

ASSESSING ALLEGATIONS OF CHILD SEXUAL ABUSE

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A widely reported finding in mental health journals and other media sources is that allegations of child sexual abuse are increasing. Due to their nature, these allegations require investigation in order to distinguish bona fide accusations from those that are false. In many cases definitive physical evidence is lacking and other means of establishing the veracity of complaints are sought. Psychologists are often called upon to evaluate these charges and to offer opinions regarding their plausibility. It is important that psychologists, as well as other mental health examiners, utilize credible and thorough procedures in order to maximize the trustworthiness of their opinions. The purpose of this article is to discuss a few relevant issues in this area and some related research findings.

It is important for examiners to begin inquiries without preconceived beliefs regarding the validity of allegations and to carefully consider a number of different issues. A primary consideration involves the style, manner and explicitness of a child's report of the alleged acts¹. For example, graphic, credibly detailed reports tend to be more indicative that abuse has occurred in comparison to vague and implausible reports. It is also necessary to elicit facts about the context in which the alleged behavior occurred. Allegations tend to be more credible when the child can identify: where the abuse occurred; the statements made by the alleged offender to secure the child's involvement; where other family members were at the time; what the child and alleged offender were wearing as well as what clothing may have been removed, and; whether the alleged offender said anything about telling or not telling another adult about what occurred.

A common belief in cases of alleged child sexual abuse is that if a child has advanced sexual knowledge for his/her age, it could only have been gained from direct sexual contact with the accused adult. Although this is one possibility, children also gain sexual knowledge from other sources. For example, some children learn about sex by witnessing parents during sexual activity, from looking through magazines or by watching sex acts portrayed on movies or television. Other children may have been exposed to peers who educate them about sex. One well done study², for example, found that sexually abused and non-abused children did not differ significantly with respect to their knowledge about sexual behavior.

A controversial issue related to allegations of sexual abuse involves whether children make false accusations. One situation where this has been found to occur with some frequency is in highly contested divorce disputes. These allegations tend to be an effective means for the alleging parent to gain control of a situation, particularly because the accusation is apt to bring legal proceedings to an immediate halt and to result in the accused parent having restrictions imposed on his/her contact with the child.

Some research³ suggests that younger children are susceptible to inaccurately report events, albeit not maliciously or intentionally. These errors in reporting are due to the fact

that younger children do not always completely encode events into memory and can be misled by post-event information that distorts memory and recall. Thus, repeatedly asking (mis)leading questions about an event can shape children's memories and can affect the reliability and validity of their accounts.

As an aid in investigating these allegations, some examiners utilize anatomically correct dolls and consider this procedure a "test" for sexual abuse. This conceptualization is misleading, however, and the use of anatomical dolls is more accurately viewed as a non-verbal means of expression through physical demonstration. Reliance on these dolls is controversial because of the mixed findings in the research literature. One study⁴ for example, found that most children will visually explore and physically manipulate the dolls' genitalia, regardless of whether or not the children are known to have been abused. Another limitation involves the lack of established norms for interpreting results, particularly when used with children who are unfamiliar with anatomically correct dolls and who manipulate them in unusual ways.

In investigations utilizing dolls, it is important to take the precaution of ensuring that the child understands that the dolls are being used for representational purposes; that one doll represents the child and the other doll represents someone else (i.e., the alleged abuser). Failure to properly educate the child regarding this issue and verifying that the child comprehends this explanation is a serious oversight that can undermine the validity of an examiner's conclusions.

Recanting allegations also occurs in some cases of alleged sexual abuse and, invariably, adds uncertainty to the situation. While perpetrators are eager to characterize recantations as evidence confirming that the allegation is false, there may be other reasons that a child takes back an accusation². For example, some children may not understand the consequences of these allegations, including that a parent would be removed from the home or jailed. Other children may encounter a withdrawal of emotional support from the non-accused parent and may recant an allegation as a means of getting back into that parent's good grace or as a means of restoring the family to its pre-accusation state. Recantations can be motivated by many factors and must be carefully assessed prior to determining their veracity and relevance to the allegation itself.

The increasing frequency of allegations of sexual abuse requires development of better standards for investigation and examination. Whenever an evaluation is conducted, it is necessary to interview both parents as well as the child. Information obtained from each parent can be contrasted and both parent's reports can be compared to data obtained from the child. When interviewing parents, it is important to assess their motives for making false allegations as well as to assess their overall emotional state. Finally, a thorough evaluation will assess the child's cognitive and emotional development as well as his/her emotional state.

References:

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