

Chapter 6

The Process of Disclosure for Child Victims

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A mother walks into her bedroom to see her 8 year old daughter being sexually abused by her husband, the young girl's stepfather. Mortified, she screams at her husband to leave and scoops up her little girl and rushes her to the emergency room. Her daughter participates in a Sexual Assault Forensic Examination (SAFE) and the medical findings are consistent with sexual abuse, which is rare, as less than 10 % of medical examinations are diagnostic of child sexual abuse (Frasier & Makaroff in Olafson & Lederman, 2006). Child Protective Services (CPS) and local law enforcement arrive at the hospital and speak with the mother. A forensic interview is scheduled for the young girl for later in the afternoon.

Upon arrival to the Children's Advocacy Center, the young girl is nervous. She doesn't know what to expect or how she will be able to talk about her experience. When asked by the forensic interviewer if someone has touched her in a way that made her feel uncomfortable or that she didn't like, she freezes. What will happen to her if she tells? What will happen to her stepfather if she tells? Will her stepfather go to jail? Will she go to jail for not stopping it? The young girl shakes her head to respond "no" and the forensic interviewer is concerned. Knowing the mother walked in and saw the abuse, why wouldn't the young girl disclose about her experience?

The above scenario is not uncommon as it relates to disclosure of child abuse. There are many reasons why children don't disclose, delay disclosure, or disclose about abuse and later recant, or take back their statements. This chapter will review these theories and data regarding the process of disclosure and how disclosure interacts with forensic interviewing.

Disclosure of abuse by child victims is an extremely difficult and important task. Children are often the only witnesses to child abuse crimes committed against them

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and their statements can be a key piece in the investigation of their allegations. Understanding the disclosure process children often experience following abuse is crucial to increase the likelihood of gathering accurate statements from children while ensuring procedural fairness of the accused.

As human beings, it can be painful to discuss traumatic events that have happened to us and children are no exception. Similarly, children and adolescents may struggle to discuss their abuse because of the level of trauma experienced or because of the consequences or perceived consequences of discussing their abuse. Additionally, the support the children receive from family members, friends, and professionals during an investigation can influence their desire to cooperate and participate. If victims feel supported and believed, it often leads to a more compliance and engagement throughout the investigative process (Collins & Lincoln, 2002; Geiselman et al., 1984; Zulawski & Wicklander, 1993).

In a perfect world, all non-offending parents would be supportive and protective of their children when allegations of abuse existed. However, this isn't always the case and can complicate the disclosure process. According to Malloy and Lyon (2006), "non-offending caregivers' reactions are important not only in the aftermath of CSA (childsexualabuse) discovery, but also in terms of children's willingness to disclose in the first place," (p. 98). It can not only impact whether a disclosure occurs at all, but also may impact the timing, who the child discloses to, and the child's willingness to maintain their statements throughout the duration of an investigation (Malloy & Lyon, 2006). This suggests that early on, the reaction of individuals, particularly non-offending parents, can set the stage for the disclosure process of abused children. Even when things are done well, it does not guarantee children will disclose about abuse, and the remainder of this chapter will discuss some of the literature related to disclosure of child abuse experiences.

Introduction

Unfortunately, child abuse continues to be a widespread problem in the United States and around the world. The professional community recognized abuse as a social problem in the 1960s with Dr. Henry Kempe's suggestion that physicians should report observed cases of child abuse. Child abuse had previously been defined and identified, but not as a social problem. Over the years, the prevalence of child abuse and exploitation has increasingly become a major concern in our communities, "occupying a very high position on the social agendas of the United States and other countries," (Miller-Perrin & Perrin, 2012, p. 11). Through social constructionism, social conditions become social problems; essentially, when societal reactions of individuals, organizations, religious groups, and others are strong, they transform public perception about the importance of community problems (Miller-Perrin & Perrin, 2012; Perrin & Miller-Perrin, 2011). Child abuse became a social problem once communities started speaking out about their unwillingness to accept maltreatment and exploitation of children. When doctors began collaborating with

other professionals in the field, the movement encouraged the development of laws related to mandated reporting of suspected child abuse. These laws were instrumental in bringing suspected child abuse victims to the attention of professionals who could help them and bring justice to the family.

A large percentage of childabuse cases go unreported for various reasons. Although we continue to have mandated reporter laws in each state, it does not mean that every child being abused is reported to social service agencies. Some families and/or professionals may have negative experiences following a report of child abuse and may choose to handle their concerns more informally, should future concerns arise. Some individuals still maintain they need “proof” before involving authorities in their concerns of child abuse, and this may delay or prevent the involvement of law enforcement and social service agencies.

Over 670,000 victims of childabuse and neglect were reported in fiscal year (FY) 2011. Some of these victims may have been subject to more than one report and when examining those numbers, over three million children were subject to at least one report in the same data examined. These numbers suggest there are approximately nine reported victims for every 1000 children in the United States (DHHS, 2011). Because of the volume of children who do not disclose or who delay their disclosure into adulthood, statistics regarding reported abuse may not accurately represent the true number of children who are victimized each year. Official statistics (actual cases reported to social service agencies) and self-report surveys often suggest different results, meaning that our estimation of child abuse is inaccurate and possibly by a significant number.

Data related to estimating the prevalence of abuse may be gathered by 1-year incidence studies, 1-year prevalence studies, child self-report studies, and adult self-report studies (Townsend & Rheingold, 2013). Each of these has limitations, due to the manner in which data is collected. Specifically, because children do not often report abuse at this time they are experiencing it and many cases of abuse are never reported to authorities, incidence and prevalence studies show statistics that do not fully account for all children who experience abuse (Broman-Fulks et al., 2007; London, Bruck, Ceci, & Shuman, 2005; Townsend & Rheingold, 2013).

According to Townsend and Rheingold (2013), there is no definitive research that can provide practitioners with a current prevalence statistic for children who have been sexually abused; the studies examined pointed to a childsexualabuse prevalence rate of 7.5–11.7 %, with the rate for girls as 10.7–17.4 % and for boys 3.8–4.6 %. Many prevalence rates that are currently reported are significantly outdated or misleading (Townsend & Rheingold, 2013). They propose an estimated rate of one in ten children is sexually abused before they turn 18.

Knowing that childabuse is such an epidemic, why don’t all allegations of child abuse get reported to social service agencies? There are various reasons why reports don’t make it to social services agencies, but one reason is related to the disclosure process. Children may not report abuse when it is occurring, may deny it, even when evidence exists that abuse has occurred, may make false reports, or may delay disclosure so significantly or provide such little detail, and their report may not be taken seriously.

There are certain situations where nondisclosure rates are more likely. For example, when images or videos exist that are associated with the perpetration, children are less likely to disclose. According to the Palmer and Stacey (2004), images or videos taken during abuse experiences may be the greatest inhibitor to children disclosing about their experiences. The images or videos make some victims feel like they are letting the abuse happen if they are smiling in the images, they fear they will be viewed as enjoying it, and they experience shame at being involved and being identifiable (Palmer & Stacey, 2004).

To assist with questioning children who are suspected victims of abuse, introducing evidence in a forensic interview may be necessary to invite the child to discuss his/her experience. The National Children's Advocacy Center (2012) states that most forensic interviewing protocols are designed for children who are actively disclosing or have previously disclosed abuse. All children are not actively disclosing, specifically those who were discovered as victims throughout the course of criminal investigations (i.e., images found on a subject's computer that provide identity of his/her victims). The sensitive introduction of evidence during a forensic interview may help reluctant children disclose about their experiences.

The child should be informed about the evidence that exists near the beginning of the forensic interview to assist in building rapport and provide them a framework for the interaction (NCAC, 2012). Additionally, being patient and developing a trusting relationship are important to set the stage for a successful forensic interview (von Weiler, Haardt-Becker, & Schulte, 2010).

If a child doesn't report abuse and there is reason to believe the child has been abused, it can create complex issues and the suspicion may not be investigated. This leaves not only this child at risk for future abuse, but also other children, who the perpetrator has access to, at risk. It is clear that understanding the disclosure process and how to improve our response to child abuse is crucial in protecting children and our communities.

Dynamics of Disclosure

When discussing the process of disclosure, we are often referring to childsexualabuse, although there may be disclosure issues related to other forms of abuse as well. Physical abuse and neglect often have physical signs and symptoms and may be discovered sooner than sexual abuse victimization, which may leave no physical evidence behind. Additionally, many forms of abuse co-occur, meaning some children are victims of multiple forms of abuse and neglect. Domestic violence, mental health diagnoses, lack of social support, and substance abuse are often thought of as individual problems; however, these risk factors impact parenting processes, productivity, and increase health care costs of both parents and children. Additionally, they can influence the parenting process which can impact children and hinder development and can lead to a lack of skills (i.e., cognitive, emotional) needed by

children to succeed (NCCP, 2004). Essentially, many forms of abuse or a lack of resources can have deleterious effects on children's development and can pose threats to their overall well-being (NCCP, 2004).

Generally, research supports that various factors (i.e., non-offending caregiver support, relationship to the perpetrator, threats to child or family, age) can impact a child's disclosure in the forensic interview setting (Babiker & Herbert, 1998; Fanetti & Boles, 2004; Garven, Wood, Malpass, & Shaw, 1998; Malloy & Lyon, 2006; Myers, 2007; Olafson & Lederman, 2006). While this chapter will not discuss all possible explanations, it will touch upon some of the most common dynamics related to the disclosure process.

Research on the disclosure process has been gaining popularity over the last 30 years and can be first traced back to the early 1980s. In 1983, Roland Summit suggested a Child Sexual Abuse Accommodation Syndrome (CSAAS) which described why children may not disclose abuse experiences readily. While this syndrome has been met with some controversy (see London, Bruck, Ceci, & Shuman, 2007; London, Bruck, Wright, & Ceci, 2008; O'Donohue & Benuto, 2012), it was one of the first articles to discuss possible roadblocks in the disclosure process in children. One of the most problematic issues with this syndrome is that it is often used in forensic settings without consideration of the many concerns that have been presented in the literature (see O'Donohue & Benuto, 2012).

Summit (1983) proposed five reactions that children can exhibit who have been sexually abused. He does not suggest these reactions are diagnostic of abuse, but can provide investigators, therapists, and families with an understanding of behaviors that may be exhibited by child abuse victims. These reactions include: (1) *secrecy*, (2) *helplessness*, (3) *entrapment and accommodation*, (4) *delayed, unconvincing-disclosure*, and (5) *retraction*. As was previously mentioned, while this syndrome has been met with some controversy in the literature (London et al., 2005, 2008; O'Donohue & Benuto, 2012), some of the individual behavioral components Summit mentioned have been supported empirically (London et al., 2007).

Secrecy

Secrecy is fairly prevalent in child sexual abuse, either directly or indirectly (London et al., 2007; Olafson & Lederman, 2006). Children may be directly told to keep the abuse experience a secret or by the nature of the event, children may be embarrassed or assume they should keep it a secret. Due to popular media and television shows, it is often believed that children will be abused on a Monday evening and report their experience Tuesday morning, once they arrive at school. Due to the unknown nature of the consequences associated with disclosing about the abuse, shame, guilt, and confusion, secrecy or minimization about the abuse event is common (London et al., 2007; O'Donohue, Benuto, Fanetti, Fondren, & Vijay, 2013; Olafson & Lederman, 2006; Sjoberg & Lindblad, 2002).

Helplessness

Helplessness often arises in child sexual abuse due to the power differential that exists between the victim and the abuser. The child may feel powerless, or helpless, at not only ending the abuse, but also in reporting about the abuse. The perpetrator may directly or indirectly threaten the child and encourage the child not to tell or the fear of the unknown consequences may also create a sense of helplessness in the victim. There is lacking empirical evidence discussing the role of helplessness related to disclosure; however, helplessness or confusion may be a part of what leads children to delay or minimize abuse disclosures, which is supported in literature. One issue with CSAAS is the poorly defined concepts and lack of testing, thus, empirical support is lacking (O'Donohue & Benuto, 2012).

Entrapment and Accommodation

Entrapment and accommodation suggests the adaptation to the abuse that often occurs when a child recognizes that stopping the abuse would be difficult. Said another way, if the child feels trapped between stopping the abuse and sending the abuser to jail, the entrapment may be enough for the victim to dissociate during the abuse, justify the abuse, or accommodate their thoughts to avoid mental conflict about their experience. Abused children are often weighing the pros and cons of disclosing and trying to make sense of experiences that are overwhelming and confusing. Again, there is lacking empirical support for this behavioral reaction; however, it is possible that these factors may be related to the secrecy and minimization of abuse, which is supported in the literature (London et al., 2007; O'Donohue et al., 2013; Olafson & Lederman, 2006; Sjoberg & Lindblad, 2002).

Delayed Disclosure

Delayed disclosure suggests that children often wait years before they report abuse and when they do, their reports may be brief, unconvincing, or manifest in behavioral reactions. For example, a child has expressed to her father that she no longer wants to visit her mother and believes this is her way of reporting her victimization, although she doesn't specifically state what is happening at her mother's house. After a fight with her father where the child is grounded, the child blurts out, "Why do you keep sending me to mom's so Randy can rape me?" Of course, the statement will likely be a shock to her father and may appear suspicious due to the timing of her statement; the public often worries that children and adolescents make false accusations of abuse to avoid being in trouble, to seek revenge on someone they do not like, or during custody disputes (Faller, 2007).

Delayed or unconvincing disclosures should not be discredited; however, because regardless of when or how the disclosure takes place, follow-up should always take place.

According to Olafson and Lederman (2006), gradual disclosures among children are not unusual and multiple interviews may be necessary to gather information from victims. Thus, it is a misconception that children report abuse immediately after it occurs and some research suggests children may delay disclosure until adulthood (Lyon, 2014; Smith et al., 2000). Other research suggests that when children do report abuse in childhood, it often takes considerable time to do so (with some individuals delaying disclosure until adulthood, see Olafson & Lederman, 2006), with various factors like non-offending caregiver support, relationship to the perpetrator, and developmental and communication abilities influencing their behavior (London et al., 2005; Olafson & Lederman, 2006).

Retraction/Recantation

Retraction, or recantation, occurs when a child tries to “take back” what he/she has reported happened to him/her. Research does support that a “substantial minority of children recant abuse after initially admitting,” (Faller, 2007, p. 185; see also Elliott & Briere, 1994). This is often seen as an attempt for things to “go back to the way they were,” which may appear to be seemingly better than their life following the abuse disclosure. Often, following a report of abuse, an investigation ensues which can lead to arrests, individuals leaving their homes, court proceedings, medical examinations, etc. and the abuse may seem less devastating to a child than the process of interacting with criminal justice system. Additionally, there may be pressure from family members, the abuser, or internally, to retract their statements of abuse.

Over the years, research on disclosure and recantation has increased and has typically focused on prevalence rates, which vary significantly, ranging from 4 to 27 %, depending upon the study examined (Bradley & Wood, 1996; Gonzalez, Waterman, Kelly, McCord, & Oliveri, 1993). This is a large range and one reason for this may be some discrepancy on the inclusion criteria (London et al., 2005). For example, if false allegations are included in cases examined, the number of recantations will often be higher, (which doesn't support Summit's assertions in CSAAS) and this may be an artificial increase of the true number of recantations that occur.

The support of non-offending caretakers is negatively correlated with recantation (Elliott & Briere, 1994; Malloy & Lyon, 2006), while the number of interviews and lack of corroborative evidence appear to be predictors of recantation (Bradley & Wood, 1996; O'Donohue et al., 2013). In many cases, when recantation does occur, the allegation is eventually reaffirmed in formal interview settings (O'Donohue et al., 2013).

Age is supported empirically to have a relationship to recantation rates in child abuse literature, although research is somewhat mixed about the actual relationship. Malloy, Lyon, and Quas (2007) reported that significant predictors of recantation

included age (with younger children more likely to recant than older), relationship with perpetrator (with parent/guardian leading to higher recantation rates), and lack of support from non-offending caregiver. Some studies suggest that older children may feel more culpable, or responsible, for the abuse event(s) (Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003). While age is an important consideration, we must also look at cognitive and developmental factors as these can vary significantly for a particular age.

Additionally, perceived consequences (negative emotions, physical harm/death to child or his/her family, and jail/legal to child or subject) can also impact disclosure and recantation rates (Malloy, Brubacher, & Lamb, 2011). Malloy et al. (2007) reported results from a study involving over 200 children randomly selected from substantiated child sexual abuse cases. They found that predictors of recantation were younger age, close relationship with perpetrator, and lack of maternal (non-offending) support. Factors not associated with recantation were corroborative evidence such as medical evidence or perpetrator confession, custody disputes, and prior history of offending of the offender (Faller, 2007).

Often, even when recantations do occur, statements will often be reaffirmed at some point. Recantation is not a reason to dismiss the child's previous statements because it does not necessarily mean the allegations are false; further exploration of the concerns is important to understand how to best proceed. It does mean that the child's statements are contradictory and it is important to address inconsistencies/contradictory statements in a forensic interview setting to determine what occurred.

False Allegations

Do children lie? Of course, all humans have been known to lie at one time or another. Children lie about various things, but child abuse is typically not one of them. Dammeyer (1998) argues that when a child initiates a report of child sexual abuse, there is a high likelihood that the abuse actually took place and Faller (2007) supports this notion in stating that false allegations of sexual abuse by children are uncommon and more likely to come from adults (see Everson & Boat, 1989; Lanning, 2002).

When children are dishonest about abuse, they typically leave details out, or omit them (errors of omission), versus makeup events that did not happen to them (errors of commission). Errors of omission include factual information, but the information gathered is incomplete. On the other hand, errors of commission occur when incorrect details are also obtained, along with some factual information. Omission errors increase the likelihood of failing to detect abuse when it *did* happen and commission errors may increase the likelihood of suspecting abuse when it *did not* happen (Fanetti & Boles, 2004). Researchers suggest that the concern about children's memory comes from their errors of commission, rather than their errors of omission and a common gauge of recall accuracy is the amount of omission and commission

errors present (Fanetti & Boles, 2004; Johnson & Foley, 1984). In free recall, more omission errors occur in younger children, although commission errors appear to occur equally in children and adults. Omission errors may lead some interviewers to use suggestive questioning techniques, which compromises the accuracy of the interview (Fanetti & Boles, 2004).

Some claim that society has become overly concerned with child maltreatment and this produces overreporting (Miller-Perrin & Perrin, 2012). Historically, concerns with overreporting are rooted in Besharov's (1986) claims that, "hundreds of thousands of innocent people are having their reputations tarnished and their privacy invaded," (Besharov, 1986, p. 32, in Miller-Perrin & Perrin, 2012). These figures came, in part, by the total difference of cases reported to child protection agencies versus the number of cases that are substantiated. Child abuse awareness is high, mandated reporting laws exist, and overall reports of child maltreatment have increased over the years (Miller-Perrin & Perrin, 2012).

There is a difference, however, between false allegations and those where suspicion remains, but cannot be proven, due to a lack of evidence (Faller, 2007). Statistically, there is little differentiation between these situations, thus the number of reports that were recorded as intentionally false was near zero in 2010 (U.S. DHHS, 2011). Researchers have attempted to estimate false allegation rates, and research is mixed and widely varies (Faller, 2007; Miller-Perrin & Perrin, 2012).

Society typically believes that false allegations occur more regularly than research supports (Miller-Perrin & Perrin, 2012). Media examples and well-publicized cases (McMartin Preschool, Kelly Michaels, custody disputes, etc.) cause the public to worry that false accusations/suggestive interviewing techniques are the norm. It is important to educate professionals and juries about research related to false allegations and how leading and suggestive interviewing techniques increase false reports. False allegations are not as common as unreported abuse (Faller, 2007), so this is a greater problem for professionals and communities. Failure to report abuse will be discussed in more detail in Chap. 18.

False negatives and false positives of alleged abuse can be equally challenging. According to Babiker and Herbert (1998), the cost of a false accusation is determined by decisions about the trade-off between the two potential types of error: the risk of misclassifying victims who are being abused and putting them and other children at risk for future abuse versus the risk of labeling children as victims who are not being abused and possibly subjecting them, their families, and others to unnecessary worry and stress; as well as potentially causing significant damage to the innocent adult, such as imprisonment or ruining of his/her reputation, (Fondren-Happel, Fanetti, & Visio, 2012; O'Donohue & Fanetti, 1996). Striking a balance of protecting victims and ensuring procedural fairness to the accused should be of the utmost importance in child abuse investigations. Conducting high-quality, legally defensible forensic interviews with suspected victims of abuse is one way to minimize challenges on the reliability of children's statements while also protecting individuals accused of crimes that are innocent. This will be discussed further in the section below.

Disclosure and Forensic Interviews

Following a research-based forensic interviewing protocol when questioning children is important for various reasons. According to Cirlugea and O'Donohue (2014), forensic interviewing protocols can be assessed for quality by examining interrater reliability, component construct validity, predictive (postdictive validity), incremental validity, sensitivity/specificity (see below), developmental appropriateness, cultural sensitivity, and implementation fidelity. When suspected victims of child abuse are questioned by individuals who are not trained in issues related to forensic interviewing including suggestibility, development, linguistics, or use questioning techniques/protocols that are not research-based and of good quality, it can have detrimental effects on investigations as well as the child's well-being.

Forensic interview protocols were developed to increase the likelihood that children interviewed will provide an accurate and detailed account to conclude whether a punishable offense did occur, while decreasing the likelihood that any personal/professional biases will enter the forensic interview. Forensic interviews are non-leading, objective, protocol-based interactions between a child and trained interviewer. There are multiple protocols used in the United States to conduct forensic interviews including, but not limited to: National Children's Advocacy Center (NCAC) Child Forensic Interview Structure (National Children's Advocacy Center, 2012), National Institute of Child and Human Development Protocol (NICHD) (Lamb, Orbach, Hershkowitz, Esplin, & Horowitz, 2007), and CornerHouse Forensic Interview Protocol (Anderson, 2013; Anderson et al., 2010). Following a protocol-based method of questioning and avoiding leading and suggestive questioning techniques can assist in gathering accurate details from children, buffer against coaching from outside sources, and assist children and adolescents who are struggling through the disclosure process. The sensitivity/specificity of a protocol (proportion of positive and negative cases identified) is important as it helps distinguish between children who have been abused and those who have not to avoid misidentification of victims or perpetrators (Cirlugea & O'Donohue, 2016).

Rapport is something that is important in facilitating a better outcome in many situations. From therapy to forensic interviewing, rapport can increase the comfort level of children, thus lessening stress and improving the ability to recall details. According to Collins and Lincoln (2002), a comfortable victim/witness will be more compliant and cooperative throughout the investigation (Collins & Lincoln, 2002; Geiselman et al., 1984; Zulawski & Wicklander, 1993). In the literature, rapport does appear to correlate with higher levels of accurate details (Boles, 2004; Fondren-Happel et al., 2012). Similarly, as rapport levels increase, the number of omissions tends to decrease, suggesting that rapport does impact a child's ability to disclose information (Boles, 2004; Fondren-Happel et al., 2012). Rapport is one of the main components of all widely known forensic interview protocols due to its importance in creating a comfortable and appropriate environment for questioning children (Anderson, 2013; Anderson et al., 2010; Lamb et al., 2007; NCAC, 2012).

According to Fivush (1993), children may omit details from disclosures in forensic interviews because they may not be aware of their investigative importance. In forensic interviews, it is important to ask children to provide us with all details, even if they aren't sure if they are important, to attempt to gather as much forensically relevant detail as possible. Cued invitations ("Tell me more about that") can provide children an opportunity to provide additional information to already reported statements. Asking children to tell about "everything that happened from beginning to end" can also be another cue for children to not leave any details out about their experience.

One technique that is widely used in forensic interviewing protocols and child-abuse investigations is the truth/lie discussion when gathering statements from children. This discussion is usually brief and may enhance the accuracy of child victim and witness reports and may buffer against false allegations and false denials. Typically, a discussion takes place to determine the child's ability to differentiate between statements that are true and false and seek agreement to talk about things that are true during the interaction. If a child struggles in this activity, the forensic interviewer can adjust his/her questioning to something more developmentally or cognitively appropriate. Sometimes adjusting the verbiage to right/wrong is an adjustment that can assist children in the conversation, particularly younger children who may have difficulty understanding the use of truth/lie terminology. Even when children lack the ability to fully participate in a truth/lie discussion, a promise to tell the truth appears to increase honest reporting (Lyon, 2014; Lyon, Malloy, Quas, & Talwar, 2008). Positive effects were noted in recall when interviewers engaged in conversations regarding the importance of truth-telling and avoiding reporting false information to authority figures (Huffman, Warren, & Larson, 1999; Saywitz & Moan-Hardie, 1994).

Coaching is another concern related to false allegations. It is a concern of child-abuse investigators because it can take place prior to and throughout a formal investigation and can be difficult to control. Adult influence can negatively impact honesty, and some children may be particularly vulnerable to conceal or report information. Coaching can impair the accuracy of children's reports, and truth induction techniques may help offset the negative effects of coaching (Lyon et al., 2008). Non-suggestive questions in forensic interviews can buffer some of the effects of coaching, and asking children about possible coaching is an important task if there are concerns.

Unsubstantiated/unfounded cases and those that end in acquittals are not necessarily related to false allegations. A lack of evidence does not mean that abuse didn't occur. Criminal justice proceedings require evidence beyond a reasonable doubt and this is a high burden of proof. When this burden of proof is not met, the defendant should not be found guilty because the evidence doesn't support it; however, this does not necessarily mean that abuse did not occur; conversely, a conviction does not necessarily mean that abuse did occur.

Trauma and Disclosure

Trauma can impact the disclosure process (Berliner, Hyman, Thomas, & Fitzgerald, 2003). Specifically, the experience of trauma can influence a child's ability to recall detail. According to Berliner et al. (2003), memories for traumatic experiences are not always easily recalled and this may be due to the encoding process that often takes place when we experience negative events. Things that are shallowly encoded (possibly due to inattention or disassociation during the negative or traumatic experience, cannot be clearly recalled. Memories for traumatic or negative events often have less sensory detail (but more meaning and impact) than positive memories—which is likely due to cognitive avoidance strategies used while experiencing the event. In society, likely due to media and other factors, there is a perception that children will be able to recall and report a large amount of detail about abuse experiences and this is not always the case, due to the encoding and cognitive avoidance strategies discussed above. According to Koss et al. (1994), in a population who reported experiencing rape, those memories were hazier, lacked details, and were recalled less often than positive memories. Similarly, Hyman and Byrne (1999) found that college students had less detail for negative experiences than positive memories. Taken together, this suggests that the validity of traumatic memories should not be measured based upon the amount of detail or vividness of the report.

Cognitive avoidance strategies may be used when experiencing a negative event and this may account for memory loss or the ability to recall less detail (Berliner et al., 2003). Additionally, the way a negative event is encoded can also affect its salience in a child's memory and this, too, can influence a child's ability to recall details in a clear and concise manner. We cannot recall what we don't encode, thus, if a child has divided attention during an abusive/traumatic event, the event may not be encoded or may be shallowly encoded, causing difficulties with recall. Attention may not be focused on the specific components of the trauma and as suggested by Fivush et al. (2002), children may be more aware of negative internal states (how they are feeling) versus what is actually taking place during the event itself. Their research also suggests that the type of abuse may make some difference in the characteristics of memory and recall with sexual abuse/trauma as less vivid and coherent as compared to other forms of abuse (Berliner et al., 2003).

The use of technology during victimization can also complicate the disclosure process and potentially lead to additional trauma (Palmer, 2004). Of the 83 children identified, Palmer (2004) found that one of the greatest inhibitors to disclosure following being filmed or photographed is the humiliation of being recorded and fear that they will be recognized. The permanency of images and videos made during a child or adolescent's victimization can make disclosure difficult and may cause some victims to worry about their perceived culpability and may increase shame and guilt, specifically if the victim willingly provided the subject with the images or videos. This, of course, does not make the child or adolescent less of a victim, but they may fear that society perceives them as enjoying the victimization (especially if they were smiling when the image was produced). The images or videos may be discovered during the course of an investigation prior to the victim making a disclosure

and because of this, some victims may show reluctance in talking about their victimization, since they are not actively disclosing. The National Children's Advocacy Center (NCAC) and the American Professional Society on the Abuse of Children (APSAC) do support the practice of introducing evidence in forensic interviews when such evidence exists (images, videos, chat logs, etc.), and this may be necessary for children who need cues to prod their memory and provide an opportunity to disclose about their experiences. It can give children the ability to clarify details about their experience and invite them to begin the disclosure and healing process.

Gender and Disclosure

When discussing gender and its relationship to disclosure, it is important to consider the gender of the child as well as gender of the forensic interviewer. Research is somewhat lacking in this area and methodology, and demographic differences such as age, gender, and relationship to the perpetrator lead to contradictory information. Overall, gender does not appear to be conclusively influential on disclosure rates, although more girls are reported as abuse victims in the literature. According to Fondren-Happel, Fanetti, and Visio (2012), in over 900 interviews examined, disclosure does not appear to be significantly related to gender of interviewer, gender of child, or age. This suggests that gender of the child or interviewer does not statistically have an impact on whether or not children make a disclosure in a forensic interview setting. As was mentioned previously, other factors such as perceived consequences to the child or perpetrator, non-offending caregiver support, and relationship to the perpetrator are likely more influential on disclosure/recantation than age alone. In agreement, Tang, Freyd, and Wang (2007) suggest the support for beliefs that males will be less likely to disclose than females, may not be as strong as previously reported, and may be related to the lower frequency with which males disclose child sexualabuse.

Overall, issues related to the disclosure process in children are complex and important. Research should continue to examine factors that increase and decrease the likelihood of children disclosing and continue refining techniques to gather information from children, while keeping the dynamics of disclosure in mind.

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