1994). Responding to child sexual abuse: The need for a balanced approach. *The Future of Children*, 4(2), 135-53.

Legal commitment to justice and due process can not be eclipsed by the impulse to protect children. The rights of the accused and the accuser warrant protection under the law. There is under reporting of serious cases and over reporting of false allegations. The author makes several recommendations to refine the reporting process including: clarification of law related to reports, better training of interviewers/reporters, the development of agency policies on reporting, the modification of liability and immunity rules, and providing feedback to reporters. Interviewing techniques for children and the signs of abuse are discussed as well.

Boakes, J. (1999). False complaints of sexual assault: Recovered memories of childhood sexual abuse. *Medicine, Science, and the Law*, 39(2), 113-120.

False complaints are easily made and carry serious consequences for the accused. Many of those who make false claims for the accused. Many of those who make false claims sincerely believe the truth of what they report. Some are opportunistic and are consciously lying for personal gain. A special type of false allegation, the false memory syndrome, arises typically within therapy. People report the 'recovery' of memories of previously unknown childhood sexual abuse. The influence of practitioners' beliefs and practices in the eliciting of false 'memories' and of false complaints cannot be overlooked. The problems of diagnosis, issues of confidentiality and the role of the expert witness as court educator are discussed.

Bornstein, B.H., & Muller, S.L. (2001). The credibility of recovered memory testimony: exploring the effects of alleged victim and perpetrator gender. *Child Abuse and Neglect*, 25(11), 1415-1426.

The purpose was to explore the effects of victim/complainant and perpetrator/defendant gender on the impact of recovered memory testimony in criminal sexual abuse trials. Compared to a case where the memory of the abuse had always been remembered, recovered memory testimony led to lower perceptions of the defendant's culpability and higher perceptions of the defendant's credibility. In addition, the complainant with recovered memory was viewed as less credible and less likely to be telling the truth. These effects of testimony type (i.e., recovered vs. remembered) were qualified by an interaction with complainant and defendant gender, such that testimony type exerted an effect in cases of alleged heterosexual but not homosexual abuse.

Bottoms, B.L., & Goodman, G.S. (1996). International perspectives on children's testimony: An introduction to the issues. *Criminal Justice and Behavior*, 23(2), 260-268.

Social problems are shared by different societies, but legal traditions are not. Many issues arise in addressing the problem of child abuse such as; the credibility of children, interviewing children, evidence given by children, and protecting children vs. the rights of the accused. This article reviews legal history and trends, social science research, and previous international efforts to adequately confront the issues surrounding abused children.

Braunstein, L.J. (2002). Outside counsel, *New York Law Journal*.

The article provides a quality defense for clients appearing at an expungement hearing, or requesting that the State Central Register record be expunged, requires a specialized knowledge of the Social Service Law; Family Court Act, Article 10; Penal Law and 18 NYCRR part 434. Further, knowledge of the above statutes will enable counsel to more effectively represent a client in custody and/or visitation actions where allegations of child abuse or maltreatment are involved.

Brooks, C. M., & Milchman, M. S. (1991). Child sexual abuse allegations during custody litigation: Conflicts between mental health expert witnesses and the law. *Behavioral Sciences & the Law*, 9(1), 21-32.

This article describes an intrafamilial child sexual abuse case and the multidisciplinary research project which developed from its outcome. The research project aims at developing an objective behavioral assessment instrument to validate child sexual abuse allegations, and at achieving a clinical-legal consensus regarding the credibility of the instrument. Ranking, reliability, and validity studies are described.

Cannell, J., & Pope, H. (2001). Standards for informed consent in recovered memory therapy. *Journal of the American Academy of Psychiatry and the Law*, 29(2), 138-147.

Malpractice suits against therapists for either instilling or recovering false memories of sexual abuse have increased in the last few years and some of the awards have been large. Failure to give informed consent, that is, failing to inform patients concerning the risk of recovering false memories, is one of the main allegations increasingly made against

therapists in recovered memory cases. This article concludes that the “risk or cluster of risks” that must be disclosed to a patient recovering repressed memories in psychotherapy should have included warnings about recovering false memories.

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. The article describes a forensic evaluation protocol which is demonstrated in 3 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. A multi-site research project currently underway that involves more than 40 Children's Advocacy Centers across the US, which will further test the efficacy of the model and further refine practice, is described. The multi-site project will also include data on the evaluators' own abuse history and whether or not this affects evaluation outcomes.

Conte, J.R., Sorenson, E., Fogarty, L., & Dalla, R. J. (1991). Evaluating children's reports of sexual abuse: results from a survey of professionals. *American Journal of Orthopsychiatry*, 61(3),428-437. Two hundred and twelve professionals were surveyed on their assessment and validation procedures in cases of children's sexual abuse allegations. Specific questions garnered information about practices in interviewing children and accused adults, assessment protocols, criteria used to substantiate the allegation, and factors that might distort children's responses.

Croxen, E. (2004). Dig deep into child abuse allegations. *Family Advocate*, 26(4), 24-27. An attorney must be convinced of the truth of allegations of child sexual abuse to appropriately present the case. But, it is also important not to lose sight of the critical presentation that the client makes in the heat of these very difficult cases. This article presents guidelines formulated by the author for use in litigating domestic relations cases with allegations of child abuse. Domestic relations litigators must keep in mind that the domestic relations judge does not hear a divorce case from the perspective of protecting children. During the initial client interview, the litigator must always be a skeptic and should put the client through the most critical cross-examination possible, so that weaknesses in the allegations can be explored before they are made part of the case. Every lawyer who expects to litigate these issues must become educated in the basic mechanisms of psychological evaluations and the diagnoses of mental disorders. In addition, the attorney has an obligation to address the course of action the client should take in the event that further allegations by a child are made.

Dammeyer, M. D. (1998). The assessment of child sexual abuse allegations: Using research to guide clinical decision making. *Behavioral Sciences & the Law*, 16(1), 21-34. The article addresses the issue of which sources of information clinicians should rely upon when conducting child sexual abuse assessments. Specifically, the commonly used indicators and procedures for assessing allegations of abuse are identified and then

examined in light of their respective empirical literatures. It is concluded that medical examinations and the child's report are among the best sources of information, and should therefore be most heavily relied upon to arrive at accurate decisions. Clinicians are encouraged to adopt the mind set of a scientist conducting an a priori, hypothesis-driven research investigation. This approach should help clinicians avoid the temptation of post hoc analyses that reflect personal biases more than the actual data.

Dauver, S., Dayan, J., & Houzel, D. (2003). Munchausen syndrome by proxy and false allegations of child sexual abuse in divorce proceedings: A new concepts? *Neuropsychiatrie de l'enfance et de l'Adolescence*, 51(8), 433-438.

The article describes the main characteristics of Munchausen syndrome by proxy as it is currently defined. A new Anglo-American trend is explained, which tends to extend the syndrome to certain types of false allegations of sexual abuse in divorce proceedings, thus introducing a variant which involves not only the medical sphere but also the social and judicial fields as well.

Davis, S.L. (1998). Social and scientific influences on the study of children's suggestibility: A historical perspective. *Child Maltreatment*, 3(2), 186-194.

Previous discussions stemming from research on the suggestibility of children are examined with a historical backdrop treating the relationship between societal beliefs and scientific study about the suggestibility of children. Modern research concerns the treatment of issues that result from children having the role of victim/witness in a court of law and the rights of the accused. The approach to these, and related issues, was different prior to the twentieth century when there was less social concern about the sexual abuse of children.

Derdeyn, A. P., Poehailos, A., & Seigle, E. (1994). Adequate evaluation of divorce-related child sexual abuse allegations. *The Bulletin of the American Academy of Psychiatry and the Law*, 22(2), 279-287.

The accepted child protective service model for evaluation of sexual abuse is inadequate for divorce-related cases involving young children. Three cases illustrate that lack of contact with the alleged offender and lack of pursuit of alternative explanations for phenomena presented as indicative of sexual abuse predispose to "finding" abuse. It is suggested that such agencies engage experienced child and family clinicians to help with these cases.

DeVoe, E.R., & Faller, K.C. (2002). Questioning strategies in interviews with children who may have been sexually abused. *Child Welfare*, 81(1), 5-31.

This article examines the number and types of questions employed in clinical and computer-assisted interviews with children referred for sexual abuse evaluation. This research was part of a larger study to assess the efficacy of a computer-assisted protocol in the evaluation of child sexual abuse allegations. Interviews of 47 girls and 29 boys, ages 5 to 10 years, referred to a multidisciplinary clinic for sexual abuse assessment, were analyzed. A coding system was developed from interview transcripts. Nine types of questions were defined. Results indicate that during the initial interview children were asked an average of 195 questions (SD = 92) and that more than 85% of interviewer

queries were open-ended. The majority of children who disclosed did so in response to focused questions. Findings suggest that many children are able to describe sexual abuse with careful questioning that includes nonleading but focused inquiry. Implications for practice and interviewing guidelines are discussed.

De Young, M. (1986). A conceptual model for judging the truthfulness of a young child's allegation of sexual abuse. *American Journal of Orthopsychiatry*, 56(4), 550-559. Because of the increased number of allegations of sexual abuse made by young children and the often severe legal penalties given to adult perpetrators, there is reason for concern about false or mistaken accusations. This paper develops a conceptual model for judging the truthfulness of such allegations by a young child.

Dillon, K.M. (1987). False sexual abuse allegations: causes and concerns. *Social Work*, 32, 540-541.

The rights of those accused with sexual abuse receive less attention than the abused. This has a serious impact on those that are falsely accused of such charges. There are 10 guideposts that that can become generalizations for sexual abuse: 1- Nightmares, excessive masturbation, and depression, 2- Children that claim to be touched on the genitals mean sexual touching; 3- Pre-social sexual knowledge means a child has been sexually abused; 4- Children do not lie about sexual abuse, 5- Children can be tested for sexual abuse regardless of age; 6- The use of anatomically correct dolls is a valid procedure; 7- Re-testing for sexual abuse equals greater reliability; 8- Knowledge about the parents' relationship is not necessary; 9- Anyone with appropriate training can test children for sexual abuse; 10- It is better to err on the side of caution and falsely accuse someone than to lack confirmation of sexual abuse. The impact of conclusions regarding sexual abuse needs to be considered in making prudent judgements.

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.

Faller, K.C. (1988). Criteria for judging the credibility of children's statements about their sexual abuse. *Child Welfare*, 67(5), 389-399.

This study examines 103 cases of sexual abuse in which the offender admitted some degree of guilt. The cases were surveyed to test the validity of statements made by children within three accepted criteria to determine the truthfulness of allegations. Findings support previous assumptions that the criteria for questioning are valid for gauging truth in reported cases that involve confessions made by abusers.

Faller, K. C. (1991). Possible explanations for child sexual abuse allegations in divorce. *American Journal of Orthopsychiatry*, 61(1), 86-91.

The article reports how, based on a clinical sample of 136 cases, four classes of child sexual abuse cases in divorce are proposed: divorce precipitated by discovery of sexual abuse, long-standing sexual victimization revealed after marital breakup, sexual abuse precipitated by marital dissolution, and false allegations made during or after divorce.

Faller, K.C. (1997). The polygraph, its use in cases of alleged sexual abuse: an exploratory study. *Child Abuse and Neglect*, 21(10), 993-1008.

This is an exploratory study of 42 cases with sexual abuse allegations and polygraph results. Case record data were abstracted and coded, including polygraph results, child interviews, medical examinations, protective services records, police investigations, and professional evaluations. Descriptive statistics, bivariate analyses, and multivariate analyses were employed. Polygraph findings were unrelated to other evidence of likelihood of sexual abuse, that is to the child's statements or demonstrations of sexual abuse, medical evidence, psychological symptoms, or indicators of sexual abuse from sources other than the child. When alleged offenders passed polygraphs, criminal prosecution was not sought. However, failing polygraphs was not predictive of criminal prosecution. Decisions by child protective services to substantiate or not were weakly related to polygraph findings and consistently related to any indicators of possible sexual abuse. Decisions by professional evaluators about sexual abuse were best predicted by children's psychological symptoms. The findings reinforce already expressed reservations about the polygraph's utility in sexual abuse decision-making. Additional research is needed on decisions about the likelihood of sexual abuse.

Fish, V. (1998). The delayed memory controversy in an epidemiological framework. *Child Maltreatment*, 3(3), 204-222.

Studies delayed memory of child sexual abuse using an epidemiological framework. Potential problems of false positives; Estimates for epidemiological variables; Rate of false negatives; Effects of therapist characteristics.

Foreman, T., & Bernet, W. (2000). A misunderstanding regarding the duty to report suspected abuse. *Child Maltreatment*, 5(2), 190-197.

Confusion exists among professionals as to the circumstances under which a mandatory child abuse reporter must file a report. A review of the literature reveals that professionals sometimes feel obligated to make reports, even though they harbor no suspicion that abuse actually occurred. The authors found that the mandatory reporting statutes of 49 states and the District of Columbia do not require reports unless the reporter has a suspicion of abuse. New York may be an exception. The authors conclude that mandatory reporters generally are not required to report abuse allegations if they

themselves do not suspect that abuse occurred. This article encourages mandatory reporters to report abuse as required by the law, but not make unnecessary reports out of confusion or misinformation.

Friedman, S. (1997). On the "true-false" memory syndrome: the problem of clinical evidence. *American Journal of Psychotherapy*, 51(1), 102-122.

A patient in twice-a-week psychoanalytic psychotherapy began to recover childhood memories of chronic sexual abuse, including oral, anal and genital penetration. These memories sometimes included bizarre content that created skepticism regarding their authenticity. However, this dubious quality was in marked contrast to the internal consistency, continuity, and emotional authenticity of the psychotherapeutic process. Criteria for attempting to distinguish between fantasy and reality are noted. Despite their tenuous nature, these criteria are important because, most frequently, they will be the only data available within the clinical situation.

Gibbon, K.L. (1998). Munchausen's syndrome presenting as an acute sexual assault. *Medicine, Science, and the Law*, 38(3), 202-205.

This report describes a female patient with Munchausen's syndrome who made a false allegation of rape, buggery and indecent assault to the Metropolitan Police. The indecent assault took the form of inserting numerous wax crayons into the vagina, necessitating her admission to hospital for their removal under a general anaesthetic. Whilst in hospital she developed a status epilepticus-like condition, requiring admission to the Intensive Therapy Unit. As a specific method of self-harm in Munchausen's syndrome, this case appears to be unique. It has not previously been reported in the literature.

Goodman, G.S., Quas, J.A., Bottoms, B.L., Qin, J. Shaver, P.R., Orcutt, H., & Shapiro, C. (1997). Children's religious knowledge: implications for understanding satanic ritual abuse allegations. *Child Abuse and 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 exposure 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.

Gunter, M., du Bois, R., Eichner, E., Rucker, D., Boos, R., Klosinski, G., & Deberding, E. (2000). Allegations of sexual abuse in child custody disputes. *Medicine and Law, 19* (4), 815-825.

Allegations of sexual abuse are increasingly made in the context of divorce proceedings. The aim of the study was to describe ideal typical patterns of family dynamics when sexual abuse is alleged in divorce proceedings. Development of an assessment plan according to the methods of the qualitative descriptive social sciences and retrospective assessment of 24 legal cases of custody and visitation right proceedings in which allegations of sexual abuse (N = 30 children) were made. The results show significant incidence of sexual deviations of a parent. With respect to the allegations of sexual abuse in divorce cases, it was able to identify four types of family dynamics. The qualitative assessment of the data showed that distinguishing between actual abuse and false allegations cannot adequately help to clarify the family dynamics. Rather, it tends to conceal the fact that even a false allegation usually originates from a sexualized atmosphere in the family. The main family structures which were observed without exception in our sample generally already existed before the separation phase and had corresponding effects on the child which must be considered in the evaluation.

Heiman, M. L. (1992). Annotation: Putting the puzzle together: validating allegations of child sexual abuse. *Journal of Child Psychology & Psychiatry & Allied Disciplines, 33*(2), 311-329.

The article focuses on various aspects of child sex abuse, abuse allegations and its validation. Victims of sexual abuse can be children of all age, within or without the home. The article advocates to formulate, clarify, refine and standardize the tools for assessing and validating sexual abuse. Substantiating allegations, however, is a difficult process. Evaluations become increasingly difficult when reports of abuse involve a young child with limited verbal skills. Mental health professionals are often called upon to render expert opinions about the truthfulness of a child's allegations.

Herman, S. (2005). Improving decision making in forensic child sexual abuse evaluations. *Law & Human Behavior, 29*(1), 87-120.

Mental health professionals can assist legal decision makers in cases of allegations of child sexual abuse by collecting data using forensic interviews, psychological testing, and record reviews, and by summarizing relevant findings from social science research. Significant controversy surrounds another key task performed by mental health professionals in most child sexual abuse evaluations, i.e., deciding whether or not to substantiate unconfirmed abuse allegations. The available evidence indicates that, on the whole, these substantiation decisions currently lack adequate psychometric reliability and validity: an analysis of empirical research findings leads to the conclusion that at least 24% of all of these decisions are either false positive or false negative errors. Surprisingly, a reanalysis of existing research also indicates that it may be possible to develop reliable, objective procedures to improve the consistency and quality of decision making in this domain.

Hershkowitz, I. (2001). A case study of child sexual false allegation. *Child Abuse and 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. 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.

Hershkowitz, I. (1999). The dynamic of interviews involving plausible and implausible allegations of child sexual abuse. *Applied Developmental Science, 3*(2), 86-91.
This article focuses on interviews involving plausible and implausible allegations of child sexual abuse among Jews in Israel, response of children to open-ended utterances in plausible statements, and accuracy assessment on the obtained information. It makes a comparison between the dynamics of the interviews and discusses the effect of suggested prompts on children providing implausible accounts.

Jamieson, M.A., Walker, M., Daicar, A.O., & Reid, R.L. (1998). False allegations of pregnancy resulting from incestuous rape and physician misconduct: proof positive. *Journal of Pediatric and Adolescent Gynecology, 11*(4), 181-184.
The veracity of adult allegations of remote childhood sexual abuse has been the focus of intense debate fueled by the controversy over both repressed and false memory syndromes. Likewise, increased awareness of physician misconduct in recent years has mandated numerous policy statements and task force guidelines to protect patients. A 23-year-old woman alleged that she had suffered incestuous rape at age 12 years, resulting in pregnancy. She named a physician who she claimed had performed an illegal pregnancy termination. Subsequent evaluations revealed that she had uterovaginal agenesis. Neither sexual abuse nor physician misconduct should be tolerated, and all such allegations deserve thorough and expeditious investigations. However, we must remain cognizant that any such allegation may be false and have devastating consequences for the unjustly accused.

Kuehnle, K. (1998). Ethnics and the forensic expert: A case study of child custody involving allegations of child sexual abuse. *Ethnics & Behavior, 8*(1), 1-18.
The article examines the involvement of allegations of child sexual abuse in child custody and the type of problems faced by psychologists. It also emphasizes the need for psychologists to possess advanced assessment skills and the role of psychologists as an independent evaluator.

Lamb, M.E., Hershkowitz, I., Sternberg, K.J., Boat, B., & Everson, M.D. (1996). Investigative interviews of alleged sexual abuse victims with and without anatomical dolls. *Child Abuse and Neglect, 20*(12), 1251-1259.
Verbal and nonverbal responses by alleged victims of child sexual abuse were coded for length, amount of information, and the manner in which they were elicited by the interviewer. Children interviewed with dolls provided an equivalent number of details

and spoke as many words in the substantive portion of the interview as did children interviewed without dolls, and interviewers in the two groups used similar probes to elicit information. However, the average responses by the children were significantly longer and more detailed when dolls were not used. Children gave longer and more detailed responses to open-ended invitations when dolls were not used. Caution is necessary when interpreting these findings.

Lyon, T. D. (1995). False allegations and false denials in child sexual abuse. *Psychology, Public Policy & Law, 1*(2), 429-437.

The amicus brief in the Kelly Michaels case ignores the risks that abused children will fail to reveal abuse unless direct and sometimes leading questions are asked. Although the brief correctly criticizes previous research for understating the risks that aggressive interviewing practices will lead young children to make false allegations of abuse, it overstates the likelihood that false allegations occur by overlooking the aspects of the Kelly Michaels case and the research it inspired that are unlike the typical abuse case. The author discusses factors that lead abused children to falsely deny abuse and that minimize the likelihood that nonabused children will allege abuse.

Malenfant, L. (2001). The right way to ask. *Report/ Newsmagazine, 28*(12), 25-27.

Reports on the efforts of child-welfare authorities in Edmonton, Alberta to improve its handling of false child-abuse charges. Mention of studies to measure the frequency of false allegations of abuse; Techniques of the Step-Wise Program, which aims to provide standardized procedures for investigative interviews and credibility assessment; Problem of child-abuse accusations that arise during divorce cases.

Malloy, L. C., Lyon, T. D., & Quas, J. A. (2007). Filial Dependency and Recantation of Child Sexual Abuse Allegations. *Journal of the American Academy of Child & 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. Method: 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. Results: 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 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. Conclusion: 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.

Mantell, D. M. (1988). Clarifying erroneous child sexual abuse allegations. *The American Journal of Orthopsychiatry*, 58(4), 618-621.

A review of several hundred court cases involving child sexual abuse allegations has shown that both children and adults make false reports. Various kinds of false reports are defined, described, and grouped according to type: misunderstandings, misreporting, distortion through illness, distortion by design, professional error, misrepresentation, and a grouping of less common instances.

Mareth, T. R., & Raisani, K. K. (1994). Psychiatric investigation of allegations of child sexual abuse. *Military Medicine*, 159(7), 487-490.

Allegations of child sexual abuse are commonly seen in psychiatric practices. While these must be carefully evaluated, false allegations do occur. The syndrome of child sexual abuse is reviewed, including prevalence, setting, course, and sequelae. Common techniques of clinical investigations are discussed. The uses and limitations of interviews, anatomically correct dolls, and drawings are reviewed. Providers are encouraged to make thoughtful, informed judgments and not to overstate the power of our techniques.

Martinius, J. (1999). Zum Standard der Glaubwürdigkeitsbegutachtung. Translated Title: [Standards for expert assessment of credibility]. *Zeitschrift für Kinder- und Jugendpsychiatrie und Psychotherapie*, 27(2), 121-124.

Expert judgment of the credibility of children's statements in cases of abuse is frequently requested of specialists in psychology and child and adolescent psychiatry, the latter being mandatory if psychopathology is present in the child. Assessment and judgment must meet standards of quality. Important innovations include a systematic procedure, avoidance of suggestive techniques for exploration and the application of a so-called criteria-based analysis of the child's statement. To exemplify the standards a case of an allegation of false expert judgment is presented.

Mason, M.A. (1991). The McMartin case revisited: The conflict between social work and criminal justice. *Social Work*, 36(5), 391-395.

There is a conflict between the goals of social work and the legal system regarding child sexual abuse. Social work seeks to protect and treat victims and the law seeks to fairly prosecute the accused. The article reviews recent research on the reliability and suggestibility of children as witnesses in the context of conflict between investigative interviewer and therapist. Issues about the use of videotaped testimony are examined from a legal standpoint and the social work goal of protecting children from giving courtroom testimony.

McCauley, M.R., & Parker, J.F. (2001). When will a child be believed? The impact of the victim's age and juror's gender on children's credibility and verdict in a sexual-abuse case. *Child Abuse and Neglect*, 25(4), 523-539.

To provide insight into the central dimensions jurors may use when deciding a child victim's credibility and verdict. Participants (N = 573) read a simulated trial (robbery or a sexual-assault case in which the defendant was either a stranger or an acquaintance) in which the alleged victim was either a 6- or 13-year-old girl. The trials were constructed to be as similar as possible with only minimal differences in the child's testimony. The

supporting evidence was held constant across cases to allow for experimental assessment of the hypotheses. The defendant was more likely to be found guilty in the sexual-assault cases than in the robbery case. The child was perceived to be more credible, honest, and to have a better memory in the sexual-assault cases compared to the robbery case. Perceptions of memory and honesty predicted verdict and punishment. The child's age did not impact credibility or verdict. Finally, women, compared to men, perceived the child as more credible.

McLean, C. (1998). When child abuse becomes parent abuse. *Alberta Report / Newsmagazine*, 25(19), 30.

Focuses on the growing number of Canadian doctors who falsely accuse parents of child abuse. Views of the Alberta Medical Association (AMA) on doctors' assessment of child abuse; Comments from Dr. Val Dan MacMurray of Calgary, Alberta; The AMA guide on child abuse; How false charges of sexual abuse can be devastating for the accused, according to the author.

Oates, R.K., Jones, D.P., Denson, D., Sirotiak, A., Gary, N., & Krugman, R.D. (2000).

Erroneous concerns about child sexual abuse. *Child Abuse and Neglect*, 24(1), 149-157.

To assess the incidence and nature of concerns about sexual abuse, with particular reference to erroneous concerns of sexual abuse made by children. A review of case notes of all child sexual abuse reports to the Denver Department of Social Services over 12 months. Cases were put into four groups: substantiated, not sexual abuse, inconclusive and erroneous accounts by children. 551 cases were reviewed. Forty-three percent were substantiated, 21% were inconclusive and 34% were not considered to be abuse cases. There were 14 (2.5%) erroneous concerns emanating from children. They comprised three cases of allegations made in collusion with a parent, three cases where an innocent event was misinterpreted as sexual abuse and eight cases (1.5%) of false allegations of sexual abuse.

O'Donohue, W., & Fanetti, M. (1996). Assessing the occurrence of child sexual abuse: An information processing, hypothesis testing approach. *Aggression & Violence Behavior*, 1(3), 269-281.

In recent years, investigatory interviewing has become increasingly controversial with complaints of both false positives and false negatives. This paper critically reviews investigative interviewing and statement validity analysis for assessing the credibility of child abuse allegations. A model for understanding children's reports is presented based on the development of children's information processing through 5 stages (sensation, perception, encoding, storage and retrieval) and hypothesis testing assessment. Data comparing free and cued recall and suggestibility between younger and older children and adults have implications for trends in interviewing children who are alleged to be sexual abuse victims.

O'Donohue, W., & O'Hare, E. (1997). The credibility of sexual abuse allegations: Child sexual abuse, adult rape, and sexual harassment. *Journal of Psychopathology & Behavioral Assessment*, 19(4), 273-279.

This study investigated the credibility of allegations of 3 kinds of sexual abuse--child sexual abuse, adult rape, and sexual harassment--that also contained a denial by the alleged perpetrator. Participants, 128 college students, were presented with 1 of 3 vignettes describing possible cases of sexual abuse. Perceptions of fair punishment were investigated for the perpetrator if he did actually commit these acts and for the accuser if she was lying. Results indicated that allegations were generally rated in the credible direction. Allegations of child sexual abuse were rated more credible than allegations of rape or sexual harassment. Females found all allegations more credible than males. Males were more likely to believe allegations in the child sexual abuse condition than either the rape or sexual harassment conditions. Females were more likely to believe sexual harassment allegations. Punishments were generally the most severe for child sexual abuse, and psychotherapy was a popular disposition for both perpetrators and those making false allegations.

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 considerable 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 the children or mental health professionals. A number of recommendations are given that follow from the evidence.

Palmer, L., Farrar, A.R., Valle, M., Ghahary, N., Panella, M., & DeGraw, D. (2000). An investigation of the clinical use of the house-tree-person projective drawings in the psychological evaluation of child sexual abuse. *Child Maltreatment*, 5(2), 169-175. Identification and evaluation of child sexual abuse is an integral task for clinicians. To aid these processes, it is necessary to have reliable and valid psychological measures. This is an investigation of the clinical validity and use of the House-Tree-Person (HTP) projective drawing, a widely used diagnostic tool, in the assessment of child sexual abuse. HTP drawings were collected archivally from a sample of sexually abused children and a nonabused comparison sample. The two samples were grossly matched for gender, ethnicity, age, and socioeconomic status. The protocols were scored using a quantitative scoring system. The data were analyzed using a discriminant function analysis. Group membership could not be predicted based on a total HTP score

Penfold, P.S. (1995). Mendacious moms or devious dads? Some perplexing issues in child custody/sexual abuse allegation disputes. *Canadian Journal of Psychiatry*, 40(6), 337-341.

To explore relevant literature about sexual abuse allegations arising in child custody disputes. A literature review of false allegations is given and the contribution of gender

bias to this issue is discussed. The role a child psychiatrist may play in such cases is outlined. Contrary to much popular and professional opinion, sexual abuse allegations are found in only 2% of child custody disputes, and, of these, 8% to 16.5% are false. While false allegations arise for a variety of reasons, the word "false" can imply both erroneous and deceitful activities. This ambiguity, along with gender bias, may lead to disbelief of, and blame towards, parents who report sexual abuse in the context of a dispute about custody or access. The child psychiatrist who testifies in such custody disputes should have caution, humility, and an open mind both in the courtroom and in dealing with other professionals working in this area.

Pillai, M. (2002). Allegations of abuse: the need for responsible practice. *Medicine, Science, and the Law*, 42(2), 149-159.

The current UK child protection process has evolved reactively out of scandals. This had led to a culture of support and empathy with those making allegations of abuse while offering no robust means by which false claims can be recognized. Information has been collected from 22 families who became subject to criminal or civil proceedings when a female adolescent or young adult developed a mental health problem. The resultant outcomes were mostly disastrous, for the young person and the family. In every case there was no evidence supporting the allegation of abuse, and substantive evidence they were false, yet this crucial information had not been sought. Each of the 22 families complained that enquiries began from a presumption of guilt. The families documented common and recurring problems, which led them to feel alienated from professionals. Claims of innocence were taken as evidence of guilt, and information was interpreted in a manner that fitted only this presumption while factual evidence to the contrary was ignored. The reasons underlying this professional behavior are considered. Among the presumed victims, outcomes were positively correlated with the level of residual contact between the alleged victim and their family, especially the mother. However, this did not hold true in cases where allegations of abuse arose in the context of an acrimonious parental relationship breakdown. There were no good outcomes where parents were completely excluded. It is not clear that families and alleged victims will fare any better under recently revised guidance and framework.

Plummer, C. A., & Eastin, J. A. (2007). System intervention problems in child sexual abuse investigations: The mothers' perspectives. *Journal of Interpersonal Violence*, 22(6), 775-787.

On learning that her child was sexually abused, a mother must interact with professionals charged with the implementation of investigations, treatment, and legal remedies. This qualitative study, based on data from three focus groups (n = 19) and open-ended survey questions (n = 40), documents mothers' experiences with these professionals. Mothers report a lack of support from many professionals including receiving poor services, being criticized, insensitivity to their concerns, and being accused of false allegations and state that they have difficulty seeing the "system" as a positive future resource. Mothers reported appreciation for helpful professionals, whom they most often identified as therapists. Determining which mothers are reporting system problems and the effect of negative maternal-system interactions on mother and child outcomes are recommended as follow-up research.

Poole, D. A., & Lindsay, D. S. (1998). Assessing the accuracy of young children's reports: Lessons from the investigation of child sexual abuse. *Applied & Preventive Psychology*, 7(1), 1-26.

Procedures for investigating allegations of child sexual abuse have come under intense scrutiny by social critics, researchers, and the courts. Concerns about under- and overidentification have fueled 2 approaches to evaluation: the indicator approach, which seeks to specify symptoms that can be used to identify sexually abused children, and the assessments approach, which analyzes conditions associated with accurate vs. inaccurate event reports. A review of research from these approaches reveals a number of gaps between empirical results and commonly cited aphorisms about how to discriminate between true and false reports. Four principles for designing studies and communicating findings are suggested to improve the interface between research and practice.

Quinn, K.M, White, S., & Santilli, G.S. (1989). Influences of an interviewer's behaviors in child sexual abuse investigations. *The Bulletin of American Academy of Psychiatry and Law*, 17(1), 45-52.

How an interview with an alleged victim of child sexual abuse is conducted is one factor that influences an investigation. The focus of this article is how the behavior of an interviewer impacts the reports made by alleged victims. Lack of continuity between verbal and non-verbal communication and emotions, cues to the victim, and inappropriate behavior is discussed.

Reed, L.D. (1996). Findings form research on children's suggestibility and Implications for conduction child interviews. *Child Maltreatment*, 1(2), 105-119.

It is crucial to determine the truth in investigations of child abuse. The reliability of statements made by children is typically fundamental to determining the outcome of accusations. The impact of interview techniques on children is discussed in addition to recent research on the subject and suggestions for minimizing suggestibility and maximizing reliability in statements made by children.

Schreier, H.A.(1996). Repeated false allegations of sexual abuse presenting to sheriffs: when is it Munchausen by Proxy? *Child Abuse and 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 transferenceal 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.

Sinclair, R. (2005). An exploratory study on internet based child sexual exploitation in Canada and law enforcement involvement. *Conference Papers -- American Society of Criminology, 2005 Annual Meeting, Toronto, N.PAG.*

The welfare and healthy development of children and youth is an area of great importance to many Canadians. A key component of this focus is protection, with an emphasis on reducing child and youth victimization. The Internet has altered the way child sexual exploitation offences (for example, child abuse images, child luring, and child sex tourism) are committed, investigated, and prosecuted. This medium provides ready access to large quantities of electronically produced child abuse images and videos, provides chat rooms and bulletin boards that operate as virtual meeting places for those who engage in the sexual exploitation of children, and facilitates the luring of children and youth for sexual purposes. These aspects have significant effects on the approach of law enforcement regarding these cases. The presentation will provide: 1) a brief historical overview of Canadian law enforcement involvement in the area of Internet based child sexual exploitation; 2) a review of Canadian federal government commitment to address this area with a focus on law enforcement; and 3) a discussion of research needs and the importance of academic debate in this area.

Sorensen, T., & Snow, B. (1991). How children tell: the process of disclosure in child sexual abuse. *Child Welfare*, 70(1), 3-15.

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

Sjoeberg, R.L. (1997). False allegation of satanic abuse: Case studies from the witch panic in Raettvik 1670-71. *European Child and Adolescent Psychiatry*, 6(4), 219-226.

The creation of false memories, psychiatric symptoms and false allegations of satanic child abuse during an outbreak of witch hysteria in Sweden in the 17th century are described and related to contemporary issues in child testimonies. Case studies of 28 children and 14 adults are presented. The mechanisms underlying the spread of these allegations, as well as the reactions and influence of the adult world on the children's testimonies, are discussed.

Tetford, I., & Schuller, R. A. (1996). Mock jurors' evaluations of child sexual abuse: The impact of memory recovery and therapeutic intervention. *Behavioral Sciences & the Law*, 14(2), 205-218.

Participants (N=123) were given a trial summary in which the plaintiff's memory and involvement in therapy were systematically varied to produce four conditions. Although verdicts varied only by sex of participant, some judgments of the plaintiff's claim were more favorable to the plaintiff in the non-repressed condition. Female participants were also less likely to believe that the claim involving memory repression was truthful when the woman was in therapy as opposed to not in therapy. Results also indicated that people who were aware of 'False Memory Syndrome' were more likely to think the plaintiff was lying and less likely to think she was telling the truth compared to those who were not aware.

Thornton, K. (2000). Advice on abuse bypasses teachers. *Times Educational Supplement*, 4376, 2.

Reports that the British government has developed a guide on handling strategies which could help to protect teachers from false allegations of abuse by children with emotional and behavioral difficulties (EBD). Problem seen by the Association of Workers for Children with EBD; Reaction of John Bangs of the National Union of Teachers to the guidance; What the advice says about physical restraint.

Trocme, 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 showed that neglect is the most common form 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.

Wakefield, H. (2006). Sexual abuse allegations in custody disputes. *Issues in Child Abuse Accusations*, 16(1), 3-3.

Child sexual abuse allegations arising during divorce and custody conflicts are complicated. It is difficult to get objective, reliable information, approach the evaluation with an open mind, and develop multiple hypotheses or explanations for the allegations. But try to get all of the information you can. Pertinent documents include protective services records, police reports, transcripts and/or tapes of prior interviews, medical records, therapy, and school records. Look at the dynamics of the family system, the timeline of the case, the circumstances surrounding the disclosure, the quality and nature of all formal and informal interviews, possible motivational factors, and any preexisting biases on the part of the prior interviewers. Familiarize yourself with the relevant literature, which I will summarize in this article.

Walker, L.E.A., (Ed.). (1988). New techniques for assessment and evaluation of child sexual

abuse victims: Using anatomically “correct” dolls and videotape procedures. In *Handbook on Sexual Abuse of Children* (pp.175-196). New York: Springer Publishing Co., Inc.

An increase of reported child sexual abuse demands that professionals involved in the reception and assessment of reports become aware of effective interview techniques. The purposes of assessments are to 1) provide information to determine the emotional status of a child and design treatment plan; and 2) assess the facts and provides protection for the child. The chapter discusses meeting the child “where they are”, assessment and interview techniques, ethical issues concerning questioning children, the use of videotape and dolls, collaborating evidence, and placing the child “in environment.”

Warren, A.R., & McGough, L.S. (1996). Research of children’s suggestibility. *Criminal Justice and Behavior*, 23(2), 269-303.

Research on the suggestibility of children during investigative interviews of sexual abuse is reviewed. Optimal conditions allow the memory of events by a child to be equally, if not more, reliable to that of an adult. The factors of how, when, where, and by whom a child victim/witness should be interviewed to diminish negative outcomes and engender validity in the memory of events by children are addressed.

Wood, B., Orsak, C., Murphy, M., & Cross, H.J. (1996). Semistructured child sexual abuse interviews: interview and child characteristics related to credibility of disclosure. *Child Abuse and Neglect*, 20(1), 81-92.

This study provided the first empirical description of child and interviewer behaviors occurring within semistructured assessment interviews with children suspected of being victims of sexual abuse. Specifically, relationships between child and interviewer characteristics and interview credibility were examined. Support was found for the interrater reliability and criterion related validity of the Child Abuse Interview Interaction Coding System was found. Results also revealed that children were initially rated as relaxed and displayed few emotional behaviors. Thus, the assumption that a credible disclosure of abuse must necessarily include the display of emotion by the child was not supported. Second, several behavioral differences between preschool and school-aged children were identified: however, no meaningful gender differences were found. Third, supporting evidence was found for both age and gender effects in judgments of interview credibility, with girls and school-aged children judged as more credible. Fourth, while the interviewer did engage in so called leading behaviors, these behaviors were not found to be related to rating of interview credibility. However, interviewer behaviors may have affected interview credibility through an intervening variable.

Weissman, H.N. (1991). Forensic psychological examination of the child witness in cases of alleged sexual abuse. *American Journal of Orthopsychiatry*, 61(1), 48-58.

The examination of child witnesses in cases of sexual molestation involves complexities at psychological and legal levels and requires rigorous analysis and assessment to safeguard the rights and interests of the alleged victim and of the accused. Legal, procedural, and psychological issues are reviewed, and a methodological strategy for the investigation and evaluation of child sexual molestation is outlined.