5. Scientific support for expert testimony on child sexual abuse accommodation.

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Roland Summit’s article on child sexual abuse accommodation (CSAA) (Summit, 1983) describes sexually abused children’s secrecy, helplessness, entrapment, delayed disclosure, and retraction. The paper is both admired and maligned. On the one hand, it has been hailed as one of the most influential papers ever written on child abuse (Oates & Donnelly, 1997). On the other hand, testimony on accommodation is often dismissed as “dangerous pseudoscience” by both commentators and the courts (Summit, 1992).

There are two reasons for this difference of opinion. The first is because of a misunderstanding regarding the relevance of accommodation in diagnosing abuse. The fact that a child exhibits sexual abuse accommodation does not increase the likelihood that the child was abused. For example, learning that a child alleging abuse retracted her allegation does not make it more likely that her allegation was true. However, it is important for jurors to hear that a surprising number of sexually abused children retract their allegations. Otherwise, they may assume that retractions conclusively prove that abuse did not occur. Those who insist that accommodation ought to be diagnostic of child sexual abuse in order to be useful information in court fault accommodation for failing a standard it was never intended to meet.
The second reason CSAA provokes disagreement is because of uncertainty whether it is a "scientific" concept. There is a judicial trend toward insisting that expert testimony be scientifically valid, regardless of whether it is intended to diagnose or to educate. If scientific research does not support the existence of accommodation, then any use of it in court may be challenged.

I will argue that there is scientific support for child sexual abuse accommodation, based on both observational and experimental research. Observational research demonstrates that a substantial proportion of abused children either delay reporting or fail to report their abuse. Abused children are afraid and embarrassed to tell. Children who do manage to tell are often not believed, and even when they are believed, are often not identified by social services or the police as abused. Experimental research documents children's tendency to keep secrets for others, particularly when the other is a loved one.

I will also argue that research casting doubt on the existence of accommodation often suffers from a methodological problem attributable to the effects of accommodation on the substantiation of sexual abuse. Because accommodation suppresses convincing reports of abuse, much of the research on abused children underestimates the extent to which accommodation occurs. If a child's secrecy suppresses disclosure, a parent's reluctance to believe suppresses reporting, and a child's reluctance to discuss makes substantiation unlikely, research limiting itself to substantiated cases will paint a skewed picture of the disclosure process. I hope to paint a more complete picture here.

First, I will discuss the most common objection to CSAA: It is not diagnostic of abuse. I will explain why this objection misunderstands the purpose and utility of accommodation. Second, I will consider the claim that CSAA is unscientific. I will show that in part this second claim is merely a restatement of the first objection, but in part a potentially valid criticism. I will discuss recent case law that makes it imperative to address the criticism head on, given the courts' appetite for expert testimony that is "scientific." Third, I will review the observational and experimental research on children's disclosure processes and argue that there is indeed evidence that accommodation occurs among a substantial proportion of abused children. Fourth, I will discuss the method-
ological problems that create inconsistencies among the research findings, and emphasize that the exact frequency of accommodation symptoms among abused children is unknown. Although Summit (1983) sometimes asserts that *most* abused children exhibit a particular accommodation symptom, it is safer to conclude that *many* abused children do so. As I will argue, however, such a conclusion does not undercut CSAA’s usefulness as a means by which jurors can be educated about the dynamics of sexual abuse.

**Is the Fact That a Child Has CSAA Evidence That the Child Was Abused?**

Child sexual abuse accommodation documents how repeated sexual abuse is initiated and maintained in secrecy. It describes how sexual abuse is initiated through threats to keep the abuse a secret and through exploitation of the helpless and dependent child. It describes how the child’s inability to report the first acts of abuse guarantees future victimization, and how attempts to maintain a sense of control and positive feelings for the abuser lead the child to blame herself for the abuse and turn any anger inward. CSAA describes how disclosure, if and when it occurs, is delayed and unconvincing, due to the child’s ambivalence about the utility of telling, the child’s adjustment problems preceding disclosure (which undermine credibility), and the reluctance of the nonoffending parent to believe the child. Finally, CSAA describes how abused children frequently recant their allegations in response to the negative consequences of disclosure, most notably the rejection by those to whom they turn for support, and their removal from their homes.

One criticism of child sexual abuse accommodation is that it is not proof of abuse. Although true, the criticism is misguided, because it reflects a misunderstanding of what the existence of child sexual abuse accommodation proves (Summit, 1992; see also Kalman, 1998; Lyon & Koehler, 1996; Mosteller, 1996; Myers, 1992). When a child exhibits one or more symptoms of child sexual abuse accommodation (e.g., delayed disclosure), this does not increase the likelihood that the child was abused. There is no reason to believe that true allegations are more likely
than false allegations to be delayed. Therefore, it is inappropriate to use accommodation symptoms as "substantive evidence" of abuse. The purpose of accommodation symptoms, however, is to challenge the assumption that children who exhibit accommodation symptoms must not have been abused. It is appropriate to tell the jury that accommodation frequently occurs among abused children, in order to disabuse the jury of misconceptions regarding how abused children ought to behave. In legal terms, describing the symptoms of accommodation is an appropriate means by which one may "rebut" attacks on or "rehabilitate" a child's credibility (Myers, 1992). For example, if the defense argues that because the child did not report abuse until long after exposure to the defendant, the abuse did not occur, the prosecution could offer expert testimony that victims of abuse often delay reporting due to guilt and fear.

Critics may have misunderstood the purpose of child sexual abuse accommodation because of Summit's (1983) reference to it as a "syndrome." Using the term "syndrome" invites analogies to battered child syndrome, in which a child's symptoms, taken together, suggest that otherwise innocent injuries are abusive. In contrast, accommodation is not evidence of abuse. Moreover, a child need not show a cluster of accommodation symptoms in order to be accommodating abuse. For example, a child may delay reporting, yet never recant. Summit (1992) states that had he anticipated misunderstanding of child sexual abuse accommodation "syndrome," he would have avoided the term. I have done so in this chapter.

Most courts allow child sexual abuse accommodation testimony to rebut attacks on a child's credibility (Myers, 1992). Although overzealous prosecutors and experts may stray beyond the permissive use of accommodation, and suggest to a jury that a child's symptoms prove abuse (Mason, 1995), courts have the power to exercise control. In California, accommodation testimony is admissible only if the prosecutor specifically identifies the misconception the testimony is designed to rebut (e.g., delay undermines credibility), the expert limits testimony to abused children as a class, and describes how the reactions in question are not inconsistent with abuse (rather than diagnostic of abuse) (People v. Bowker, 1988). Restrictions on the scope of accommodation testimony minimize the likelihood that it will be misused by the prosecution or misunderstood by the jury.
The Scientific Basis for CSAA: Why Does It Matter?

A second criticism of accommodation is that it is not supported by scientific evidence. Most of the time, the criticism is simply an elaborate way of saying that various reactions to abuse are not proof of abuse, and constitutes a misunderstanding of what accommodation includes and what it is intended to accomplish. For example, in disallowing expert testimony on purportedly diagnostic indicators of abuse such as sexualized behavior and sleep disturbances, the Florida Supreme Court held that “Child Sexual Abuse Accommodation Syndrome has not been proven by a preponderance of scientific evidence to be generally accepted by a majority of experts in psychology” (Hadden v. State, 1997, p. 575), thus using the word “accommodation” to refer to indicators having nothing to do with accommodation. Similarly, Mason (1995) cites reviews of research that is critical of “clear indicators of sexual abuse” as responsive to “Summit’s model” (p. 402), despite the fact that Summit’s model neither posits that accommodation is an indicator of sexual abuse nor incorporates the purported indicators. The reviews cited by Mason do not examine the prevalence of accommodation symptoms (such as delayed reporting and recantation) among abused children because they focus on examining differences between abused children and nonabused children (Berliner & Conte, 1993; Kendall-Tackett, Williams, & Finkelhor, 1993).

Commentators who recognize accommodation for what it is, but nevertheless find its scientific foundation lacking, present a more serious challenge. Kovera and Borgida (1997) point to the “absence of well-controlled empirical studies that might support or refute Summit’s clinical observations” (p. S112). Ceci and Bruck (1995) argue that there is surprisingly little scientific support for the assertion that abused children who are threatened are reluctant to reveal their abuse. Bradley and Wood (1996) contend that there is a lack of scientific support for the proposition that abused children are reluctant to discuss their abuse, and that they frequently recant.

Whether Summit would aggressively defend the scientific status of child sexual abuse accommodation is unclear. He often emphasizes the extent to which the accommodation is not scientific. For example, Summit has stated that “it should be understood without apology that [ac-
commodation] is a clinical opinion, not a scientific instrument” (Summit, 1992, p. 156). He has described the origins of the article on accommodation as “clinical study” (Summit, 1983, p. 179), producing “correlations and observations that have emerged as self-evident within an extended network of child abuse treatment programs and self-help organizations” (p. 180). This point has not been lost on critics, who highlight how Summit’s views were derived from “clinical experience” (Mason, 1995, p. 402).

Although once a generally accepted source of wisdom, clinical experience has come under increasing attack. Experimental psychologists argue that clinicians are subject to confirmatory biases, in which they seek out, interpret, and generate information consistent with their prejudices and preconceptions. Experience may not increase knowledge, but only spawn arrogant confidence that one’s pet theories are correct (Dawes, 1994). Without research to back them up, claims about what is common or typical among abused children may say more about clinicians’ tools for evaluating child abuse cases than about the true nature of abused children (Ceci & Bruck, 1995).

I suspect that Summit went out of his way to deny that CSAA is a “scientific instrument” in order to counter claims that accommodation testimony should satisfy the Frye rule (Frye v. U.S., 1923), which requires that expert testimony based on a novel scientific method of proof be generally accepted in the field in which it belongs. The rule is most often applied to recently developed techniques that produce quantifiable results with little apparent subjective interpretation. Calling CSAA a clinical opinion rather than a scientific instrument makes it less novel and more subjective, and thus potentially less susceptible to exclusion under Frye.

Recently, however, the U.S. Supreme Court held that the Frye rule did not survive the Federal Rules of Evidence (Daubert v. Merrell-Dow Pharmaceuticals, 1993). The opinion is binding on all federal courts applying the Federal Rules, and has already influenced a number of state courts, most of which have rules of evidence modeled after the Federal Rules (Mueller & Kirkpatrick, 2000). The Supreme Court held that trial courts should screen out expert testimony that is unscientific by asking several questions: Is the theory or technique testable? Has the theory or
technique been subjected to peer review and publication? What is the known or potential rate of error? Are there standards controlling the technique’s operation? “General acceptance” is still relevant, but takes a back seat to the courts’ own evaluation of the scientific validity of the proffered testimony.

The Court’s opinion leaves no doubt that it is enamored of the scientific method, and that it thinks the lower courts should be, too. The strategic value of denying oneself scientific status is, therefore, at best unclear. Some commentators argued that the Daubert criteria might apply only to expert testimony that is self-avowedly “scientific” (Mueller & Kirkpatrick, 1999). Because the Federal Rules of Evidence allow for expert testimony based on “scientific, technical, or other specialized knowledge,” (2000, Rule 702) clinical judgment might qualify as “specialized” knowledge and be exempt. Such an approach has now been rejected by the Supreme Court, which recently held that no expert testimony is categorically exempt from Daubert’s requirements (Kumho Tire Co., Ltd. v. Carmichael, 1999). Whether state courts will follow Kumho’s lead and apply Daubert criteria to all expert testimony is unknown.

Even before Kumho, experts were not always successful in claiming that because their work was unscientific, they were not subject to the requirements of Frye or Daubert. Consider State v. Foret (1993), a case decided by the Louisiana Supreme Court, which applied the Daubert criteria to expert testimony regarding behavioral symptoms of sexual abuse. The court adopted the position that only scientific expert testimony was subject to the Daubert rules, but then assumed “for the purposes of argument” that the expert’s testimony was scientific (State v. Foret, 1993, p. 1123, n. 7). The court then rejected the testimony, in part because of admissions that use of CSAA “is partly a science and partly an art form” (p. 1125).

Touting CSAA as more art than science neither prevents courts from applying standards for scientific evidence nor increases the likelihood of acceptance under those standards. Clinicians who call themselves artists in order to avoid scrutiny under Daubert risk being hoist by their own petard. If there is scientific support for accommodation, experts ought to say so.
Scientific Support for Accommodation

In court, the most frequently discussed aspects of accommodation are secrecy, delayed disclosure, and retraction. A large body of observational research has examined the prevalence of these characteristics among abused children. Moreover, a fair amount of research has examined children's willingness to keep secrets to protect others. This research provides a basis for assessing the scientific validity of accommodation.

DO CHILD VICTIMS DISCLOSE THE ABUSE?

Summit cited research that "the majority of the victims in retrospective surveys had never told anyone during their childhood" (Summit, 1983, p. 181). Rates of nondisclosure among women run from 33% to 92% (Bagley & Ramsay, 1986 [92% never reported to an adult]; Finkelhor, 1979 [63%]; Finkelhor, Hotaling, Lewis, & Smith, 1990 [33%]; Russell, 1986 [of those for whom information was available regarding reporting, 47%]), and among men from 42% to 85% (Finkelhor, 1979 [73%]; Finkelhor et al., 1990 [42%]; Johnson & Shrier, 1985 [85%]).

These numbers might be exaggerated if respondents are reporting abuse that never occurred. On the other hand, if adults who never revealed their abuse as children continue to deny being abused, these numbers are conservative. For example, Ferguson, Lynskey, and Horwood (1996) found that 87% of respondents who had been sexually abused as children had reported the abuse to at least one other person, a much higher percentage than found in several other surveys. However, because they questioned women who had just turned 18 years of age, they may have missed women who were still concealing their abuse. The authors acknowledge the potential for underreporting when they discuss their prevalence figures, which were lower than those in other surveys. Underreporting would reduce estimates of prevalence and increase the proportion of abuse that had been previously disclosed.

Because most known cases of child sexual abuse are based at least in part on the child's report of abuse, it is difficult to estimate rates of nondisclosure among children. The exception is when a child suffers from a sexually transmitted disease (STD), or presents with clear medical signs of abuse, because in such cases one can be confident that sexual
abuse occurred without confirmation from the child. In such cases, 25% to 57% of children fail to disclose when questioned. Dubowitz, Black, and Harrington (1992) found that 25% of children with medical evidence indicative of sexual abuse (e.g., hymenal scarring) failed to disclose when questioned by an interdisciplinary team. Elliot and Briere (1994) discovered that 34% of children with external evidence of abuse (primarily diagnostic medical evidence, a confession, or an eyewitness) failed to disclose abuse at a crisis center interview. Gordon and Jaudes (1996) observed that 36% of children with an STD failed to disclose the name of the perpetrator both in the emergency room interview and at the investigative interview. Lawson and Chaffin (1992) noted that 57% of children with a sexually transmitted disease failed to disclose. Finally, Muram, Speck, and Gold (1991) found that 49% of children with medical evidence diagnostic of sexual abuse failed to disclose. Of course, some of these children may have forgotten their abuse, in which case the numbers exaggerate reluctance to some unknown extent. Nevertheless, the numbers are suggestive that substantial numbers of abused children fail to reveal.

Summit (1983) argued that even when children do reveal, their disclosures are often conflicted and delayed. In Dubowitz et al. (1992), in addition to the 25% who disclosed nothing, another 28% of the children with medical findings indicative of sexual abuse “partially” disclosed, defined as suggestive doll play or an inconclusive account of alleged abuse. Similarly, in Gordon and Jaudes (1996), 21% of the children with an STD initially failed to disclose the name of the perpetrator. Wade and Westcott (1997) questioned children about their experience with investigative interviews, and children often reported that they provided incomplete reports, attributing this
to the difficulty of talking about their abuse; lack of knowledge about what was happening; anxiety about what the investigation would lead to; concern that what they would say would cause distress to people they cared for; the stress of the interview itself; or their dislike of the interviewer. (p. 58)

Bradley and Wood (1996) observed a lower percentage of reluctance when examining social service records of substantiated cases of abuse,
a finding that will be discussed in the section dealing with methodological difficulties.

Studies examining the time at which the abuse occurred find that although large percentages of children report the abuse immediately, a number do so only after substantial delay. In a sample of 248 cases in which an investigative multidisciplinary team concluded that abuse had occurred, Elliot and Briere (1994) discovered that 75% of the subjects failed to disclose the abuse within the year that it first occurred. Sauzier (1989) reported that only 24% of the 156 children evaluated and treated at a family crisis program for sexually abused children reported abuse within a week after it occurred, whereas 17% delayed more than a year, and 39% told no one before the evaluation (their delay was not calculated). Immediate reporting appeared to be less likely when the offender was related to the children, when the abuse was more serious than fondling or attempted touching, and when compliance was obtained through threat or manipulation (rather than aggression).

In Sas and Cunningham's (1995) sample of 524 children whose sexual abuse was prosecuted in criminal court, one-third of the children waited more than one year after the first incident to disclose. Immediate reporting was less likely when the victim and perpetrator were emotionally close and when the perpetrator practiced preabuse grooming (rather than force). Somewhat smaller percentages of delay have been reported in other criminal court samples. Goodman et al. (1992) examined 218 children whose sexual abuse was prosecuted in criminal court, and found that whereas 42% reported their abuse within 48 hours of the last assault, 15% waited more than six months. Whitcomb et al. (1994) examined 431 cases of sexual abuse referred to a prosecutor for potential criminal prosecution, and found that although 52% reported abuse within one week of the last incident, 14% waited more than six months to do so. These numbers may be smaller because of the way in which some researchers define delay; if one measures delay from the last time the abuse occurred, rather than the first time, one understates the delay among children who are abused over time. Sas and Cunningham (1995) noted that if a child did not report abuse within 48 hours of the first time it occurred, there was a 70% chance that he or she would be abused again. In Goodman et al. (1992), abuse lasted longer than six months for
25% of the children. If these children reported abuse shortly after the last time they were abused, they were not counted as delayed reports.

WHY DON'T ABUSED CHILDREN DISCLOSE?

The most commonly mentioned reason for nondisclosure is fear: Abuse victims fear harm to themselves, harm to loved ones, and harm to the perpetrator. "[T]he only consistent and meaningful impression gained by the child is one of danger and fearful outcome based on secrecy" (Summit, 1983, p. 181). Russell (1986) questioned the 44 women in her survey who had been abused but who had never told anyone, in an effort to determine why they kept the abuse a secret. "[T]he two most common reasons were fear of punishment by the perpetrator and/or someone else, including abandonment and rejection and a desire to protect the perpetrator, or fear of hurting someone else" (Russell, 1986, p. 132). Similar fears are reported by children who disclosed for the first time when evaluated at a family crisis center. In Sauzier’s (1989) review of 156 abused children seen for evaluation and treatment, initially silent children who were victims of more serious abuse “described the fear of losing the affection and goodwill of the offender; fear of the consequences of telling (being blamed or punished for the abuse by the non-offending parent); fear of being harmed; and fear of retaliation against someone in their family” (p. 460; see also Finkelhor, 1980, in which some female college students who did not reveal childhood abuse “were afraid of retaliation by the older partner, and did not believe parents or other authorities could adequately defend them” [p. 267]; Johnson & Shrier, 1985, noting that adolescent males revealing abuse for the first time explain “that they wanted to forget about the incident, wanted to protect the assailant, or were afraid of the reactions of their peers and family members” [p. 374]); and Palmer, Brown, Rae-Grant, & Loughlin, 1999, documenting a community sample who had not disclosed sexual, physical, emotional abuse, or all three, mentioned “fear of the abuser (85%), fear of negative reactions from other family members (80%), fear that no one would believe them (72%)” (p. 269). Similar disincentives were discovered by Sas and Cunningham (1995) in their review of criminal cases:
Many powerful factors work to prevent immediate disclosure: the adult/child power imbalance, the child’s training to defer to elders, the existence of a trust and/or dependency relationship, admonishments to keep the secret, implied or imagined negative consequences of telling, and feelings of guilt, self-blame, stigmatization and isolation. (p. 87)

Victims of abuse are frequently threatened by the abuser. Most of Herman’s (1981) sample of 40 women who were outpatients in psychotherapy and who had suffered incest as children were warned not to tell anyone about the sexual episodes. They were threatened with the most dreadful consequences if they told: their mothers would have a nervous breakdown, their parents would divorce, their fathers would be put in jail, or they themselves would be punished and sent away from home. (p. 88)

Children in forensic samples also report having been threatened. In Smith and Elstein’s (1993) nationwide survey of 954 criminal cases of child sexual abuse, 27% of the children reported having been specifically warned not to reveal the abuse. Furthermore,

[The warnings ranged from pleas that the abuser would get into trouble if the child told (or that the abuser would be sent away and the child would never see them again—a powerful message to a young child whose abuser is also a “beloved” parent), to threats that the child would be blamed for the abuse (especially troubling were children who were told that the defendant’s intimate—the child’s mother—would blame the child for “having sex” with the defendant and would thus turn against him or her), to ominous warnings that the defendant would hurt or kill the child (or someone he or she loved) if they revealed the abuse. (p. 93)

Sas and Cunningham (1995) found that children who delayed reporting were more likely to have been warned not to tell than children who reported immediately. Among children who reported abuse within the first 48 hours, 15% were warned not to tell. On the other hand,

About half of delayed disclosers reported that the abusers never made an overt request that the child not tell. One fifth said there had been a threat of physical harm or death with the child or a family member as the intended victim. Among the remainder of cases, the most common admonishments not to tell were a simple statement that it is a secret or that they should not
tell, a warning that the child would be in trouble, a warning that the abuser
would be in trouble, a threat of withdrawing privileges, a warning that it
would hurt the mother to know, and a promise of money for not telling.
(p. 122)

In her sample of 390 child victims in criminal sexual abuse cases, Gray
(1993) found that 33% of the children had been threatened not to tell.
Threats were not related to whether children told before being asked;
Gray did not examine whether threats increased delay.

The lack of a specific warning not to tell does not mean that a child is
unafraid to reveal. It is not always necessary for the offender to threaten
the child for the child to recognize the dangers of revealing the abuse.
Herman (1981) reports that “[t]hose who remembered no warnings sim­
ply intuited that guarding the incest secret was part of their obligation to
keep the family together” (p. 88). Sas and Cunningham (1995) found that
immediate disclosure was less likely when the abuser had physically
abused the child, the child’s mother, or both; they concluded that “overt
threats were not necessary if the man had a history of violence within the
home” (p. 122).

Often, abuse victims believe that they are at least partially responsible
for the abuse, and are therefore ashamed to reveal (Summit, 1983). As
noted above, Sauzier (1989) and Sas and Cunningham (1995) found that
children sometimes mention their fears of being blamed for the abuse
(see also Finkelhor, 1980, regarding female college students who never
revealed abuse, that “many feared that they would be blamed them­selves for what had happened” [p. 267]; and Russell, 1986, who notes
that “self-blame made [some victims] feel too ashamed or guilty to tell.
Some expressed fear of being blamed or of not being believed” [p. 132]).
Several studies have reported self-blame among sexual abuse victims,
and self-blame appears to be related to the extent to which the non­
offending parent blames the child (Hazzard, Celano, Gould, Lawry, &
Webb, 1995; Moore, McPhee, & Trought, 1986).

That many threatened children nevertheless reveal their abuse might
lead one to argue that threats do not deter disclosure. However, this fact
only justifies the conclusion that threats do not completely deter disclo­
sure, not that they fail to reduce the likelihood that disclosure occurs.
Moreover, cases in which threats are effective will be underrepresented
in studies of children known to be abused, because an effective threat will suppress disclosure, and children who fail to disclose will rarely appear in research on abused children. Therefore, studies of cases in which children ultimately revealed abuse exclude the very children for whom threats are most effective.

Experimental work has the potential to supplement the observational research on the effects of fear on disclosure. Laboratory research has both advantages and disadvantages. In the lab, researchers know whether a transgression occurred, and have control over the variables that may or may not influence children’s reporting. On the other hand, researchers do not abuse children or threaten them with serious consequences should they tell. One can therefore question the applicability of experimental research to the disclosure of sexual abuse. More serious transgressions than those studied in the lab might provide stronger motives for disclosure, whereas stronger warnings would increase the need for secrecy. Nevertheless, when considered in tandem with observational work, the experimental data provides useful information confirming the effects of fear on children’s disclosure of misdeeds.

There is a quite impressive body of laboratory research suggesting that inducements to secrecy reduce disclosure. Wilson and Pipe (1989), in a study involving 5-year-old children, had a magician perform magic tricks for the child, and then accidentally spill ink on “magic gloves” that the child was wearing. The magician hid the gloves, “saying if they were discovered she (the magician) would be reprimanded and that therefore they should not tell anyone about the ink spill” (pp. 66-67). The child was questioned after 10 days and then 2 months later. The interviewer first asked the child to relate everything that the magician did, and ultimately asked the child whether he or she knew anything about a pair of stained gloves the interviewer had found. None of the children spontaneously mentioned the gloves after 10 days, and 75% failed to do so after 2
months. Twenty-five percent denied knowing anything about the gloves at both interviews when directly asked, and another 33% denied knowing anything at one of the two interviews.

Pipe and Wilson (1994) found similar rates of nondisclosure among 6-year-olds, and less reluctance to disclose among 10-year-olds. Most 6-year-olds failed to mention the gloves in their free recall (75% at two weeks, 81% at two months), and more than 30% failed to reveal what happened after the specific question was asked (40% at two weeks, 32% at two months). The 10-year-olds were less inclined to keep the incident a secret, but nevertheless, more than 30% failed to mention the gloves in free recall (34% at two weeks, 44% at two months), and 16% did not reveal when specifically asked (at both interviews).

Bussey and colleagues (Bussey, Lee, & Richard, 1990) tested 3- and 5-year-olds’ willingness to remain silent about a male experimenter who had accidentally broken a prized glass and hidden the pieces. “The experimenter expressed a great deal of concern about the event and asked the child not to disclose.” A female experimenter later asked the child questions about the glass, including “Did [the male experimenter] touch the glass?” (if the child had not already revealed this information). Among the 3-year-olds, 14% kept the secret and the rate was 43% of 5-year-olds. If the experimenter sternly told the child not to tell, 43% of the 3-year-olds and 71% of the 5-year-olds either denied that the mishap occurred or refused to discuss it. In a separate paper, Bussey (1993) reported lower rates of nondisclosure among 9-year-olds (approximately 15% after being asked not to tell).

Peters (1990, 1991) examined 5- to 9-year-olds’ reluctance to disclose that a thief had stolen a book in their presence, after the thief asked the child to keep the theft a secret. As reported by McGough,

When the children were asked about the loss of the book in the presence of both their parents and the thief (who lied about the theft), only 5 percent of the children told what they knew. Later, when the thief was not present, nearly one-third (32.5 percent) of the children still feigned ignorance. The children gave two reasons for their denials: they thought they had made a commitment not to tell and they feared him. As one child said, “I think there is going to be some trouble. I’m afraid something bad might happen. That guy might get angry.” (1994, p. 91)
The experimental research I have discussed thus far examined children's reluctance to implicate a stranger. What would happen if the transgressor were someone close to the child? "[A] child is three times more likely to be molested by a recognized, trusted adult than by a stranger" (Summit, 1983, p. 182). Most sexually abused children are victimized by someone they know, and most forensic and clinical cases involve intrafamilial abuse (Finkelhor, 1979; Gray, 1993; Smith & Elstein, 1993; Whitcomb et al., 1994). A child will have greater sympathy for a loved one, and is probably less inclined to get that person in trouble. If the loved one is in the child's home, or close to others the child loves, threats and inducements to secrecy may be more effective because the offender has continuing contact with the child and others in the family, and because the child cannot count on being supported by other loved ones should the child reveal.

Bottoms and colleagues (1990) divided their 3- to 4-year-old and 5- to 6-year-old participants into two groups. Both groups of children saw their mother accidentally break the head off a Barbie doll. In the secrecy group, the mother and child had been told not to play with the toys, and the mothers "asked their children to keep the fact they had played with the toys a secret, suggesting the mother would get into trouble if the child told, and offering the child a toy as a present if the child kept the secret" (Bottoms, Goodman, Schwartz-Kenney, Sachsenmaier, & Thomas, 1990; in Pipe & Goodman, 1991, p. 37). In the control group, the mother and child were free to play with the toys, and the mothers did not give their children any instructions about secrecy. Only 1 of the 49 children in both age groups told an interviewer about the doll when asked what happened, and 5-year-olds refused to disclose what their mother had done, even when asked leading questions.

In a study by Devitt and colleagues (1994, described in Honts, 1994; see also Tye, Amato, Honts, Devitt, & Peters, 1999), involving 4- to 11-year-olds, a confederate stole a book in the presence of the child, and told the child "that the theft was a secret and that the child should not tell anyone that the researcher had taken the book." The owner of the book discovered it was missing, and explained that it was needed for an exam the next day. The child was then questioned by the owner and an experimenter, the child and his or her parent were asked to wait for the police
toward the child, in order to become a "loved one." The experimenter and the child were told by a nursery school teacher not to play with a toy. While the teacher was gone, the "loved one" touched and broke the toy, and exclaimed, "Gee, I didn't mean to break it. I hope I don't get into trouble." Note that the loved one did not elicit a promise from the child or threaten the child not to tell. The teacher returned and asked the child who broke the toy. "[M]ost children, when confronted with the choice of disclosing that their loved one broke it, either refused to say anything or provided misleading information (e.g., 'A gremlin came in through the window and broke it')" (Ceci & Leichtman, 1992, p. 6).

Experimental work clearly supports the contention that children may be reluctant to reveal the wrongdoing of an adult, particularly when that adult is someone close to the child. Mild inducements not to reveal minor transgressions have profound effects in the laboratory, supporting observational research suggesting that stronger inducements not to reveal sexual abuse have equally profound effects in the real world.

ARE CHILDREN'S COMPLAINTS ALWAYS REPORTED TO THE AUTHORITIES?

"Of the minority of incest secrets that are disclosed to the mother or discovered by the mother, very few are disclosed to outside agencies" (Summit, 1983, p. 187). Even if a victim overcomes reluctance and reports abuse to an adult, this does not guarantee that the abuse allegation is brought to the attention of the authorities. Bagley and Ramsay (1986) found that 75% of children's reports of abuse to an adult were not reported to social services (see also Arata, 1998, noting that of undergradu-
ates who had disclosed their sexual abuse, 10% had subsequent contact with the police; Hanson, Resnick, Saunders, Kilpatrick, & Best, 1999, discussing that of women in a national sample who reported having been molested as children, 13% of cases were reported to the police or other authorities; Palmer, Brown, Rae-Grant, & Loughlin, 1999, in which 6% of cases resulted in police charges; and Russell, 1986, who noted that 47% reported to an adult and 2% to 6% were reported to the police).

Little research has directly addressed why adults fail to report a child’s complaint of abuse. The most relevant research has examined the nonoffending mother’s reaction to her child’s disclosure of abuse. “The mother typically reacts to allegations of sexual abuse with disbelief and protective denial” (Summit, 1983, p. 187). Although the once-popular portrayal of the mother as implicitly condoning incest (Nakashima & Zakus, 1977) has been rejected, research consistently finds that mothers are often ambivalent or unsupportive of the child’s claims (Adams-Tucker, 1982; DeJong, 1988; Elliot & Briere, 1994; Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989; Faller, 1988; Heriot, 1996; Leifer, Shapiro, & Kassem, 1993; Myer, 1984/1985; Sas & Cunningham, 1995; Sirles & Franke, 1989; Tufts New England Medical Center, 1984). The research will overstate maternal supportiveness to the extent that it examines the mother’s attitude after the disclosure has been validated by authorities. The Tufts study (1984; see also Myer, 1984/1985) found that “[w]hen a mother discovers that her child has been sexually abused, her initial reaction is often shock and denial” (p. 212). If the unsupportive attitude continues, the case is less likely to find its way into the research samples. Indeed, the Tufts (1984) researchers noted that 58% of the families approached for participation in the study refused to do so, largely because they denied abuse or denied that services were needed.

That parental support is related to the child’s willingness to reveal abuse when questioned by others is supported by Lawson and Chaffin (1992), who found that in their sample of children with sexually transmitted disease, 63% of children with supportive caretakers disclosed abuse compared with only 17% of children with unsupportive caretakers. Elliot and Briere (1994) found that 78% of children who disclosed abuse had supportive mothers compared to 40% of children who failed to disclose (but who nevertheless could be diagnosed as abused). In both
studies, to be "supportive" a parent had to accept the possibility that the child was abused.

The reasons why mothers are often unsupportive of their children’s allegations are similar to the reasons why children fail to report. DeJong (1988) notes that

[s]ome of the internal factors include denial, guilt, frustration, anger, fear of repercussions, feelings of inadequacy, ignorance, previous behavior or emotional problems of the child, or general distrust of or reluctance to involve the police, child protective services, or other agencies in personal matters. External factors would include pressures by family members or friends to protect the abuser [and] specific economic pressures that might arise from loss of support by the abuser. (p. 18)

Similar considerations have been mentioned by other research (Faller, 1988; Herman, 1981; Myer, 1984/1985). DeJong (1988) adds that even after a report is made, a mother may fail to support her child because of the lack of support from the police and social services agencies involved.

In sum, both observational and experimental research supports the existence of accommodation among a large percentage of abused children. Children who are abused often fail to reveal, or reveal only after a delay. Children who reveal are often not believed. Children who are believed are often not reported to social services or the police. Child sexual abuse accommodation is not merely a term of art, but a scientifically supported phenomenon.

Methodological Difficulties
Due to Accommodation and Its Implications for Recantation

“Treated, reported or investigated cases are the exception, not the norm” (Summit, 1983, p. 186). The sexually abused child has to overcome a number of hurdles in order for his or her case to be brought to official attention. As a result of the child’s reluctance to discuss the abuse, and the caretaker’s reluctance to believe that abuse occurred, cases that have been substantiated by official action are unrepresentative of sexual
abuse because they contain a disproportionate percentage of children who are relatively forthcoming about their abuse. Therefore, observational research supports the existence of accommodation, but is likely to underestimate the frequency with which accommodation occurs.

More than half of all sexual abuse reports are not substantiated by social service investigation (Eckenrode, Munsch, Powers, & Doris, 1988). Substantiation is less likely if the child is not forthcoming with the investigator about abuse. Everson and Boat (1989) interviewed child protective workers regarding 29 cases in which the worker had concluded that abuse had not occurred, and found that “the most frequently cited reason for disbelieving the child’s report of abuse was a later retraction by the child. In the words of one worker, ‘She admitted it herself, that she had been lying all along.’” (p. 232). In interviews with 20 child protective workers regarding the process by which they evaluate sexual abuse cases, Haskett, Wayland, Hutcheson, & Tavana (1995) found that “[b]y far, the most important factor in this process was the child’s verbal disclosure or denial of abuse” (p. 40). That substantiation rates increase with the age of child is likely to be at least partially attributable to older children’s greater ability to provide convincing verbal reports of abuse (Eckenrode et al., 1988; Haskett et al., 1995; Winefield & Bradley, 1992).

It is possible that a report could be filed without any previous statement from the child, if the reporter had other reasons for believing that abuse had occurred. In the majority of substantiated cases, however, there was a statement by the child prior to investigation (Bradley & Wood, 1996, of 234 substantiated cases, 6% of reports were filed by the victim and 72% of victims had disclosed to someone else before the report was filed; Farrell, 1988, of 108 substantiated sexual abuse cases, 80% were “self-disclosure”; Whitcomb et al., 1994, of 431 substantiated cases referred to prosecutors, 86% of victims had disclosed the abuse prior to the report).

Whereas cases substantiated by social services may contain a disproportionate number of forthright victims, cases seen by clinicians in self-help groups and in treatment may contain a much higher percentage of abuse victims who failed to report the abuse or who were ambivalent about reporting. As Ceci and Bruck (1995) have argued, “Children in forensic samples may be those who readily disclose, whereas children in
clinical samples who delay making disclosures may not go through the criminal system as readily; these may be the children for whom it is difficult to extract a report, and thus they are brought by adults for treatment” (p. 35).

There is some support for the view that forensic and clinical samples look different. Compare two studies: Bradley and Wood (1996) and Sorensen and Snow (1991). In their review of 234 cases of sexual abuse substantiated by social services, Bradley and Wood found that 4% of the children failed to disclose abuse when questioned by social services or the police. Moreover, initial denial of abuse was reported among 6% of the cases, and reluctance to discuss abuse only among 10%. In a review of 116 cases of sexual abuse “in which the authors had been involved as therapists and/or evaluators,” and which had been referred to the authors by “child protective service, law enforcement, other mental health personnel and agencies, and private referral” (pp. 4-5), Sorensen and Snow (1991) found that 72% of the children initially denied abuse when questioned by an authority figure or in the formalized investigative process, and 78% exhibited “tentative disclosure” as a middle step, in which they often minimized or claimed to forget aspects of the abuse.

Bradley and Wood (1996) acknowledge that their sample was limited to substantiated cases, but argue that this does not explain why the rate of reluctance to disclose was so low. They emphasize that “caseworkers sometimes responded to an initial denial by scheduling additional interviews or arranging for the child to see a counselor” (p. 889). However, as long as caseworkers often close cases based on denials or unconvincing disclosures by ambivalent children, reviews of cases substantiated by social services will exaggerate the extent to which abused children in general are forthcoming about abuse. Because Bradley and Wood did not examine unsubstantiated cases, they were unable to determine how often initial denial was followed up by the investigator. As noted above, research suggests that denial and recantation do indeed reduce the likelihood of substantiation (Everson & Boat, 1989; Haskett et al., 1995; see also Gordon & Jaudes, 1996).

Bradley and Wood (1996) point out that Sorensen and Snow (1991) also examined only substantiated cases of abuse. However, the process by which cases were substantiated in Sorensen and Snow was likely to
be quite different. As Ceci and Bruck (1995) suggest, it may be that children referred to Sorensen and Snow for treatment were particularly likely to be ambivalent about disclosing abuse and, therefore, more inconsistent in doing so. Bradley and Wood recognize that children in treatment might look different than children seen by social services, although they speculate that children in treatment become reluctant over multiple therapy sessions, rather than begin therapy reluctant to disclose.

Besides the issue of substantiation, there are other possible explanations for the differences between Bradley and Wood (1996) and Sorensen and Snow (1991), which will be discussed below. Nevertheless, it is reasonable to assume that research on substantiated cases of abuse will understate the reluctance of abused children to reveal, as well as other symptoms of child sexual abuse accommodation. On the other hand, clinical research that relies on samples of children referred for treatment is likely to contain a disproportionate number of children who are reluctant to disclose. Both samples miss the children for whom accommodation was most effective: those children who never gave any indication of having been abused. Claims regarding the exact percentage of abused children who exhibit accommodation symptoms must be tempered by the characteristics of the populations from which the samples were drawn.

DO ABUSED CHILDREN RECANT?

Whether abused children often recant their allegations of abuse is probably the most controversial element of CSAA. Summit (1983) asserted that "[w]hatever a child says about sexual abuse, she is likely to reverse it" (p. 188). The two studies just described (Bradley & Wood, 1996; Sorensen & Snow, 1991) illustrate the competing claims. Bradley and Wood found that only 4% of children whose abuse was substantiated by child protective services and who originally claimed that abuse occurred subsequently recanted their allegations. In contrast, Sorensen and Snow found that 22% of abused children recanted when questioned by therapists.

Percentages also vary among other research. Jones and McGraw (1987) found a recantation rate of 9% among 309 substantiated cases of sexual abuse investigated by Denver Social Services. Bybee and Mowbray
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(1993), examining investigatory records from a single day care abuse case in which 62 children made allegations of abuse, found that 11% of the children recanted abuse at some point during the investigatory process. Keary and Fitzpatrick (1994) found that 14% of the 123 children who had disclosed abuse prior to being seen by a sexual abuse assessment unit failed to repeat their allegation at the investigative interview. Gordon and Jaudes (1996) found that 17% of 103 children reporting abuse during an emergency room interview recanted abuse at the subsequent investigative interview. Gonzalez, Waterman, Kelly, McCord, and Oliveri (1993) found that 27% of 63 children in treatment for ritualistic abuse (in the McMartin case) recanted at some point during therapy. Devoe and Faller (1999) found that 30% of 56 children who had disclosed abuse before being evaluated for sexual abuse failed to disclose abuse at their first interview.

There are several plausible explanations for these differences. One possibility is that many of the children in the studies finding the highest rates of recantation were not, in fact, abused. Ceci and Bruck (1995) raise this point with respect to Sorensen and Snow’s (1991) study, both criticizing Snow’s interviewing technique and questioning the validity of the criteria whereby the cases were classified as true allegations of abuse. (Specifically, they note that a criminal conviction could be the result of a plea by an innocent defendant afraid of a long sentence should he be convicted after a trial.) The allegations of ritual abuse in the Gonzalez et al. (1993) study could be similarly questioned, given criticism of the investigative methods in the McMartin case and the ultimately inconclusive trial outcome.

To address this problem, one solution is to identify only those cases in which there is clear corroborative evidence that abuse occurred, such as a confession or highly suggestive medical findings. Such a breakdown is possible for the Gordon and Jaudes (1996) study and for Elliot and Briere (1994). In Gordon and Jaudes, 14 children had a sexually transmitted disease; 6 of these children disclosed abuse to the emergency room physician, and 3 subsequently recanted abuse at the investigative interview, for a recantation rate of 50%. In Elliot and Briere, 118 children had evidence of abuse independently of the child’s statements. Nineteen of these children never revealed abuse, leaving as many as 99 who may have revealed abuse before the evaluation (the authors do not report the...
exact number). Because 20 of these children recanted at the evaluation, the recantation rate is at least 20%. Based on this limited data, recantation does not seem to be an artifact of the misclassification of false allegations as true abuse. Rather, recantation rates are quite high among cases one can confidently say are true.

Indeed, the rates of recantation among cases with corroborative evidence are among the highest across the studies. Although this might seem counterintuitive, it reflects the fact that corroborative evidence increases the likelihood that a child will be diagnosed as abused. If a child recants, and there is no other evidence of abuse, it is likely that investigators will fail to conclude that he or she has been abused. On the other hand, if a child recants but there is clear external evidence that abuse occurred, investigators are more likely to diagnose abuse. The result is that a focus on cases with clear evidence of abuse will reveal higher percentages of children who only inconsistently acknowledge that the abuse occurred.

Another explanation for the differences in recantation rates among studies is that they are attributable to the differences, already discussed, between children drawn from substantiated cases of abuse investigated by social services and children drawn from sexual abuse treatment. If recantation decreases the likelihood that abuse is substantiated, then substantiated cases will have a disproportionately small number of children who recant. On the other hand, if recantation increases the likelihood that a child is referred to a therapist, then treatment samples will have a disproportionately large number of recanters.

One can directly test the effects of substantiation on the percentage of abused children who recant by looking more closely at the Gordon and Jaudes (1996) study. The percentages in that study are based on all children reported as abused to social services. Because the authors provide percentages of the cases that were subsequently substantiated by social services investigation, one can determine whether substantiation affects the apparent frequency of recantation. The authors note that “[t]he ability of the state to conclude officially that sexual abuse had occurred was much higher when the child identified the alleged perpetrator in at least the investigative interview than when the child recanted at the second interview” (Gordon & Jaudes, 1996, p. 319). Indeed, the substantiation
rate when the child disclosed at both the emergency room interview and the investigative interview was 91%, compared to 29% when the child recanted at the investigative interview. Because recantation decreased the likelihood that cases would be substantiated, one ought to see fewer recantations among substantiated cases than among the cases overall. And this is indeed the pattern. The entire sample contained 141 children. Of the 103 children who reported abuse in the emergency room, 17 (17%) recanted at the investigative interview. The entire group of substantiated cases numbered 108. Of the 83 children who reported abuse in the emergency room, 5% or 6% recanted at the investigative interview.

In addition to the substantiation problem, another factor that increases the difficulty of identifying recantation among abused children is that few of the studies follow the cases beyond the initial investigation. Jones and McGraw (1987) suggest that this leads to an underestimation of recantation in their sample, and Bradley and Wood (1996) speculate that "an abused child who is willing to discuss abuse during an initial [social work] interview may become reluctant to continue the discussion during multiple therapy sessions" (p. 889). Although Bradley and Wood discuss what happened postinvestigation in many of their cases, their information—based on child protective service records—was often spotty (1996, p. 887). In contrast, the two studies on treatment (Gonzalez et al., 1993; Sorensen & Snow, 1991) were able to track children over relatively long periods.

It is reasonable to assume that many children who recant do so only after the negative effects of their disclosure become clear—continued lack of support by a nonoffending parent, inability to return home, the initiation of criminal proceedings against a loved one, to name a few. In my experience as an attorney in child abuse court, I have found that recantation tended to occur after the child had been in foster care for some time, and certainly after the initial phase of child protective services investigation. Unfortunately, I know of no research examining the extent to which recantation occurs over the entire course of legal intervention. A suggestive finding, however, is that by Gray (1993), who analyzed a group of 114 sexual abuse cases that were referred to the prosecutor's office but for whom charges were not filed. In 22% of the rejected cases, the reason for a failure to file charges in the case file was that the "victim
changed her story," which "could include simply inconsistent accounts of the abuse, or outright refutation of the original claim" (p. 94). In the county from which the cases were drawn, prosecutors rejected almost 40% of the cases presented to them for prosecution, which would mean that about 8% of all cases presented for prosecution were rejected due to inconsistency, recantation, or both. The findings hint at the problem of recantation after police and social services investigation is complete, because the prosecutor's decision whether to file charges is only one of several hurdles before a case is brought to trial.

A final reason for the differences in recantation rates among studies may be biases in reporting. Bradley and Wood (1996) and Bybee and Mowbray (1993) note that for legal reasons, investigators may not make note of recantation or reluctance in their reports. On the other hand, therapists who believe that accommodation occurs may unconsciously exaggerate the extent to which abused children are inconsistent—a form of confirmatory bias. Exaggeration is especially likely to occur if recantation rates are based on retrospective report, as was used by Sorensen and Snow (1991) and Gonzalez et al. (1993).

For methodological reasons, it is difficult to draw clear conclusions from the research on recantation. There is no evidence that recantation occurs in most cases, and there is equivocal evidence that recantation is rare. I believe an expert is justified in stating that recantation often occurs among children known to have been abused, particularly if the expert's primary goal is to explain how recantation occurs rather than how often. Such a conclusion may seem weak, but only if we are attempting to precisely quantify the frequency with which recantation occurs among abused children. If we are simply trying to teach jurors that recantation does not necessarily mean that the original allegation was false—the usual judicial justification for testimony regarding CSAA—then such a conclusion is helpful without being misleading.

**Conclusion**

A review of the research on CSAA clearly supports the conclusion that a substantial proportion of abused children exhibit accommodation. The
significance of this conclusion must be interpreted in light of the limited purpose for which accommodation is offered in court. If accommodation is intended to prove that abuse occurred, then it must occur more frequently among abused children than among nonabused children. None of the research examined here allows for such a comparison. Indeed, it is somewhat nonsensical to speak of accommodation among nonabused children—for example, how does one define delay in reporting when the child was never abused? On the other hand, if accommodation is intended merely to rebut the assumption that certain witness characteristics prove that abuse did not occur, then it must occur among some abused children. The research is relevant for assessing accommodation’s utility as rebuttal evidence, and supports its use as such.

Let me end with a caveat. The purpose of this chapter is to refute the criticism that CSAA is unsupported by scientific evidence. Establishing a scientific basis for CSAA testimony goes a long way toward supporting its admissibility in court. It is not a sufficient basis for admissibility, however, because there are other prerequisites to the admissibility of expert testimony. Under the Federal Rules of Evidence, which govern the federal courts and is a model for most states’ rules of evidence, an expert’s testimony must “assist the trier of fact” (2000, Rule 702). In part this means that the expert must tell the jury something they don’t already know.

Do lay people understand the dynamics of sexual abuse? Summit (1983) contended that they do not. At least one critic of CSAA testimony has argued that “it does not take an expert witness to explain that children may delay or recant the telling of an experience as sensitive as sexual abuse” (Mason, 1995, p. 408), and at least one state supreme court has rejected CSAA testimony in part because of this argument (Commonwealth v. Dunkle, 1992). Research examining lay people’s understanding of sexual abuse is limited (Gray, 1993; Kovera & Borgida, 1997; Morison & Greene, 1992), and provides only moderate support for the assertion that lay people are skeptical of children with CSAA symptoms. For example, Morison and Greene (1992) found that individuals summoned for jury duty “slightly disagreed” with the assertion that “[i]ndividuals should be suspicious about allegations made by a child following a lengthy delay in reporting,” whereas sexual abuse experts “disagreed”
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(p. 603). Kovera and Borgida (1997) reported that 97% of students and 84% of community members (compared to 97% of experts) agreed with the statement that “delays in reporting child sexual abuse to the police or other authorities are quite common” (see also Gray, 1993). Although Morison and Greene (1992) identified discrepancies between lay and expert opinion, whether those differences are large enough to justify expert testimony is subject to dispute. Moreover, if experts merely testify that many rather than most children exhibit CSAA, the need for expert testimony is even more questionable.

Ironically, the greatest challenge to CSAA testimony may be that it is a scientific truism rather than a clinical myth. Summit (1992) noted that his article was originally rejected by a psychiatric journal “because the reviewers felt it was so basic it contributed nothing new to the literature” (p. 155; compare Ceci, Bruck, & Rosenthal, 1995, stating that it is “a point of no dispute among researchers” that “truly abused children are often unlikely to disclose sexual abuse out of a sense of embarrassment or fear,” p. 506). Whether lay people intuit what researchers think obvious is an open question and awaits further research and argument. At any rate, whatever can be said about CSAA, it certainly cannot be said that it is unscientific. Roland Summit the clinician divined facts even the scientist could accept.

Notes

1. Commentators often cite Sahd (1982) or Goodwin, Sahd, and Rada (1982) for the proposition that 30% of abused children recant. Sahd fails to cite authority for the claim that “[t]he literature indicates that nearly 1/3 of children who report incest consider retracting the allegations at some time” (p. 82). Goodwin and colleagues state that “[r]efusal to talk or testify about the incest is more common than false denial and may occur on the part of as many as 30% of victims” (p. 21). They cite Nakashima and Zakus (1977), but I was unable to find the 30% figure in that article.

2. External evidence included diagnostic medical findings in 64 cases (e.g., hymenal transections to the base, STDs that can be contracted only through sexual contact, semen found in the vaginal canal), confession in 27 cases, a witness to the abuse in 35 cases, and other evidence in 25 cases (pornographic pictures of the child, the child described graphic details of the alleged perpetrator’s bedroom when the alleged perpetrator denied the child ever being in his home).

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Historical, Legal, and Psychological Perspectives

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