

No. 74343-1-I

IN THE COURT OF APPEALS  
OF THE STATE OF WASHINGTON  
DIVISION I

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JOHN B. VELEZMORO,

Respondent,

v.

KAROLINA MARTYNOVA,

Appellant.

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**OPENING BRIEF OF APPELLANT**

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## I. INTRODUCTION

Mia Velezmoro will be four years old in August, 2016. She is the only child of the parties to this dissolution case—John Velezmoro and Karolina Martynova. In two years, when Mia turns six, she will be left unsupervised in the presence of a convicted child pornography possessor who abused her mother. That man is her father.

John Velezmoro maintained and repeatedly viewed more than 1000 images of child pornography for more than a decade. He described these images to police as “a little treasure.” The images ranged from children posing nude to children performing graphic sex acts. The age of the children in these images ranged from teenagers to *infants as young as nine months*. Mr. Velezmoro kept some of these images—including the one of the infant—in a subfolder entitled “Hard.” Mr. Velezmoro sought out and saved written descriptions of sex with children to enhance his stimulation while viewing the images of sexual abuse.

John Velezmoro also repeatedly beat his wife, Karolina Martynova, during their marriage. He sometimes abused Karolina in the presence of the couple’s young daughter. This abuse included grabbing Karolina by the neck, knocking her to the ground, head-butting her, and smothering her face with a pillow until she couldn’t breathe while she was breastfeeding Mia.

Based on Mr. Velezmoro's behavior, the law mandates that a trial court impose limitations on his visitation rights that are "reasonably calculated" to protect the child from harm. The trial court failed to do so. Instead, the trial court concluded that it would be in Mia's best interest for her father to have *unsupervised* access to her when she is six years old. The court explained that the sole basis for its ruling was that, at six years old, Mia will be able to "self-report any harm that may occur." In reaching this decision, the trial court relied exclusively on the improperly admitted testimony and report of a single social worker who has never handled a case involving child pornography and who has no training or expertise whatsoever in child sexual abuse. The trial court relied only on Mia's alleged ability to report harm at age 6, not on any finding that Mr. Velezmoro will pose less of a risk of harm at that time.

The trial court's use of "self-reporting" as a threshold for unsupervised visits with a deviant, physically abusive sex offender is not only unsupported by the evidence, it is in stark opposition to the overwhelming body of literature on the topic. Empirical studies have repeatedly shown that: (1) the majority of men convicted of a child pornography offense commit a physical act of sexual abuse against a child; (2) the most common victim of sexual abuse is the offender's own daughter; (3) children are most vulnerable to sexual abuse between the

ages of 7 and 13; and (4) the vast majority of sexually abused children *never* report the abuse or wait years to do so.

In short, it is indisputable that Mr. Velezmoro will remain a threat to harm his daughter after age 6, and there is virtually no chance that Mia would disclose that harm until much later in life. Instead of actually protecting Mia from harm, the trial court subjected Mia to a risk of harm and burdened her with the responsibility of affirmatively reporting any harm *after* potentially life-altering trauma occurs. This is an abuse of discretion.

The Court should therefore remand this case for a full consideration of *all* factors relevant to Mia's protection, not just the alleged age of "self-reporting." There should be no automatic trigger for unsupervised visits with this deviant sex offender, and unsupervised visits should not begin under any circumstances before Mia reaches adolescence. Further, the Court should clarify what limitations are "reasonably calculated" to protect a child under RCW 26.09.191, which provides little guidance to courts or litigants.

## II. ASSIGNMENT OF ERROR

- 1) The trial court abused its discretion by failing to impose parenting plan limitations "reasonably calculated" to protect the couple's minor child.

- 2) The trial court abused its discretion by relying exclusively on the testimony and report of Emily Brewer to support the conclusion that unsupervised visits with a child-pornography offender are appropriate when the child is six years old and allegedly able to “self-report any harm.”
- 3) The trial court erred by failing to award include \$1,750.00 that was previously awarded to Karolina in the judgment against Mr. Velezmoro.

### **III. STATEMENT OF ISSUES**

- 1) Whether the trial court erred and abused its discretion by failing to impose limitations on Mr. Velezmoro’s residential time with Mia Velezmoro that are “reasonably calculated” to protect the child from harm.
- 2) Whether the trial court abused its discretion by relying exclusively on the testimony and report of Emily Brewer to support the conclusion that unsupervised visits with a child-pornography offender are appropriate when the child is six years old and allegedly able to “self-report any harm.”
- 3) Whether the trial court erred by failing to include \$1,750.00 that was previously awarded to Karolina in the judgment against Mr. Velezmoro.

#### IV. STATEMENT OF THE CASE

##### A. Mr. Velezmoro's Physical Abuse and Other Mistreatment of his Wife.

John Velezmoro and Karolina Martynova were married September 28, 2011. (CP 485). The two met on Facebook when Mr. Velezmoro reached out to Karolina, having found her through a mutual friend. (VRP 31). At the time, Karolina lived in St. Petersburg, Russia and was pursuing a career in nursing. (VRP 28-29). John Velezmoro was born in Peru and was living in Kirkland. (See CP 280). Mr. Velezmoro pursued Karolina and began frequently messaging with her and speaking with her over video through Skype. (See VRP 31-32). After talking frequently for about six months, Mr. Velezmoro suggested that Karolina come to the U.S., and he bought her a roundtrip ticket for a three-week trip. (VRP 32).

Shortly after Karolina arrived, Mr. Velezmoro proposed to her and the couple was married. (See VRP 33-34). At first, the couple enjoyed a romantic and pleasant relationship. (VRP 34). However, Mr. Velezmoro did demonstrate some odd behavior. He repeatedly asked Karolina whether she had been touched by her father or an uncle or if she had ever been raped. (CP 15). Even though Karolina continued to answer "no," Mr. Velezmoro kept raising the subject for a couple of months. (CP 15).

Three months after they were married, Karolina got pregnant. (VRP 34). Mr. Velezmoro was shocked. (VRP 37). For weeks, he said

he felt sick and could not sleep. (VRP 37). Mr. Velezmoro's behavior toward Karolina changed. He became very angry and aggressive with Karolina, often over trivial issues. (See VRP 36-37). Mr. Velezmoro is physically imposing at approximately 6'3" and 220 pounds. (See VRP 117). Karolina weighed 120 pounds at the time. (See VRP 117). Mr. Velezmoro is obsessed with his body and with mixed martial arts fighting. (CP 14). Karolina was often noticeably frightened around Mr. Velezmoro. (See CP 52).

Soon, Mr. Velezmoro's behavior went from rude and aggressive to physically abusive. When Karolina was five months pregnant, Mr. Velezmoro nearly broke down the bathroom door during a fight. (VRP 38). When Karolina opened the door to prevent him from breaking it, he grabbed her and violently shook her. (VRP 38). Once Karolina had Mia, in August 2012, Mr. Velezmoro was unsupportive and impatient, pressuring her to formula feed the baby and expecting her to move furniture shortly after a C-section. (VRP 42). The physical abuse increased after Mia was born. One day, they had an argument in the kitchen and Mr. Velezmoro grabbed Karolina and threw her to the floor, causing her to hit her head on the ground. (VRP 43).

In another instance, Karolina was breastfeeding Mia in bed when the couple started arguing. With their small child lying next to Karolina,

Mr. Velezmoro smothered Karolina's face with a pillow until she could not breathe and jammed his elbow into her chest, leaving a bruise. (*See* VRP 46-37). On many occasions, Mr. Velezmoro grabbed Karolina by the neck. (VRP 49). He would threaten to break her neck, saying things like "your neck is so thin, it's easy to break." (VRP 49).

Mr. Velezmoro was also demeaning and verbally abusive toward Karolina. (*See* VRP 44). At one point, he was displeased that she would not quickly pick a drink at a restaurant, so he threw the car keys at her in front of a friend and told her to drive home alone. (*See* VRP 39). He frequently criticized her appearance and intelligence and made offensive comments about women. (*See* VRP 44-45). Mr. Velezmoro demonstrated his inability to respect Karolina by mocking her Russian accent and telling her to "shush" while cross examining her at trial (Mr. Velezmoro represented himself) (VRP 108).

While Mr. Velezmoro was often good with Mia, his role in parenting her was generally small. He would spend much of his time on the computer or watching television, such as mixed martial arts, and very little time working. (*See* CP 11-12). Karolina was always Mia's primary caretaker. (*See* CP 11-12). Karolina's mother visited for months at a time would serve as primary caretaker when Karolina had to work; Mr. Velezmoro would generally not care for Mia even when his flexible

schedule allowed him to. (See CP 11-12). Karolina would come home during her lunchbreak to beast feed Mia. (See CP 11-12). In the meantime, Mr. Velezmoro frequently smoked marijuana and drank alcohol every day. (See CP 11-12). Some of Mr. Velezmoro's behavior with Mia concerned Karolina. For instance, he told friends that he purposely dressed Mia in gray and black boys' clothes so that she could choose whether she wanted to be a boy or a girl when she grew up and stated that he wanted her to be gay. (See CP 52, 57).

**B. Mr. Velezmoro's Child Pornography Arrest and Conviction**

On May 21, 2013, police raided the home that Karolina and Mia shared with Mr. Velezmoro and his nephew at 7:00 am. (CP 233). Detective Allan O'Neill of the Kirkland Police Department had been investigating Mr. Velezmoro for suspicion of child pornography possession for over a month. (CP 230). Detective O'Neill's investigation began when he received a report stating that over 1000 images of suspect child pornography had been uploaded to a Microsoft SkyDrive account associated with the email johnvelezmoro@hotmail.com and geolocated to Kirkland, Washington. (CP 230). SkyDrive automatically detects images of suspect child pornography. At that point, Microsoft shuts down the SkyDrive account and sends the images to the National Center for Missing

and Exploited Children (NCMEC) for further investigation. (See CP 230; VRP 8). The NCMEC sends a report to a local investigator. (See VRP 8).

Detective O'Neill reviewed a large portion of the images and determined that they were all child pornography. (CP 230; VRP 9). NCMEC identifies and keeps track of images and specific children in images circulated online, and many of the images uploaded by Mr. Velezmoro were part of NCMEC's database. (See CP 231). The files included both images of nude children and children engaged in explicit sex acts. (VRP 17). Detective O'Neill described some of the images in his probable cause report, including images of graphic three-way sex between a 10 to 11-year-old girl and two young adolescent boys. (CP 231). At trial, Detective O'Neill testified that the "youngest [victim in the images] was probably about [a] *nine to ten-month-old*, and then there was toddlers up to ten to 13-year-olds." (VRP 20) (emphasis added).

Mr. Velezmoro kept the images organized in many folders and subfolders. (VRP 20). One subfolder was titled "Hard." (VRP 20). In that subfolder, Mr. Velezmoro kept many photos of the youngest children, including the infant. (VRP 20).

After the police removed Mr. Velezmoro from the house, Detective O'Neill and another officer interviewed Mr. Velezmoro outside the presence of others. (CP 233; VRP 13-14). The officers repeatedly

told Mr. Velezmoro that he was not under arrest and was free to go at any time, and he said he understood. (CP 233; VRP 13-14). The officers also informed him that he was being recorded. (CP 233; VRP 14).

Mr. Velezmoro lied to the police about how he had obtained the child pornography. He claimed that, about three months previously, he was walking in the park late at night to smoke and saw a man step on a bag and then throw it in the garbage. (CP 233; VRP 14). Mr. Velezmoro said he was curious and looked in the bag to find a flash drive. (CP 233). He said he took it home and uploaded the images to his SkyDrive account. (CP 234). Mr. Velezmoro said he only looked at some of the photos and was interested in the teenagers. (CP 234) Again, it should be noted that Detective O'Neill, who is trained in identifying the ages of child pornography victims, testified that the *oldest* children in these images were between 10 and 13 years old. (VRP 20).

The officers asked Mr. Velezmoro what his thoughts were regarding uploading the photos. (CP 234). His response was that he thought, "first you know, I found a little treasure." (CP 234; VRP 16). Mr. Velezmoro stated that he knew it was illegal to view the photos. (CP 235).

Mr. Velezmoro also told the officers that he had sought out stories portraying children having sex with adults. (CP 234-35). He found such

stories online and uploaded them along with the photos. (CP 234-35). When asked for details, Mr. Velezmoro explained that he wanted to see if they “would work together well.” (CP 235). He explained that he obtained the stories because he wanted to match a story to the photos to get aroused by the photos. (CP 235). Mr. Velezmoro claimed that this all happened within a three-day window after finding the flash drive. (CP 235). Detective O’Neill confirmed that these sexually explicit stories were also stored on the SkyDrive account. (CP 237).

Mr. Velezmoro was eventually arraigned on child pornography charges on December 9, 2013. Mr. Velezmoro’s attorney hired Michael Comte, a professional psychotherapist and evaluator, to provide a psychosexual evaluation and treatment plan. (*See* Trial Ex. 122). Mr. Comte conducted a thorough clinical interview with Mr. Velezmoro and completed various testing protocols. (Trial Ex. 122, RESP000218).

Mr. Velezmoro admitted that he had lied to investigators regarding how he obtained and viewed the child pornography. He changed his story to claim that his former housemate and work colleague moved to China and left a flash drive in the garage. (*Id.*). Mr. Velezmoro admitted that he had the flash drive in his possession for 11 or 12 years but claimed that he viewed the images 20 times or less. (*Id.*). Forensic evidence also showed that the USB flash drive Mr. Velezmoro has used to upload the child

pornography had been used at least several years prior to that time and on other computers. (CP 239). No evidence confirmed how frequently the images had been viewed.

However, Mr. Velezmoro was still less than forthcoming. He claimed that he was primarily interested in girls 13 years and older, even though the police determined that there were very few, if any, such girls in the photos he uploaded. (*See* Trial Ex. 122, RESP000223). He claimed that there was probably a great deal more adult pornography than child pornography on the images, while the police concluded that all of the images were probable child pornography. (*See id.*).

Mr. Comte recognized Mr. Velezmoro's untruthfulness. He stated: "I am having difficulty accepting Mr. Velezmoro's account of how he first procured pornography and his claim he only viewed the images on, perhaps, twenty occasions. . . . In my opinion probabilities are he had **considerable more interest in his collection than he is willing to admit at this point.**" (*Id.*) (emphasis added). Tests performed by Mr. Comte's office suggested that Mr. Velezmoro has above-average intelligence and responded to questions in a defensive manner to present "himself in a favorable light" as "unrealistically virtuous," which likely skewed his personality test results. (*See* Trial Ex. 122, RESP000224).

Mr. Comte further noted that diagnosis for Pedophilic Disorder includes a six-month period of recurrent, intense sexual arousing fantasies, sexual urges or behaviors involving sexual activity with a prepubescent child or children. (*See* Trial Ex. 122, RESP000225). Mr. Comte said: “Although I suspect pedophilia is an apt diagnosis, it is difficult to assign that diagnosis based on the information I reviewed. If in fact he had been viewing the images on a regular basis, he would satisfy the criteria. Even if he is telling the truth regarding sporadic viewing, in my opinion he has a problem that warrants clinical attention.” (*Id.*).

While Mr. Comte concluded, based on the information available, that Mr. Velezmoro fits the “low risk” category for hands-on sexual assault, he concluded that weekly “[c]linical activity will likely be necessary for a couple of years.” (*See* Trial Ex. 122, RESP000226). He further concluded that Mr. Velezmoro should not be permitted unsupervised contact or communications with children or be permitted to develop relationships with women who have minor children. (*Id.*). Mr. Comte did not indicate that this restriction should be lifted at any time in the future. (*See id.*). With regard to Mia, Mr. Comte concluded that visits should be supervised by a party approved by Mr. Velezmoro’s treatment or probation officer. (*See id.*). Mr. Comte stated that the supervision requirement should “continue until his therapist is prepared to advocate for

unsupervised visits,” at which point a court should review the justification for eliminating supervision. (*Id.*).

On September 11, 2014, Mr. Velezmoro pled guilty to Felony Possession of Depictions of Minors Engaged in Sexually Explicit Conduct in the Second Degree, under RCW 9.68A.070(2) and RCW 9.68A.011(4)(f), (g). (Trial Ex. 17; 18). Mr. Velezmoro was sentenced to three months in jail, with one year of community supervision. (*See id.*). He was also ordered to pay restitution to identified victims of the pornography that he possessed. (*Id.*). He was further prohibited from any contact with minors outside the supervision of an adult with knowledge of his conviction for a period of five years. (*Id.*).

Even after his guilty plea and conviction, Mr. Velezmoro demonstrated a stunning inability to grasp the seriousness of his crime. In his deposition, taken in June 2015, Mr. Velezmoro was asked why he did not call the police when he found the child pornography on the flash drive left by his roommate. Mr. Velezmoro responded: “This is a friend, and I - I mean, I have used drugs too and stuff like that. I mean, I think those things can go both ways.” CP 394. Mr. Velezmoro’s minimization of the sexual exploitation of children is stunning and disturbing. By comparing viewing child pornography to the recreational use of drugs, Mr. Velezmoro apparently believed that child pornography is simply

something that society frowns upon (*mala prohibita*), as opposed to something that is deeply and inherently wrong (*mala in se*).

**C. Mr. Velezmoro's Domestic Violence Arrest and the End of the Couple's Marriage**

Between the police raid in May 2013 and their separation in December 2013, Mr. Velezmoro's and Karolina's unhealthy relationship continued much as it had before. Mr. Velezmoro lied to Karolina regarding the child pornography charges. He told her that it was a misunderstanding. (CP 15). He told her the same false flash drive story that he told the police, only he did not tell her that he had viewed the images and related stories for arousal. (*See* VRP 50). Instead, he told her that "he saw like three pictures and he closed it." (*Id.*). Karolina knew there was an investigation, but she was clueless as to the seriousness of the allegations and as to Mr. Velezmoro's actual behavior. (*See id.*). As Karolina put it, "Because I so wanted our relationship to be successful despite his physical and verbal abuse, I let him make me believe that [he] did not purposefully possess the child pornography." (CP 15).

On December 8, 2013, Karolina finally called the police to report Mr. Velezmoro's abuse. The day started with Mr. Velezmoro insisting on taking Mia to a birthday party, even though she was clearly sick and Karolina objected. (*See* VRP 51-52). Mr. Velezmoro took Mia to the

party without Karolina, fed her cake, and brought her home covered in vomit. (See VRP 51-52). After that, Mr. Velezmoro and his cousin, who was living at the house at the time, went in and out of the house, smoking marijuana, drinking, and laughing. (See VRP 52). Karolina asked Mr. Velezmoro to take his shoes off while she swept the floor. (*Id.*). Mr. Velezmoro responded by grabbing Karolina by the arms and head butting her. (VRP 52-53). Karolina started crying in pain. (VRP 53). Mia watched the entire altercation, and she began to scream and cry. (*Id.*).

Mr. Velezmoro and his nephew then left the house, and Karolina finally called the police. (VRP 54). The police came and later arrested Mr. Velezmoro at a Motel 6 on charges of domestic violence. (CP 369).

#### **D. After the Separation and Before the Dissolution**

Two-year-old Mia began to sleep better and became calmer and happier. (CP 49). Previously, Mia would have night terrors and scream and arch her back. (CP 49-50). That ended when Mr. Velezmoro left.

Karolina and Mr. Velezmoro entered into an agreed order in this case that initially allowed Mr. Velezmoro visits with Mia under lay supervision, but after Karolina learned more about the pornography allegations, she successfully petitioned the court to require professional supervision for visitations. (See CP 14-15; 78). As part of the agreed order, Mr. Velezmoro admitted to acts of domestic violence. (See CP 14).

Mr. Velezmoro was also subject to a no contact order in a separate domestic violence criminal case, with Karolina as the victim. (*See id.*).

Karolina stayed in the family home after the separation, which she believed Mr. Velezmoro owned. (*See CP 145*). The agreed order prevented him from going to the house, except for the sole purpose of visiting Mia while Karolina was out of the house and Karolina's mother supervised. (*See CP 14*). Mr. Velezmoro violated the no contact order and the agreed order during his visitations. He went from room to room and went through Karolina's things and took some of her belongings. (*Id.*). Mr. Velezmoro then changed the locks on the house without Karolina's knowledge or permission and gave a single key to Karolina's mother, while keeping copies of the key to allow himself to enter at any time. (*See id.*; *see also* Trial Ex. 2).

Suddenly, in early February 2014, Karolina received a notice that she was being evicted from the family home. (Trial Ex. 23, RESP000229). Karolina learned for the first time that her husband did not actually own the home, but had transferred it to his nephew years earlier. (*See* Trial Ex. 113; CP 145). Mr. Velezmoro used his nephew to evict Karolina, Mia, and Karolina's mother, and he then promptly moved back into the house himself (despite being restrained from going to the house). (*See* CP 145-46). The fact that his intentional acts caused his daughter to

become homeless was apparently not a cause for concern to Mr. Velezmoro. Karolina, Mia, and Karolina's mother had to move into a shelter, and then moved four times over the next few months, incurring substantial expenses as a result. (*See id.*; CP 96-97). A court commissioner ultimately ordered Mr. Velezmoro to pay Karolina \$1,000 in moving expenses and \$750 in attorneys' fees for his role in the eviction, and a trial court judge confirmed the ruling. (*See* CP 155-56, 207).

In the year leading up to the October 2015 trial in this case, Mr. Velezmoro failed to take advantage of between one-third and one-half of his allowed visits with Mia. (*See* VRP 63).

#### **E. The Dissolution Trial and the Parenting Plan**

At trial, the trial court heard testimony regarding Mr. Velezmoro's acts of domestic violence and his child pornography conviction. Michael Comte confirmed his suspicions that Mr. Velezmoro may be a pedophile. (VRP 137). He stated that he was "erring on the side of caution" and that "most certified sex offender treatment providers that do what I do would have arrived at that conclusion without a doubt, that the pedophilia diagnosis was relevant." (VRP 138-39). Mr. Comte confirmed that pedophilia is not curable, that treatment to control impulses usually lasts years, and that he did not believe Mr. Velezmoro was candid. (VRP 140-41). Mr. Velezmoro's therapist, Jay Williamson, testified that, while Mr.

Velezmoro is considered low risk to reoffend, significant uncertainty exists, and “there’s no way to say this will never come back.” (VRP 194, 193). The therapist also testified that he did not know Mr. Velezmoro had used child pornography stories to stimulate himself, suggesting a serious failure to understand the full scope of Mr. Velezmoro’s problem. (VRP 192). However, the therapist agreed with Mr. Comte that it was “questionable” whether Mr. Velezmoro had viewed the images as infrequently as he claimed. (VRP 186).

During trial, Mr. Velezmoro subpoenaed Emily Brewer, a Family Court Services social worker who had reviewed the case and made certain recommendations to the court. (*See* Trial Ex. 102). Mr. Velezmoro had not disclosed that Ms. Brewer would be a witness, and counsel for Karolina was given no chance to speak with her before trial. Counsel for Karolina objected to Ms. Brewer’s testimony.<sup>1</sup> No report or other document prepared by Ms. Brewer was ever offered or admitted at trial.

Ms. Brewer testified that she recommended that Mr. Velezmoro have unsupervised visits with Mia when Mia is 5 years old, stating: “when she’s five years old, she’s verbal, she has some self-protective capacities.” (VRP 159-60). Ms. Brewer was then asked: “So in your opinion, a five-

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<sup>1</sup> Trial Transcript, October 12, 2015, 9:28:52 – 9:37:12. Appellant will seek to supplement the record with this portion of the trial transcript, which was inadvertently omitted from the verbatim report of proceedings.

year-old will be able to verbalize anything that might happen in the relationship between her and her father; is that correct?" Ms. Brewer responded: "Yes. I feel like at that age, it's developmentally appropriate." (VRP 160).

Ms. Brewer admitted that she never saw a single visit between Mia and Mr. Velezmoro and demonstrated general unfamiliarity with the facts of Mr. Velezmoro's conviction, but still came to the conclusion they had a "significant bond." (See VRP 159, 169). Ms. Brewer was not able to explain how Mr. Velezmoro's decision to make his daughter homeless and failure to attend visits affected that "bond." (See VRP 171-172). Further, Ms. Brewer stated: "What stood out for me was that . . . even after his arrest for possession of child pornography; that the mother was aware of the situation and seemed to still believe that he didn't pose any risk to their child." (VRP 169).<sup>2</sup>

After trial, the court entered a permanent parenting plan. The trial court concluded that the parenting plan is governed by RCW 26.09.191, which requires that the court limit the residential time of a parent in certain circumstances, including when the parent has committed acts of domestic violence or been convicted of a child pornography offense under

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<sup>2</sup> In fact, the evidence at trial did not support this conclusion, but supported that Mr. Velezmoro lied to Karolina about the seriousness of and the facts underlying the allegations.

RCW 9.68A. *See* RCW 26.09.191(2). The trial court stated that limitations apply because there is “sufficient evidence to conclude that the Mother was subject to physical abuse and control by the Father<sup>3</sup> . . . [and] the Father was found guilty of” the child pornography offense and “committed the acts alleged in that case.” (CP 456).

The court further stated: “The Court intends to follow some of the report recommendations of Emily Brewer, the Family Court Services social worker who conducted the parenting evaluation. Ms. Brewer opined that the minor child could self-report any harm to herself at the age of 5.” (CP 456).

Based on this, the trial court set up a parenting plan where “[v]isitation shall be implemented in three (3) phases.” (CP 457). In the first phase, Mr. Velezmoro was permitted two hours, every other week with Mia under professional supervision. (*Id.*). During phase one, Mr. Velezmoro was required to send monthly reports to Karolina regarding his treatment, and the therapist was expected to communicate with Karolina regarding when treatment could end. (*Id.*). This never happened. Phase two allows four hours of visitation every other week with a layperson supervisor. (*Id.*). The parenting plan provides that Mr. Velezmoro may

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<sup>3</sup> While Mr. Velezmoro was never convicted of a domestic violence offense, the trial court expressly found that the evidence supported that the domestic violence incidents described by Karolina occurred.

move to phase two after: (i) his therapist certifies that treatment recommendations have been met and that he's ready to move to phase two, (ii) Mr. Velezmoro certifies under oath that he is in compliance with the material terms of the plan and his treatment recommendations and has not committed crimes of moral turpitude, and (iii) notice of the certification is given to Karolina and the court 30 days in advance. (*Id.*). Under phase two, Mr. Velezmoro is permitted to petition for weekly visitations after a "reasonable period of time." (CP 458).

As for phase three, the trial court stated:

It is important that unsupervised visits not begin until the child is old enough and able to self-report any concerns or harm that may occur during unsupervised visits. *See also* 26.09.184.<sup>4</sup> This Court finds that when the minor child reaches her sixth (6<sup>th</sup>) birthday, she will be old enough to self-report any harm that may occur.

(*Id.*). Phase three includes six hour visits once per week, and Mr.

Velezmoro is allowed to petition for more time. The court then stated:

The Mother shall be entitled to arrange a facilitator to handle the exchange of the child. All visitations should be in a public place, and no words should be exchanged, other than what is absolutely necessary to provide for the exchange of the child. The court anticipates that the plan will move toward a 'regular' visitation schedule after the parties agree or the court reviews the case.

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<sup>4</sup> It is unclear why the trial court cited to this statute. RCW 26.09.184 provides the general factors for entering a permanent parenting plan, but then provides that those factors do not apply when RCW 26.09.191 applies, as in this case.

(*Id.*). Thus, the trial court ordered that unsupervised visitations will begin the moment Mia turns six years old (August, 2018). It is not clear whether the parenting plan requires all such visits to be in public or whether only the exchange of the child must occur in a public place. Notably, the elimination of the supervision requirement has nothing to with the level of risk posed by Mr. Velezmoro, but is based solely on Mia's alleged ability to "self-report."

## V. ARGUMENT

### A. Legal Standards

#### 1. Standard of Review

Generally, a trial court's rulings dealing with the provisions of a parenting plan are reviewed for abuse of discretion. *In re Marriage of Littlefield*, 133 Wn.2d 39, 46, 940 P.2d 1362 (1997). A "trial court abuses its discretion if its decision is manifestly unreasonable or based on untenable grounds or untenable reasons." *Littlefield*, 133 Wn.2d at 46-47 (citations omitted).

A decision is manifestly unreasonable if, based on the facts and the applicable legal standard, the decision is outside the range of acceptable choices. *In re Parentage of Schroeder*, 106 Wn. App. 343, 350, 22 P.3d 1280 (2001) (citing *Littlefield*, 133 Wn.2d at 47). A decision is based on untenable grounds if the findings are not supported by the record. *Id.*

(citing *Littlefield*, 133 Wn.2d at 47). A decision is based on untenable reasons if the court applies the wrong legal standard or the facts do not establish the legal requirements of the correct standard. *Id.* (citing *Littlefield*, 133 Wn.2d at 47).

In addition, the reviewing court must determine if the findings of fact are supported by substantial evidence and whether the court made an error of law. *Brandli v. Talley*, 98 Wn. App. 521, 523, 991 P.2d 94 (1999). Issues of law are reviewed de novo. *Hanson v. City of Snohomish*, 121 Wn.2d 552, 556, 852 P.2d 295 (1993).

## **2. The Parenting Act**

The core focus of Washington's Parenting Act is on the best interest of the child. *See* RCW 26.09.002 (stating the "policy" of the Parenting Act). The best interests of the child are "served by a parenting arrangement that best maintains a child's emotional growth, health and stability, and physical care," with an emphasis on "protect[ing] the child from physical, mental, or emotional harm." *Id.* The entry of a permanent parenting plan<sup>5</sup> is generally governed by RCW 26.09.187, and the development of the plan is governed by certain statutory factors applied at

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<sup>5</sup> A permanent parenting plan is one that is entered as part of any final decree in a dissolution action, and the parenting plan at issue here is therefore a permanent plan. *See* RCW 26.09.004(3) (defining "permanent parenting plan").

the trial court's discretion. *In re Marriage of Littlefield*, 133 Wn.2d 39, 50, 940 P.2d 1362 (1997).

However, RCW 26.09.187 "must be read in conjunction with . . . RCW 26.09.191." *Id.* at 52. The discretionary factors in subsection .187 are not applicable when subsection .191 is "dispositive of the child's residential schedule." RCW 26.09.187. Instead, RCW 26.09.191 imposes a *mandatory* duty on the trial court to impose limitations on a parent's residential time<sup>6</sup> in certain instances:

The parent's residential time with the child **shall be limited** if it is found that the parent has engaged in any of the following conduct: (i) Willful abandonment that continues for an extended period of time or substantial refusal to perform parenting functions; (ii) physical, sexual, or a pattern of emotional abuse of a child; (iii) **a history of acts of domestic violence** as defined in \*RCW 26.50.010(1) or an assault or sexual assault which causes grievous bodily harm or the fear of such harm; or (iv) **the parent has been convicted as an adult of a sex offense under . . . Chapter 9.68A RCW;**

RCW 26.09.191(2)(a) (emphasis added).

The statute imposes a further *mandatory* duty on the trial court related to the nature of the limitations that must be imposed:

The limitations imposed by the court under (a) or (b) of this subsection **shall be reasonably calculated to protect the child from the physical, sexual, or emotional abuse or harm that could result if the child has contact with the parent requesting residential time.** The limitations shall

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<sup>6</sup> "Residential time" is used synonymously with "visitation."

also be reasonably calculated to provide for the safety of the parent who may be at risk of physical, sexual, or emotional abuse or harm that could result if the parent has contact with the parent requesting residential time. The limitations the court may impose include, but are not limited to: Supervised contact between the child and the parent or completion of relevant counseling or treatment.

RCW 26.09.191(2)(m) (emphasis added).

Moreover, the trial court may avoid imposition of the subsection

.191 limitations in only extremely narrow circumstances:

If the court expressly finds based on the evidence that contact between the parent and the child will not cause physical, sexual, or emotional abuse or harm to the child and that the probability that the parent's or other person's harmful or abusive conduct will recur is **so remote** that it would not be in the child's best interests to apply the limitations of (a), (b), and (m)(i) and (iii) of this subsection, or if the court expressly finds that the parent's conduct did not have an impact on the child, then the court need not apply the limitations of (a), (b), and (m)(i) and (iii) of this subsection.

RCW 26.09.191(2)(n) (emphasis added).

Thus, to summarize, the trial court *must* impose limitations on the visitation rights of a parent who has committed acts of domestic violence or been convicted of a child pornography offense. Those limitations *must* be “reasonably calculated” to protect the child from harm. The court may decline to impose limitations only when it expressly finds that the risk of harm is so remote that limitations would not be in the child’s best interest. Whether limitations are reasonably calculated to protect the child is

presumably within the trial court's discretion, which may not be exercised in a manner that is "manifestly unreasonable or based on untenable grounds or untenable reasons." *Littlefield*, 133 Wn.2d at 46-47 (citations omitted).

**B. The Trial Court Abused Its Discretion By Failing to Impose Limitations Reasonably Calculated to Protect the Child from Harm.**

The trial court's finding that Mia "will be old enough to self-report any harm that may occur" when she turns 6 years old—and the court's reliance on a "self-reporting" age in general—is manifestly unreasonable. Objective data has repeatedly proven that: (1) the vast majority of sexually abused children *never* report the abuse or wait years to do so; and (2) to the extent that children do report abuse, age is *not* associated with higher rates of disclosure, at least not until the child reaches adolescence; (3) many factors are relevant to whether a child will disclose and whether child sexual abuse will occur.

Instead of considering a range of factors relevant to the risk that Mia will be harmed, the trial court treated Mia's sixth birthday as an exclusive, automatic trigger for unsupervised visits with a child pornography offender. The trial court did *not* consider the risk that Mr. Velezmoro will pose at that time, but considered only Mia's alleged ability to report any harm that he causes.

Moreover, the very concept of a “self-reporting” age is deeply flawed. For decades, researchers have urged courts to protect children by avoiding the dangerous misconception that children will report abuse at the hands of a trusted adult. Yet that is exactly what the trial court did to Mia. Further, requiring 6-year-old Mia to report harm *after* it occurs fails to reasonably protect her from that harm.

**1. The Law Does Not Permit the Trial Court to Remove All Limitations.**

As an initial matter, it is unclear whether any “limitations” remain after the supervision requirement is eliminated because the parenting plan is vague regarding whether the unsupervised visits must be in public. If the visits are not in public, then there are no “limitations” under RCW 26.09.191 remaining once unsupervised visits begin. The trial court may decline to impose limitations only when the court expressly finds that probability of abusive conduct “is **so remote** that it would not be in the child's best interests to apply the limitations.” RCW 26.09.191(2)(n) (emphasis added). Here, the court did not find that it would not be in the best interest of the child to apply limitations when she turns six. Thus, if the unsupervised visits are not in public, then the trial court violated the statute by failing to apply the limitations.

Moreover, even if visitations must be in public, that provides paltry protection for Mia's safety. There is no protection in place whatsoever to assure that Mr. Velezmoro remains in a public place during such visitations. As explained further below, such a "limitation" is not "reasonably calculated" to protect Mia.

**2. Mr. Velezmoro Presents a Risk to Mia's Safety.**

a. Child Pornography Offenders Pose a Significant Risk of Committing a Physical Contact Offense.

While Mr. Velezmoro may be considered a relatively "low-risk" offender,<sup>7</sup> child pornography offenders in general pose an undeniable risk of committing a physical contact offense against a child. In fact, a large national study showed that the "majority of individuals arrested for possession of child pornography (55% . . .) attempted to, or perpetrated, the sexual victimization of children."<sup>8</sup> In fact, some research suggests that

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<sup>7</sup> Again, it should be noted that Mr. Comte, the professional evaluator, expressed that Mr. Velezmoro is "low risk" with the caveat that his responses to questions were defensive and not always reliable and that he could not definitively conclude whether Mr. Velezmoro is a pedophile. (See Trial Ex. 122). Moreover, Mr. Velezmoro's therapist suggested that Mr. Velezmoro is a "minimal risk" while admitting that he never knew that Mr. Velezmoro used written stories of child sex to arouse himself while looking at child pornography. (See VRP 192).

<sup>8</sup> NAT'L CHILDREN'S ADVOCACY CTR., CHILD SEXUAL EXPLOITATION (July 3, 2014), <http://www.nationalcac.org/images/pdfs/LocalServices/Prevention/ForPeopleWhoWorkWithChildren/Child%20Sexual%20Exploitation%203.pdf> (citing study) (emphasis added).

child pornography-related offenses may be a stronger indicator of pedophilia than sexual molestation offenses against a child.<sup>9</sup> Many child pornography offenders claim that viewing the images helps prevent them from physically abusing a child, but no research supports that idea.<sup>10</sup> In fact, the research supports a strong connection between child pornography offenses and contact sex offenses.<sup>11</sup> As the NCMEC has put it, viewers of child pornography use it “to feed their sexual obsessions, to stimulate their sex drive<sup>12</sup> and validate their desire to actually assault children.”<sup>13</sup>

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<sup>9</sup> *Id.*

<sup>10</sup> U.S. DEP’T OF JUSTICE, THE NATIONAL STRATEGY FOR CHILD EXPLOITATION PREVENTION AND INTERDICTION: A REPORT TO CONGRESS 28 N.33 (Aug. 2010),

<https://www.justice.gov/sites/default/files/psc/docs/natstrategyreport.pdf>.

<sup>11</sup> *See id.* at 26 (“A number of studies indicate a **strong correlation between child pornography and contact sex offenses** against children.”) (emphasis added); Drew A. Kingston, Paul Fedoroff, Philip Firestone, Susan Curry & John M. Bradford, *Pornography Use and Sexual Aggression: The Impact of Frequency and Type of Pornography Use on Recidivism Among Sexual Offenders*, 34 AGGRESSIVE BEHAV. 341 (2008) (concluding that pornography exposure in general is “a significant predictor of [sexual] aggression when examined in the confluence of other risk factors”).

<sup>12</sup> Mr. Velezmore has admitted in a taped interview with police that he used child pornography images to stimulate his sex drive.

<sup>13</sup> Advertisement for National Center for Missing & Exploited Children, NAT’L DISTRICT ATT’YS ASS’N, [http://www.ndaajustice.org/pdf/Ad\\_Underdeveloped\\_English.pdf](http://www.ndaajustice.org/pdf/Ad_Underdeveloped_English.pdf) (undated).

b. An Offender's Own Child is the Most Likely Victim of Sexual Abuse.

Implicit in the trial court's decision to allow unsupervised visitations at such a young age is the presumption that Mr. Velezmoro is unlikely to commit an offense against his own daughter, with whom he has a "strong bond." (*See* CP 456). But the reality is just the opposite. About 90% of child sexual abuse victims know their attackers, and the perpetrator is a family member approximately 30% of the time.<sup>14</sup> Other studies suggest that between one-third and one-half of all sexual abuses against girls are committed are intra-family.<sup>15</sup> Of the 107 million images and videos of child pornography reviewed by the NCMEC since 2002, nearly 80% of the victims were sexually abused and further exploited by someone they knew and trusted, and 30% of the offenses were perpetrated by family members.<sup>16</sup>

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<sup>14</sup> DARKNESS TO LIGHT, CHILD SEXUAL ABUSE STATISTICS 2, [http://www.d2l.org/atf/cf/%7B64AF78C4-5EB8-45AA-BC28-F7EE2B581919%7D/all\\_statistics\\_20150619.pdf](http://www.d2l.org/atf/cf/%7B64AF78C4-5EB8-45AA-BC28-F7EE2B581919%7D/all_statistics_20150619.pdf) ("Risk Factors and Consequences") (undated) (citing studies).

<sup>15</sup> David Finkelhor, *Current Information on the Scope and Nature of Child Sexual Abuse*, 4 FUTURE OF CHILD. no. 2, 1994, at 46.

<sup>16</sup> NAT'L CHILDREN'S ADVOCACY CTR., CHILD SEXUAL EXPLOITATION (July 3, 2014), <http://www.nationalcac.org/images/pdfs/LocalServices/Prevention/ForPeopleWhoWorkWithChildren/Child%20Sexual%20Exploitation%203.pdf> (citing study).

Some data suggests that between 2% and 4.6% of *all* females have been sexually victimized by their father or father figure,<sup>17</sup> showing a legitimate risk even when the child's father is not a child pornography offender. Researchers have concluded that the most important markers to look for in identifying children at risk of sexual abuse are those separated from their parents or whose parents have problems that compromise their ability to supervise and attend to their children.<sup>18</sup> Put another way, good parenting is the key to preventing sexual abuse, which would counsel against placing a six-year-old in the unsupervised care of a parent who sexually stimulates himself by looking at images of young girls.

“[M]ost often, [] offenders turn to children who are most easily available to them” and “most sexual abuse of children can be attributed to those who have a relationship of trust and authority relative to the child in addition to ready access to the child.”<sup>19</sup> Indeed, studies have identified “opportunism” as one of the key factors in father-daughter sexual abuse. “[N]ormal men exhibit some sexual interest in sexually immature girls . . .

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<sup>17</sup> Roland C. Summit, *The Child Sexual Abuse Accommodation Syndrome*, 7 CHILD ABUSE & NEGLECT 177, 182 (1983).

<sup>18</sup> David Finkelhor, *Current Information on the Scope and Nature of Child Sexual Abuse*, 4 FUTURE OF CHILD. no. 2, 1994, at 48

<sup>19</sup> U.S. DEP'T OF JUSTICE, THE NATIONAL STRATEGY FOR CHILD EXPLOITATION PREVENTION AND INTERDICTION: A REPORT TO CONGRESS 21 (Aug. 2010), <https://www.justice.gov/sites/default/files/psc/docs/natstrategyreport.pdf>.

and . . . occasionally men engage in sexual activity with a nonpreferred person if such a person is available, is at least somewhat sexually attractive, and is unlikely to resist.”<sup>20</sup> Thus, “[p]erhaps availability and pedophilia alone account for a man sexually assaulting his own immature daughter and no one else.”<sup>21</sup> In this case, we know that one of these two factors exists. While Mr. Velezmoro has not been fully diagnosed as a pedophile, he has admitted using photos and stories of sex with young children to stimulate himself.<sup>22</sup> The second key factor is availability, which the trial court graciously agreed to provide to Mr. Velezmoro at the moment Mia turns six.

c. Children are Most Vulnerable to Abuse  
Between the Ages of 7 and 13.

Studies have repeatedly shown that the “peak age of vulnerability” to become a child victim of sexual abuse is between the ages of 7 and 13.<sup>23</sup>

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<sup>20</sup> Marnie E. Rice & Grant T. Harris, *Men Who Molest Their Sexually Immature Daughters: Is a Special Explanation Required?*, 111 J. ABNORMAL PSYCHOL. 329, 330 (2002).

<sup>21</sup> *Id.*; see also *id.* at 337 (offender’s own daughter often likely to be only victim).

<sup>22</sup> See *id.* at 337 (“Our results support the idea that father-daughter sexual abuse occurs when a man has a sexual interest in female children.”).

<sup>23</sup> David Finkelhor, *Current Information on the Scope and Nature of Child Sexual Abuse*, 4 FUTURE OF CHILD. no. 2, 1994, at 31; see also DARKNESS TO LIGHT, CHILD SEXUAL ABUSE STATISTICS 2, [http://www.d21.org/atf/cf/%7B64AF78C4-5EB8-45AA-BC28-F7EE2B581919%7D/all\\_statistics\\_20150619.pdf](http://www.d21.org/atf/cf/%7B64AF78C4-5EB8-45AA-BC28-F7EE2B581919%7D/all_statistics_20150619.pdf) (“Risk Factors and Consequences”) (undated) (citing studies).

Some data suggests the average age of “initiation”<sup>24</sup> of sexual abuse is 7 years old.<sup>25</sup> And studies have shown a median age of 8 years for first sexual contact in father-daughter sexual abuse.<sup>26</sup> The trial court therefore unwittingly subjected Mia to unsupervised visits with a sexual deviant just in time for her to be most at risk of exploitation.

d. The Risk of Harm to Mia Extends Beyond Direct Physical Sexual Abuse.

In addition to the risk of physically abusing his daughter, Mr. Velezmoro presents the risk of exposing his daughter to inappropriate material, which is in itself sexual abuse, and which the trial court ignored.<sup>27</sup> Studies suggest that 23% of all 10 to 17 year olds “experience unwanted exposure to pornography.”<sup>28</sup> Professionals have noted that “since children [have] a weak ability to differentiate between fantasy and reality, they easily adopt[] attitudes and behavior in pornographic material

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<sup>24</sup> The term “initiation” is used because, as discussed further below, sexual abuse of a child by a trusted adult is rarely a one-time event and often goes on for many years.

<sup>25</sup> Roland C. Summit, *The Child Sexual Abuse Accommodation Syndrome*, 7 CHILD ABUSE & NEGLECT 177, 182 (1983).

<sup>26</sup> Marnie E. Rice & Grant T. Harris, *Men Who Molest Their Sexually Immature Daughters: Is a Special Explanation Required?*, 111 J. ABNORMAL PSYCHOL. 329, 336 (2002).

<sup>27</sup> See DARKNESS TO LIGHT, CHILD SEXUAL ABUSE STATISTICS 1, [http://www.d2l.org/atf/cf/%7B64AF78C4-5EB8-45AA-BC28-F7EE2B581919%7D/all\\_statistics\\_20150619.pdf](http://www.d2l.org/atf/cf/%7B64AF78C4-5EB8-45AA-BC28-F7EE2B581919%7D/all_statistics_20150619.pdf) (“Risk Factors and Consequences”) (undated) (“Child sexual abuse includes . . . non-contact acts such as exhibitionism, exposure to pornography . . .”).

<sup>28</sup> *Id.* at 3.

as ‘acceptable and normal,’ which ma[kes] them **more vulnerable to abuse.**”<sup>29</sup>

### 3. **The Trial Court’s Reliance on a “Self-Reporting” Age Does Not Reasonably Protect the Child from Harm.**

The trial court’s finding that Mia “will be old enough to self-report any harm that may occur” when she turns 6-years-old—and the trial court’s reliance on the idea that victims will “self-report” in general—is demonstrably false, illogical, and entirely detached from reality. This is the very definition of “manifestly unreasonable,” and the trial court therefore abused its discretion.

Researchers have repeatedly and conclusively proven that the vast majority of sexually abused children *never* report the abuse. Most child sexual abuse “occurs in girls and is **not reported to authorities.**”<sup>30</sup> One group of researchers recently looked at several studies that had focused on “below the surface” child sexual abuse, meaning incidents that are not reported to an official source, which often involve retrospective sampling

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<sup>29</sup> Lyse Comins, *Protect Children from Porn*, DAILY NEWS (Durban, S. Afr.), July 28, 2010, at 8 (available at <http://dialog.proquest.com/professional/docview/733038551?accountid=157984> (login required)) (emphasis added).

<sup>30</sup> Erin K. Martin & Peter H. Silverstone, *How Much Child Sexual Abuse is “Below the Surface,” and Can We Help Adults Identify It Early?*, at 8, FRONTIERS IN PSYCHIATRY (July 15, 2013), <http://journal.frontiersin.org/article/10.3389/fpsy.2013.00058/full> (emphasis added).

of adults.<sup>31</sup> They concluded that the “large difference between the ‘above the surface’ and ‘below the surface’ data supports suggestions that *over 95% of [child sexual abuse] is never reported to authorities.*”<sup>32</sup> Other studies show that at least sixty to seventy percent of adults in retrospective studies “do not recall **ever** disclosing their abuse as children” and that 75% of children do not disclose within the first year.<sup>33</sup> When children do disclose, it often takes them “a long time to do so.”<sup>34</sup>

In fact, research demonstrates that “[s]ilence is intrinsic to the victimization process.”<sup>35</sup> A noted researcher on this topic, Ronald Summit, identified several factors that “represent[] a common denominator of the most frequently observed victim behaviors” for child sexual abuse.<sup>36</sup> Summit’s model is known as “Child Sexual Abuse Accommodation Syndrome” (CSAAS) and is comprised of several factors.<sup>37</sup> The “components of his CSAAS model have been endorsed by

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<sup>31</sup> *Id.* at 4.

<sup>32</sup> *Id.* at 5 (emphasis added).

<sup>33</sup> Kamala London, Maggie Bruck, Stephen J. Ceci, & Daniel W. Shuman, *Disclosure of Child Sexual Abuse: What Does the Research Tell Us About the Ways That Children Tell?*, 11 *PSYCHOL., PUB. POL’Y & L.* 194, 203-204 (2005) (emphasis added).

<sup>34</sup> *Id.*

<sup>35</sup> Roland C. Summit, *Abuse of the Child Sexual Abuse Accommodation Syndrome*, 1 *J. CHILD SEXUAL ABUSE* 153, 159, no. 4, (1992).

<sup>36</sup> Roland C. Summit, *The Child Sexual Abuse Accommodation Syndrome*, 7 *CHILD ABUSE & NEGLECT* 177, 180 (1983).

<sup>37</sup> *See id.*

many clinicians and scholars.”<sup>38</sup> The primary factor of CSAAS is *secrecy*.<sup>39</sup> “The average child **never asks and never tells**.”<sup>40</sup> Other sources have verified that the “stage of silence in the CSAAS model has strong empirical foundation.”<sup>41</sup> The silence is a consequence of the fact that, “in order to survive sexual abuse by a trusted family member, children make accommodating efforts to accept the abuse and to keep the abuse secret.”<sup>42</sup>

Disclosure is even less likely when the abuser is parent.<sup>43</sup> As Summit has noted, “[a]dults must be reminded that the wordless action or gesture of a parent is an absolutely compelling force for a dependent child, and as a result, “it is necessary to recognize that no matter what the

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<sup>38</sup> Kamala London, Maggie Bruck, Stephen J. Ceci, & Daniel W. Shuman, *Disclosure of Child Sexual Abuse: What Does the Research Tell Us About the Ways That Children Tell?*, 11 PSYCHOL., PUB. POL’Y & L. 194, 195(2005).

<sup>39</sup> Roland C. Summit, *The Child Sexual Abuse Accommodation Syndrome*, 7 CHILD ABUSE & NEGLECT 177, 181 (1983).

<sup>40</sup> *Id.* (emphasis added)

<sup>41</sup> Kamala London, Maggie Bruck, Stephen J. Ceci, & Daniel W. Shuman, *Disclosure of Child Sexual Abuse: What Does the Research Tell Us About the Ways That Children Tell?*, 11 PSYCHOL., PUB. POL’Y & L. 194, 203 (2005).

<sup>42</sup> *Id.* at 195.

<sup>43</sup> See Margaret H. Shiu, Note, *Unwarranted Skepticism: The Federal Courts’ Treatment of Child Sexual Abuse Accommodation Syndrome*, 18 S. CAL. INTERDISC. L.J. 651, 652 (2009) (citing victims’ “reluctance to disclose or testify against parents and loved ones”).

circumstance, the child had no choice but to submit quietly and to keep the secret.”<sup>44</sup>

#### 4. Age is NOT a Key Factor for Disclosure.

The trial court’s entire basis for ensuring Mia’s protection—that she will report “any harm” at a certain age—has been completely refuted by experts. In fact, “[a]ge at the time of abuse has not been consistently associated with failure to disclose.”<sup>45</sup> A thorough review of studies in this area noted that one researcher found that “younger victims were more likely to delay disclosure than older victims,” but others “failed to find any relationship between age and delay of disclosure.”<sup>46</sup> The only noticeable increase in disclosure rates documented by researchers is when child sexual abuse first occurs during *adolescence*—not when the victim is “verbal.”<sup>47</sup> Moreover, the studies that have identified “younger” or “older” ages of disclosure do not define “younger” or “older” the same

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<sup>44</sup> Roland C. Summit, *The Child Sexual Abuse Accommodation Syndrome*, 7 CHILD ABUSE & NEGLECT 177, 183 (1983).

<sup>45</sup> Kamala London, Maggie Bruck, Stephen J. Ceci, & Daniel W. Shuman, *Disclosure of Child Sexual Abuse: What Does the Research Tell Us About the Ways That Children Tell?*, 11 PSYCHOL., PUB. POL’Y & L. 194, 201 (2005).

<sup>46</sup> *Id.* at 201-202.

<sup>47</sup> *See id.* Even adolescents generally disclose to a peer of the same age, not to authorities or parents. *See id.*

across studies; “[t]hus, **there is no objective age cutoff that can be inferred from the literature.**”<sup>48</sup>

While the trial court found that age was the *sole factor* for reporting harm, the studies suggest that “different factors account for denial or disclosure at different age levels.”<sup>49</sup> Researchers have concluded that further study is needed into the role of factors such as “reactions to fear” and “loyalty to family” to determine their role in a child’s disclosure or nondisclosure of sexual abuse.<sup>50</sup> In fact, “[s]equelae of sexual abuse vary by the level of cognitive and social development, the reaction of family members, and individual personality traits, making it difficult to determine a standardized assessment battery for *all ages* and types of alleged victims.”<sup>51</sup>

##### **5. Experts Have Long Sought to Dispel the Dangerous “Self-Reporting” Myth.**

The idea that children will tell others when a loved one is sexually abusing them is a dangerous misconception that researchers have long sought to dispel. As explained above, study after study shows that *secrecy*

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<sup>48</sup> *Id.* at 208 (emphasis added).

<sup>49</sup> *Id.* at 209.

<sup>50</sup> *Id.* at 218.

<sup>51</sup> Kathryn Kuehnle & Steven N. Sparta, *Assessing Child Sexual Abuse Allegations in a Legal Context*, in FORENSIC MENTAL HEALTH ASSESSMENT OF CHILDREN AND ADOLESCENTS ch. 9, at 141 (Steven N. Sparta & Gerald P. Koocher eds., 2006) (emphasis added).

is the most common behavior of child sexual abuse victims of all ages. The tragic insistence of courts and “professionals” to rely on the myth of “self-reporting” causes child victims to be discredited and allows more children to be victimized. Unless “specifically trained and sensitized, average adults, including . . . counselors . . . , investigators . . . , judges and jurors, cannot believe that a normal, truthful child would tolerate incest without immediately reporting.”<sup>52</sup>

But as the preeminent researcher on this topic has powerfully stated: “**The adult expectation of child self-protection and immediate disclosure ignores the basic subordination and helplessness of children within authoritarian relationships.**”<sup>53</sup> Like an adult victim, the “child victim is expected to forcibly resist, to cry for help and to attempt to escape the intrusion. By that standard, **almost every child fails.**”<sup>54</sup> This should not come as a surprise because, while children are often trained to “avoid the attentions of strangers . . . , they are required to be obedient and affectionate with any adult entrusted to their care.”<sup>55</sup> However, adults often fail to grasp this basic concept. When the responses of “normal children to sexual assault” are actually evaluated, it “provides clear

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<sup>52</sup> Roland C. Summit, *The Child Sexual Abuse Accommodation Syndrome*, 7 CHILD ABUSE & NEGLECT 177, 186 (1983)

<sup>53</sup> *Id.* at 182 (emphasis added).

<sup>54</sup> *Id.* at 183 (emphasis added).

<sup>55</sup> *Id.*

evidence that societal definitions of ‘normal’ victim behavior are inappropriate and procrustean, serving adults as mythic insulators against the child’s pain.”<sup>56</sup>

Experts urge that “courts must battle . . . the common misconceptions about what constitutes ‘typical’ behavior for [child sexual abuse] victims.”<sup>57</sup> In reality, the “normal coping behavior of the child contradicts the entrenched beliefs and expectations typically held by adults.”<sup>58</sup> Secrecy and helplessness present a “compelling reality for the victim” but represent “a contradiction to the most common assumptions of adults.”<sup>59</sup> The trial judge and the social worker in this case showed an inability to discern a child victim’s reality from their own “entrenched beliefs” about how victims should behave.

Thus, professionals in the field of child sexual abuse have known for decades that it is reckless and absurd to expect a victim to report the abuse. Researchers have pleaded with courts to avoid the imposition of “artificial standards of disclosure” on child victims, which is precisely what the trial court did here. The trial court’s statement that the child will

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<sup>56</sup> *Id.* at 177.

<sup>57</sup> Margaret H. Shiu, Note, *Unwarranted Skepticism: The Federal Courts’ Treatment of Child Sexual Abuse Accommodation Syndrome*, 18 S. CAL. INTERDISC. L.J. 651, 652 (2009)

<sup>58</sup> Roland C. Summit, *The Child Sexual Abuse Accommodation Syndrome*, 7 CHILD ABUSE & NEGLECT 177, 177 (1983)

<sup>59</sup> *Id.* at 181.

be able to “self-report any harm that may occur” at age 6 simply has no basis whatsoever in reality. Looking back at Emily Brewer’s testimony in light of this research, her opinion that a 5-year-old can self-report because “she’s verbal, she has some self-protective capacities” would be laughable if it were not so dangerous. The trial court’s decision to blindly follow Ms. Brewer’s arbitrary recommendations is a clear abuse of discretion.

**6. Requiring Mia to Report Harm that Has Already Occurred Fails to Reasonably Protect Her from That Harm.**

Even if Mia was part of the extreme minority of children who promptly report sexual abuse, Mia cannot report harm until *after* it occurs. Thus, the trial court’s reliance on Mia’s ability to “self-report any harm that may occur” fails to reasonably protect her from that harm. By requiring a 6-year-old to report harm that has *already occurred*, the trial court implicitly concluded that one incidence of abuse is acceptable. Thus, even if there was validity to the concept of a “self-reporting” age (and as explained above, there is not), the trial court’s use of a child’s ability to report harm that has already occurred as a means of protecting the child from that very harm is a clear abuse of discretion.

Because child sexual abuse is so difficult to detect and so dramatically traumatizing, experts have emphasized the importance of

prevention.<sup>60</sup> Thus, researchers have recognized the “clear requirement for education programs for adults who may be able to help . . . decrease the incidence of [child sexual abuse] (by **limiting access** and increasing awareness).”<sup>61</sup> Moreover, “because of the clear links between children being sexually abused and subsequent other types of sexual abuse, exploitation, and violence, prevention efforts need to stay tuned to **stopping the earlier forms of abuse *before* they are perpetrated.**”<sup>62</sup> Thus, a plan “reasonably calculated” to protect the child would focus on “limiting access” to stop abuse *before* it is perpetrated. Allowing a child pornography offender unsupervised visits with a 6-year-old based on the child’s alleged ability to report harm *after* it occurs is simply not “reasonably calculated” to protect the child from harm.

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<sup>60</sup> Erin K. Martin & Peter H. Silverstone, *How Much Child Sexual Abuse is “Below the Surface,” and Can We Help Adults Identify It Early?*, at 8, FRONTIERS IN PSYCHIATRY (July 15, 2013), <http://journal.frontiersin.org/article/10.3389/fpsy.2013.00058/full> (stating that prevention and treatment should be “a major priority for both research and society, as the longer-term effects . . . [of child sexual abuse] are profound and potentially life-long”).

<sup>61</sup> *Id.* (emphasis added).

<sup>62</sup> CORDELIA ANDERSON, NAT’L CHILDREN’S ADVOCACY CTR., CHILD SEXUAL ABUSE, SEXUAL EXPLOITATION: IS THERE A LINK?, at 4 (Apr. 2011), <http://www.nationalcac.org/images/pdfs/CALiO/research-brief-csa-sexual-exploitation-link.pdf> (A Research Brief of K. Lalor & R. McElvaney, *Child Sexual Abuse, Links to Later Sexual Exploitation/High-risk Sexual Behavior, and Prevention/Treatment Programs*, 11 TRAUMA, VIOLENCE & ABUSE 159 (2010)) (emphasis added).

**C. The Trial Court Abused Its Discretion By Relying on the Testimony and Report of Emily Brewer.**

**1. The Trial Court Expressly Relied on a Report that is Not in Evidence.**

The trial court stated in the parenting plan: “The Court intends to follow some of the report recommendations of Emily Brewer, the Family Court Services social worker who conducted the parenting evaluation. Ms. Brewer opined that the minor child could self-report any harm to herself at the age of 5.” (CP 456). While counsel is aware that Ms. Brewer produced at least one “report” as part of her case evaluation, counsel has no idea what “report” the trial court was referring to. No report prepared by Emily Brewer was ever offered as evidence at trial, and no such report is part of the record on appeal. The trial court referenced a report, and counsel for Karolina objected to its admissibility should it be offered, but no report ever was offered.<sup>63</sup> Thus, counsel has no way of even knowing the contents of the report that the trial court apparently relied on. While Ms. Brewer also (impermissibly) testified at trial, the trial court did not suggest that it relied on Ms. Brewer’s trial testimony, but instead only mentioned an elusive “report.”

Because the trial court’s sole stated support for the “self-reporting” threshold was a “report” that is not in evidence, the trial court’s finding

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<sup>63</sup> Trial Transcript, October 12, 2015, 9:28:52 – 9:37:12. (See footnote 1).

that Mia can self-report at age 6 is not supported in any way by “substantial evidence.” *See Miles v. Miles*, 128 Wn. App. 64, 114 P.3d 671 (2005) (reversing trial court’s finding as unsupported by substantial evidence). The trial court’s finding that Mia can “self-report” at age 6 and the court’s reliance on a “self-reporting” age in general must therefore be reversed on that basis alone.

**2. The Trial Court Wrongly Admitted the Testimony of Emily Brewer.**

While the trial court suggested it did not rely on the testimony of Emily Brewer, her testimony should not have been admitted. Emily Brewer was subpoenaed after the trial already began. (CP 450). Mr. Velezmoro did not identify Emily Brewer on any witness list, and counsel for Karolina had no chance to even speak with Emily Brewer before she actually testified at trial. The law is perfectly clear that a “pro se litigant is held to the same standard as an attorney.” *W. v. State, Washington Ass’n of Cty. Officials*, 162 Wn. App. 120, 137, 252 P.3d 406 (2011). Counsel for Karolina objected to Ms. Brewer’s testimony.<sup>64</sup> “Any witness or exhibit not listed may not be used at trial, unless the Court orders otherwise for good cause and subject to such conditions as justice requires.” King County Local Rule 4; *see also* KCLR 26. The trial court

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<sup>64</sup> Trial Transcript, October 12, 2015, 9:28:52 – 9:37:12. (See footnote 1).

did not find any “good cause” here. Karolina and her counsel were greatly prejudiced by the last-minute admission of this witness’s testimony, as it eliminated counsel’s opportunity to properly prepare. The rules requiring disclosure of witnesses exist to avoid surprises at trial. Thus, to the extent that the trial court relied on Ms. Brewer’s trial testimony, that testimony was improperly admitted. Since the alleged “report” of Ms. Brewer was not admitted at all, there is simply no admissible evidence to support the trial court’s “self-reporting” finding.

**3. The Trial Court Abused its Discretion By Relying Solely on Emily Brewer’s Arbitrary Opinion.**

Even if Ms. Brewer’s testimony and report had been properly admitted, the trial court abused its discretion by relying exclusively on Ms. Brewer’s opinion in subjecting Mia to unsupervised visits with a child pornography offender at age 6. In short, Ms. Brewer’s testimony was unsupported, unreliable, and beyond her personal knowledge or expertise.

First, Ms. Brewer is a social worker with a master’s degree in social work. (VRP 152). She has *never* handled a single case involving child pornography before this one, (VRP 164), and yet her opinion was the sole basis for the court’s conclusion that a 6-year-old should have unsupervised visits with a child pornography offender. When asked whether she has studied the behavior of persons who possessed child

pornography, she said simply: “I’m a parent evaluator. I’m not a sexual deviancy provider or expert.” (VRP 165). The record also has no indication that Ms. Brewer has any experience with victims of child sexual abuse. Thus, Ms. Brewer’s opinion on when a child may “self-report” or on the importance of “self-reporting” as a threshold for unsupervised visits is completely beyond her expertise and outside the scope of her personal knowledge. Ms. Brewer’s ignorance in this area is painfully clear in light of the fact that the very concept of a “self-reporting” age has been debunked by any credible researcher to consider the issue, as explained above. This alone shows that the court’s exclusive reliance on Ms. Brewer’s opinion was an abuse of discretion and must be reversed.

Moreover, Ms. Brewer based her opinion primarily on a disturbing misunderstanding of the facts of this case. Ms. Brewer testified that: “What stood out for me was that . . . even after his arrest for possession of child pornography; that the mother was aware of the situation and seemed to still believe that he didn’t pose any risk to their child.” (VRP 169). This is false. In fact, the evidence at trial showed that Mr. Velezmoro *lied* to Karolina about the circumstances of the child pornography and about whether he viewed it. (*See* CP 15; VRP 50). Karolina had no understanding of the seriousness of the investigation until *after* Mr. Velezmoro was arrested for domestic violence and the couple separated.

(See CP 15; VRP 50). The trial court never found that Karolina allowed Mr. Velezmoro to watch Mia alone after she was truly “aware of the situation”—nor could it have based on the evidence. The trial court therefore based its “self-reporting” finding exclusively on the opinion of a social worker who relied primarily on a false version of the facts that was unsupported by any evidence. This also is an abuse of discretion and, standing alone, is a sufficient basis for reversal.

Ms. Brewer gave many other signs that her testimony was unreliable and could not form a reasonable basis for exposing a 6-year-old to a child pornography offender. Ms. Brewer said her opinion was based, in part, on her belief that “we don’t know if he’s looked at those images as a way of gratifying himself.” (VRP 162). In fact, we do know. Mr. Velezmoro admitted to seeking out stories to help him “gratify” himself while looking at the images. Ms. Brewer never once spoke with Michael Comte, who suspected pedophilia was an “apt diagnosis” for Mr. Velezmoro, and did not rely on his evaluation. (VRP 153, 157). Ms. Brewer never witnessed a visitation between Mr. Velezmoro and Mia. (VRP 159).

**D. The Court Should Correct the Judgment Entered by the Trial Court.**

On June 27, 2014, the trial court commissioner entered an order against Mr. Velezmoro awarding Karolina \$1,000.00 in moving expenses and \$750.00 in attorneys' fees. (CP 155-56). That order was confirmed by the trial court judge. (CP 207). In the later decree of dissolution, the court entered a final judgment against Mr. Velezmoro for \$0.00, neglecting to include the amount earlier awarded to Karolina that had never been documented in a final judgment. (*See* CP 480). Karolina respectfully requests that the Court remand for the trial court to correct the judgment to include the \$1,750.00 previously awarded to her.

**VI. CONCLUSION**

In 1992, Ronald Summit wrote:

It has been 13 years since I observed that victims of sexual abuse are the object of prejudice because they do not meet **our artificial standards of disclosure**. I thought better education would correct this secondary abuse. . . . Knowledge is not enough. Education is not enough. . . . The problem is not with skeptical attorneys or recalcitrant judges; they are all merely represent our continuing reluctance as an adult society to allow **an honest view of our children's continuing silence**. . . . We aren't yet willing as a society to prohibit the sexual abuse of children. Why not?<sup>65</sup>

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<sup>65</sup> Roland C. Summit, *Abuse of the Child Sexual Abuse Accommodation Syndrome*, 1 J. CHILD SEXUAL ABUSE, no. 4, 153, 163 (1992).

Twenty-five years later, we are still dealing with the same thing. The trial court's decision suggests that no progress at all has been made. The court here projected its "artificial standard" of how an adult might behave onto this child. To an adult, if you are "verbal," you will do something about being abused to save yourself. The court in this case expects a 6-year-old child show the same response to her own father. Tragically, countless abusers have taken advantage of this reckless misconception. Empirical studies have repeatedly demonstrated that this expectation has no basis in reality and, in fact, the exact opposite is true. Sexual abuse of a child does not prompt disclosure; it triggers secrecy.

Because the *vast majority* of children never report, the use of a "self-reporting" age as the sole protection for a child in unsupervised visits with a child pornography offender cannot be "reasonably calculated" to protect the child from harm. The trial court's use of a "self-reporting" age as the sole threshold for unsupervised visits is therefore manifestly unreasonable and a clear abuse of discretion.

The Court should reverse and remand this parenting plan to the trial court for a full consideration of all issues relevant to Mia's safety. The Court should provide trial courts with guidance regarding what is "reasonably calculated" to protect a child from harm under RCW 26.09.191. The Court should prevent the trial court from using *any* single

factor as an automatic threshold for unsupervised visits, and unsupervised visits should not be permitted under any circumstances before Mia reaches adolescence.

The Court should also conclude that the trial court committed legal error and abused its discretion by relying on the testimony and report of Emily Brewer. Even if properly admitted, the arbitrary opinion of Emily Brewer does not provide sufficient support for the trial court's "self-reporting" threshold, which directly contradicts logic and objective research.

Finally, Karolina respectfully requests that the Court remand for the trial court to modify the judgment to include the \$1,750.00 previously awarded against Mr. Velezmoro.

RESPECTFULLY SUBMITTED this 15<sup>th</sup> day of June, 2016.

/s/ Rhys M. Farren

Rhys M. Farren, WSBA #19398

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Attorneys for Appellant

Karolina Martynova

PROOF OF SERVICE

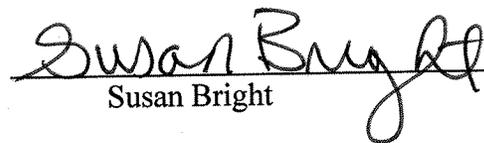
I, Susan Bright, the undersigned, hereby certify and declare under penalty of perjury under the laws of the State of Washington that the following statements are true and correct:

On this date, I caused to be delivered a true copy of the foregoing document to be sent by the methods indicated below on the following:

*Via electronic mail, U.S. Mail and overnight delivery:*

John Velezmoro  
13137 129<sup>th</sup> Avenue NE  
Kirkland, WA 98034  
*johnvelezmoro@gmail.com*

Executed at Bellevue, Washington this 15<sup>th</sup> day of June, 2016.

  
Susan Bright

# **ATTACHMENT A**

## THE CHILD SEXUAL ABUSE ACCOMMODATION SYNDROME

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**Abstract**—Child victims of sexual abuse face secondary trauma in the crisis of discovery. Their attempts to reconcile their private experiences with the realities of the outer world are assaulted by the disbelief, blame and rejection they experience from adults. The normal coping behavior of the child contradicts the entrenched beliefs and expectations typically held by adults, stigmatizing the child with charges of lying, manipulating or imagining from parents, courts and clinicians. Such abandonment by the very adults most crucial to the child's protection and recovery drives the child deeper into self-blame, self-hate, alienation and revictimization. In contrast, the advocacy of an empathic clinician within a supportive treatment network can provide vital credibility and endorsement for the child.

Evaluation of the responses of normal children to sexual assault provides clear evidence that societal definitions of "normal" victim behavior are inappropriate and procrustean, serving adults as mythic insulators against the child's pain. Within this climate of prejudice, the sequential survival options available to the victim further alienate the child from any hope of outside credibility or acceptance. Ironically, the child's inevitable choice of the "wrong" options reinforces and perpetuates the prejudicial myths.

The most typical reactions of children are classified in this paper as the child sexual abuse accommodation syndrome. The syndrome is composed of five categories, of which two define basic childhood vulnerability and three are sequentially contingent on sexual assault: (1) secrecy, (2) helplessness, (3) entrapment and accommodation, (4) delayed, unconvincing disclosure, and (5) retraction. The accommodation syndrome is proposed as a simple and logical model for use by clinicians to improve understanding and acceptance of the child's position in the complex and controversial dynamics of sexual victimization. Application of the syndrome tends to challenge entrenched myths and prejudice, providing credibility and advocacy for the child within the home, the courts, and throughout the treatment process.

The paper also provides discussion of the child's coping strategies as analogs for subsequent behavioral and psychological problems, including implications for specific modalities of treatment.

**Key Words**—Child Abuse, Sexual abuse, Sexual molestation, Incest, Victimization, Pedophilia, Child Advocacy, Expert testimony, Post-traumatic stress.

**Résumé**—Les enfants victimes de sévices sexuels subissent un traumatisme supplémentaire au moment critique de la découverte. Leurs tentatives de concilier leurs expériences privées avec les réalités du monde extérieur sont en butte à l'incrédulité, au blâme et au rejet de la part des adultes. Le comportement adaptatif normal de l'enfant va à l'encontre des opinions et des attentes ancrées dans la mentalité des adultes, ce qui amène parents, praticiens et tribunaux à accuser l'enfant de mensonge, de manipulation et de mythomanie. Une telle incompréhension de la part de ces adultes—personnages clés pour la protection et la prise en charge de l'enfant—enfonce celui-ci dans des sentiments de blâme et de haine envers lui-même, d'aliénation et de culpabilité. À l'inverse, le soutien d'un praticien empathique dans le cadre d'un réseau d'aide thérapeutique peut apporter à l'enfant la crédibilité et la prise en charge dont il a grand besoin.

L'évaluation des réponses des enfants normaux à des abus sexuels montre à l'évidence que les définitions sociétales d'un comportement "normal" de la victime sont inadéquates et archaïques, servant aux adultes comme un rempart vis-à-vis de la souffrance de l'enfant. Dans ce climat de préjugés, la séquence des options de survie disponibles pour la victime ne fait que l'éloigner d'un quelconque espoir de crédibilité ou d'acceptation de la part des adultes. Et, par une cruelle ironie du sort, le recours inévitable de l'enfant aux mauvaises solutions a pour effet de renforcer et de perpétuer les préjugés dont il est l'objet.

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Cet article décrit—sous le nom de “Syndrome d’adaptation aux sévices sexuels”—les réactions les plus typiques de l’enfant. Ce syndrome comprend 5 variantes, dont 2 sont liées à la vulnérabilité fondamentale de l’enfant et dont 3 sont la conséquence directe des abus sexuels. (1) non-révélation; (2) sentiment d’empuissance; (3) prise au piège, et obligation d’en prendre son parti; (4) révélation tardive et non convainquante; (5) rétractation. Ce syndrome d’adaptation est proposé comme un modèle simple et logique utilisable en pratique pour améliorer la compréhension et la situation de l’enfant dans la dynamique complexe et conflictuelle des abus sexuels. L’application de ce concept peut combattre les mythes et les préjugés si ancrés dans les mentalités, en procurant à l’enfant crédibilité et soutien dans sa famille, devant la justice, et tout au long du processus thérapeutique.

Cet article discute aussi les stratégies d’adaptation de l’enfant comme des possibles “précédents” pour des problèmes ultérieurs de comportement et de psychologie, y compris les implications pour des modalités spécifiques de traitement.

## INTRODUCTION

CHILD SEXUAL ABUSE HAS EXPLODED into public awareness during a span of less than five years. More than thirty books [1–34] on the subject have appeared as well as a flood of newspapers, magazines, and television features. According to a survey conducted by Finkelhor [35], almost all American respondents recalled some media discussion of child sexual abuse during the previous year.

The summary message in this explosion of information is that sexual abuse of children is much more common and more damaging to individuals and to society than has even been acknowledged by clinical or social scientists. Support for these assertions comes from first person accounts and from the preliminary findings of specialized sexual abuse treatment programs. There is an understandable skepticism among scientists and a reluctance to accept such unprecedented claims from such biased samples. There is also a predictable counter-assertion that while child sexual contacts with adults may be relatively common, the invisibility of such contacts proves that the experience for the child is not uniformly harmful but rather neutral or even beneficial [20,36–40]. Whatever the merits of the various arguments, it should be clear that any child trying to cope with a sexualized relationship with an adult faces an uncertain and highly variable response from whatever personal or professional resources are enlisted for help.

The explosion of interest creates new hazards for the child victim of sexual abuse since it increases the likelihood of discovery but fails to protect the victim against the secondary assaults of an inconsistent intervention system. The identified child victim encounters an adult world which gives grudging acknowledgment to an abstract concept of child sexual abuse but which challenges and represses the child who presents a specific complaint of victimization. Adult beliefs are dominated by an entrenched and self-protective mythology that passes for common sense. “Everybody knows” that adults must protect themselves from groundless accusations of seductive or vindictive young people. An image persists of nubile adolescents playing dangerous games out of their burgeoning sexual fascination. What everybody does not know, and would not want to know, is that the vast majority of investigated accusations prove valid and that most of the young people were less than eight years old at the time of initiation.

Rather than being calculating or practiced, the child is most often fearful, tentative and confused about the nature of the continuing sexual experience and the outcome of disclosure. If a respectable, reasonable adult is accused of perverse, assaultive behavior by an uncertain, emotionally distraught child, most adults who hear the accusation will fault the child. Disbelief and rejection by potential adult caretakers increase the helplessness, hopelessness, isolation and self-blame that make up the most damaging aspects of child sexual victimization. Victims looking back are usually more embittered toward those who rejected their pleas than toward the one who initiated the sexual experiences. When no adult intervenes to acknowledge the reality of the abusive experience or to fix responsibility on the offending adult, there

is a reinforcement of the child's tendency to deal with the trauma as an intrapsychic event and to incorporate a monstrous apparition of guilt, self-blame, pain and rage.

Acceptance and validation are crucial to the psychological survival of the victim. A child molested by a father or other male in the role of parent and rejected by the mother is psychologically orphaned and almost defenseless against multiple harmful consequences. On the other hand, a mother who can advocate for the child and protect against reabuse seems to confer on the child the power to be self-endorsing and to recover with minimum sequelae [22,41].

Without professional or self-help group intervention, most parents are not prepared to believe their child in the face of convincing denials from a responsible adult. Since the majority of adults who molest children occupy a kinship or a trusted relationship [8,22,49,50], the child is put on the defensive for attacking the credibility of the trusted adult, and for creating a crisis of loyalty which defies comfortable resolution. At a time when the child most needs love, endorsement and exculpation, the unprepared parent typically responds with horror, rejection and blame [22,42].

The mental health professional occupies a pivotal role in the crisis of disclosure. Since the events depicted by the child are so often perceived as incredible, skeptical caretakers turn to experts for clarification. In present practice it is not unusual for clinical evaluation to stigmatize legitimate victims as either confused or malicious. Often one evaluation will endorse the child's claims and convince prosecutors that criminal action is appropriate, while an adversary evaluation will certify the normalcy of the defendant and convince a judge or jury that the child lied. In a crime where there is usually no third-party eyewitness and no physical evidence, the verdict, the validation of the child's perception of reality, acceptance by adult caretakers and even the emotional survival of the child may all depend on the knowledge and skill of the clinical advocate. Every clinician must be capable of understanding and articulating the position of the child in the prevailing adult imbalance of credibility. Without awareness of the child's reality the professional will tend to reflect traditional mythology and to give the stamp of scientific authority to continuing stigmatization of the child.

Clinical study of large numbers of children and their parents in proven cases of sexual abuse provides emphatic contradictions to traditional views. What emerges is a typical behavior pattern or syndrome of mutually dependent variables which allows for immediate survival of the child within the family but which tends to isolate the child from eventual acceptance, credibility or empathy within the larger society. The mythology and protective denial surrounding sexual abuse can be seen as a natural consequence both of the stereotypic coping mechanisms of the child victim and the need of almost all adults to insulate themselves from the painful realities of childhood victimization.

The accommodation process intrinsic to the world of child sexual abuse inspires prejudice and rejection in any adult who chooses to remain aloof from the helplessness and pain of the child's dilemma or who expects that a child should behave in accordance with adult concepts of self-determinism and autonomous, rational choices. Without a clear understanding of the accommodation syndrome, clinical specialists tend to reinforce the comforting belief that children are only rarely legitimate victims of unilateral sexual abuse and that among the few complaints that surface, most can be dismissed as fantasy, confusion, or a displacement of the child's own wish for power and seductive conquest.

Clinical awareness of the sexual abuse accommodation syndrome is essential to provide a counterprejudicial explanation to the otherwise self-camouflaging and self-stigmatizing behavior of the victim.

The purpose of this paper then, is to provide a vehicle for a more sensitive, more therapeutic response to legitimate victims of child sexual abuse and to invite more active, more

effective clinical advocacy for the child within the family and within the systems of child protection and criminal justice.

## SOURCES AND VALIDITY

This study draws in part from statistically validated assumptions regarding prevalence, age relationships and role characteristics of child sexual abuse and in part from correlations and observations that have emerged as self-evident within an extended network of child abuse treatment programs and self-help organizations. The validity of the accommodation syndrome as defined here has been tested over a period of four years in the author's practice, which specializes in community consultation to diverse clinical and para-clinical sexual abuse programs. The syndrome has elicited strong endorsements from experienced professionals and from victims, offenders and other family members.

Hundreds of training symposia shared with specialists throughout the United States and Canada have reached thousands of individuals who have had personal and/or professional involvement in sexual abuse. Discussion of the syndrome typically opens a floodgate of recognition of previously uncorroborated or disregarded observations. Adults who have guarded a shameful secret for a lifetime find permission to remember and to discuss their childhood victimization. Family members who have disowned identified victims find a basis for compassion and reunion. Children still caught up in secrecy and self-blame find hope for advocacy. And professionals who had overlooked indications of sexual abuse find a new capacity for recognition and involvement.

A syndrome should not be viewed as a procrustean bed which defines and dictates a narrow perception of something as complex as child sexual abuse. Just as the choice to sexualize the relationship with a child includes a broad spectrum of adults acting under widely diverse motivations and rationalizations [43], the options for the child are also variable. A child who seeks help immediately or who gains effective intervention should not be discarded as contradictory, any more than the syndrome should be disregarded if it fails to include every possible variant. The syndrome represents a common denominator of the most frequently observed victim behaviors.

In the current state of the art most of the victims available for study are young females molested by adult males entrusted with their care. Young male victims are at least as frequent, just as helpless and even more secretive than young females [9,44,45].

Because of the extreme reluctance of males to admit to sexual victimization experiences and because of the greater probability that a boy will be molested by someone outside the nuclear family, less is known about possible variations in accommodation mechanisms of sexually abused males. Various aspects of secrecy, helplessness, and self-alienation seem to apply as does an even greater isolation from validation and endorsement by incredulous parents and other adults. There is an almost universal assumption that a man who molests a boy must be homosexual. Since the habitual molester of boys is rarely attracted to adult males [46], he finds ready exoneration in clinical examination and character endorsements. While there is some public capacity to believe that girls may be helpless victims of sexual abuse, there is almost universal repudiation of the boy victim.

For the sake of brevity and clarity the child sexual abuse accommodation syndrome is presented in this paper as it applies to the most typical female victim. There is no intent to minimize nor to exclude the substantial hardships of male victims or to ignore the conspicuously small minority of offenders who are female. A more comprehensive discussion of role variants within an extended syndrome is presented elsewhere [47]. In the following discussion the feminine pronoun is used generically for the child rather than the more cumbersome he/

she. This convention is not meant to discourage application of the accommodation syndrome to male victims or to the shared experience of males and female co-victims wherever clinical experience indicates appropriate correlations.

## THE CHILD SEXUAL ABUSE ACCOMMODATION SYNDROME

The syndrome includes five categories, two of which are preconditions to the occurrence of sexual abuse. The remaining three categories are sequential contingencies which take on increasing variability and complexity. While it can be shown that each category reflects a compelling reality for the victim, each category represents also a contradiction to the most common assumptions of adults. The five categories of the syndrome are:

1. Secrecy
2. Helplessness
3. Entrapment and accommodation
4. Delayed, conflicted and unconvincing disclosure
5. Retraction

### *1. Secrecy*

Initiation, intimidation, stigmatization, isolation, helplessness and self-blame depend on a terrifying reality of child sexual abuse: It happens only when the child is alone with the offending adult, and it must never be shared with anyone else.

Virtually no child is prepared for the possibility of molestation by a trusted adult; that possibility is a well kept secret even among adults. The child is, therefore, entirely dependent on the intruder for whatever reality is assigned to the experience. Of all the inadequate, illogical, self-serving, or self-protective explanations provided by the adult, the only consistent and meaningful impression gained by the child is one of danger and fearful outcome based on secrecy [22,48]. "This is our secret; nobody else will understand." "Don't tell anybody." "Nobody will believe you." "Don't tell your mother; (a) she will hate you, (b) she will hate me, (c) she will kill you, (d) she will kill me, (e) it will kill her, (f) she will send you away (g) she will send me away, or (h) it will break up the family and you'll all end up in an orphanage." "If you tell anyone (a) I won't love you anymore, (b) I'll spank you, (c) I'll kill your dog, or (d) I'll kill you."

However gentle or menacing the intimidation may be, the secrecy makes it clear to the child that this is something bad and dangerous. The secrecy is both the source of fear and the promise of safety: "Everything will be all right if you just don't tell." The secret takes on magical, monstrous proportions for the child. A child with no knowledge or awareness of sex and even with no pain or embarrassment from the sexual experience itself will still be stigmatized with a sense of badness and danger from the pervasive secrecy.

Any attempts by the child to illuminate the secret will be countered by an adult conspiracy of silence and disbelief. "Don't worry about things like that; that could never happen in our family." "Nice children don't talk about things like that." "Uncle Johnnie doesn't mean you any harm; that's just his way of showing how he loves you." "How could you ever think of such a terrible thing?" "Don't let me ever hear you say anything like that again!"

The average child never asks and never tells. Contrary to the general expectation that the victim would normally seek help, the majority of the victims in retrospective surveys had never told anyone during their childhood [22,42,49,50]. Respondents expressed fear that they would be blamed for what had happened or that a parent would not be able to protect them from retaliation. Many of those who sought help reported that parents became hysterical or punishing or pretended that nothing had happened [42].

Yet adult expectation dominates the judgment applied to disclosures of sexual abuse. When the child does not immediately complain, it is painfully apparent to any child that there is no second chance. "Why didn't you tell me?" "How could you keep such a thing secret?" "What are you trying to hide?" "Why did you wait until now if it really happened so long ago?" "How can you expect me to believe such a fantastic story?"

Unless the victim can find some permission and power to share the secret and unless there is the possibility of an engaging, non-punitive response to disclosure, the child is likely to spend a lifetime in what comes to be a self-imposed exile from intimacy, trust and self-validation.

## 2. Helplessness

The adult expectation of child self-protection and immediate disclosure ignores the basic subordination and helplessness of children within authoritarian relationships. Children may be given permission to avoid the attentions of strangers, but they are required to be obedient and affectionate with any adult entrusted with their care. Strangers, "weirdos," kidnappers, and other monsters provide a convenient foil for both child and parent against a much more dreadful and immediate risk: the betrayal of vital relationships, abandonment by trusted caretakers and annihilation of basic family security. All available research is remarkably consistent in a discomfiting statistic: a child is three times more likely to be molested by a recognized, trusted adult than by a stranger [9,42,44,50]. The risk is not at all remote. Even the most conservative survey implies that about 10% of *all* females have been sexually victimized as children by an adult relative, including almost 2% involving the man in the role of father [42]. The latest and most representative survey reports a 16% prevalence of molestation by relatives. Fully 4.6% of the 930 women interviewed reported an incestuous relationship with their father or father-figure [50].

A corollary to the expectation of self-protection is the general assumption that uncomplaining children are acting in a consenting relationship. This expectation is dubious even for the mythic seductive adolescent. Given the assumption that an adolescent can be sexually attractive, seductive and even deliberately provocative, it should be clear that no child has equal power to say no to a parental figure or to anticipate the consequences of sexual involvement with an adult caretaker. Ordinary ethics demand that the adult in such a mismatch bear sole responsibility for any clandestine sexual activity with a minor [51].

In reality, though, the child partner is most often neither sexually attractive nor seductive in any conventional sense. The stereotype of the seductive adolescent is an artifact both of delayed disclosure and a prevailing adult wish to define child sexual abuse within a model that approximates logical adult behavior.

We can believe that a man might normally be attracted to a nubile child-woman. Only perversion could explain attraction to an undeveloped girl or boy, and the men implicated in most ongoing sexual molestations are quite obviously not perverted. They tend to be hard-working, devoted family men. They may be better educated, more law-abiding, and more religious than average.

As clinical experience in child sexual intervention has increased, the reported age of initiation has decreased. In 1979, a typical average was a surprisingly prepubescent nine years. By 1981, the federally funded national training models reported the average age of initiation as seven years [52]. At the Harborview Sexual Assault Center in Seattle, 25% of the children presenting for treatment are five years of age or younger [53].

The prevailing reality for the most frequent victim of child sexual abuse is not a street or schoolground experience and not some mutual vulnerability to oedipal temptations, but an unprecedented, relentlessly progressive intrusion of sexual acts by an overpowering adult in a one-sided victim-perpetrator relationship. The fact that the perpetrator is often in a trusted

and apparently loving position only increases the imbalance of power and underscores the helplessness of the child.

Children often describe their first experiences as waking up to find their father (or stepfather, or mother's live-in companion) exploring their bodies with hands or mouth. Less frequently, they may find a penis filling their mouth or probing between their legs. Society allows the child one acceptable set of reactions to such an experience. Like the adult victim of rape, the child victim is expected to forcibly resist, to cry for help and to attempt to escape the intrusion. By that standard, almost every child fails.

The normal reaction is to "play possum," that is to feign sleep, to shift position and to pull up the covers. Small creatures simply do not call on force to deal with overwhelming threat. When there is no place to run, they have no choice but to try to hide. Children generally learn to cope silently with terrors in the night. Bed covers take on magical powers against monsters, but they are no match for human intruders.

It is sad to hear children attacked by attorneys and discredited by juries because they claimed to be molested yet admitted they had made no protest nor outcry. The point to emphasize here is not so much the miscarriage of justice as the continuing assault on the child. If the child's testimony is rejected in court, there is more likely to be a rejection by the mother and other relatives who may be eager to restore trust in the accused adult and to brand the child as malicious. Clinical experience and expert testimony can provide advocacy for the child. Children are easily ashamed and intimidated both by their helplessness and by their inability to communicate their feelings to uncomprehending adults. They need an adult clinical advocate to translate the child's world into an adult-acceptable language.

The intrinsic helplessness of a child clashes with the cherished adult sense of free will. Adults need careful guidance to risk empathizing with the absolute powerlessness of the child; they have spent years repressing and distancing themselves from that horror. Adults tend to despise helplessness and to condemn anyone who submits too easily to intimidation. A victim will be judged as a willing accomplice unless compliance was achieved through overwhelming force or threat of violence. Adults must be reminded that the wordless action or gesture of a parent is an absolutely compelling force for a dependent child and the threat of loss of love or loss of family security is more frightening to the child than any threat of violence.

Questions of free will and compliance are not just legal rhetoric. It is necessary for the emotional survival of the child that adult custodians give permission and endorsement to the helplessness and noncomplicity of the initiate's role. Adult prejudice is contagious. Without a consistent therapeutic affirmation of innocence, the victim tends to become filled with self-condemnation and self-hate for somehow inviting and allowing the sexual assaults.

As an advocate for the child, both in therapy and in court, it is necessary to recognize that no matter what the circumstances, the child had no choice but to submit quietly and to keep the secret. No matter if mother was in the next room or if siblings were asleep in the same bed. The more illogical and incredible the initiation scene might seem to adults, the more likely it is that the child's plaintive description is valid. A caring father would not logically act as the child describes; if nothing else, it seems incredible that he would take such flamboyant risks. That logical analysis contains at least two naive assumptions: (1) the molestation is thoughtful and (2) that it is risky. Molestation of a child is not a thoughtful gesture of caring, but a desperate, compulsive search for acceptance and submission [54]. There is very little risk of discovery if the child is young enough and if there is an established relationship of authority and affection. Men who seek children as sexual partners discover quickly something that remains incredible to less impulsive adults: dependent children are helpless to resist or to complain.

A letter to Ann Landers illustrates very well the continuing helplessness and pervasive secrecy associated with incestuous abuse:

Dear Ann:

Last week my 32-year-old sister told me she had been sexually molested by our father from age 6 to 16. I was stunned because for 20 years I had kept the same secret from anyone. I am now 30. We decided to talk to our three other sisters, all in their 20's. It turned out that our father had sexually molested each and every one of us. We all thought we were being singled out for that humiliating, ugly experience, and were too ashamed and frightened to tell anyone, so we all kept our mouths shut.

Father is now 53. To look at him, you would think he was the all-American dad. Mom is 51. She would die if she had any idea of what he had been doing to his daughters all these years [55].

### 3. *Entrapment and Accommodation*

For the child within a dependent relationship sexual molestation is not typically a one-time occurrence. The adult may be racked with regrets, guilt, fear and resolutions to stop, but the forbidden quality of the experience and the unexpected ease of accomplishment seem to invite repetition. A compulsive, addictive pattern tends to develop which continues either until the child achieves autonomy or until discovery and forcible prohibition overpower the secret [22].

If the child did not seek or did not receive immediate protective intervention, there is no further option to stop the abuse. The only healthy option left for the child is to learn to accept the situation and to survive. There is no way out, no place to run. The healthy, normal, emotionally resilient child will learn to accommodate to the reality of continuing sexual abuse. There is the challenge of accommodating not only to escalating sexual demands but to an increasing consciousness of betrayal and objectification by someone who is ordinarily idealized as a protective, altruistic, loving parental figure. Much of what is eventually labeled as adolescent or adult psychopathology can be traced to the natural reactions of a healthy child to a profoundly unnatural and unhealthy parental environment. Pathological dependency, self-punishment, self-mutilation, selective restructuring of reality and multiple personalities, to name a few, represent habitual vestiges of painfully learned childhood survival skills. In dealing with the accommodation mechanisms of the child or the vestigial scars of the adult survivor, the therapist must take care to avoid reinforcing a sense of badness, inadequacy or craziness by condemning or stigmatizing the symptoms.

The child faced with continuing helpless victimization must learn to somehow achieve a sense of power and control. The child cannot safely conceptualize that a parent might be ruthless and self-serving; such a conclusion is tantamount to abandonment and annihilation. The only acceptable alternative for the child is to believe that she has provoked the painful encounters and to hope that by learning to be good she can earn love and acceptance. The desperate assumption of responsibility and the inevitable failure to earn relief set the foundation for self-hate and what Shengold describes as a vertical split in reality testing.

If the very parent who abuses and is experienced as *bad* must be turned to for relief of the distress that the parent has caused, then the child must, out of desperate need, register the parent—*delusionally*—as good. Only the mental image of a good parent can help the child deal with the terrifying intensity of fear and rage which is the effect of the tormenting experiences. The alternative—the maintenance of the overwhelming stimulation and the bad parental imago—means annihilation of identity, of the feeling of the self. So the bad has to be registered as good. This is a mind-splitting or a mind fragmenting operation [56].

Shengold's use of the word *delusionally* does not assume a psychotic process or a defect in perception, but rather the practiced ability to reconcile contradictory realities. As he continues later on the same page,

I am not describing schizophrenia . . . but the establishment of isolated divisions of the mind that provides the mechanism for a pattern in which contradictory images of the self and of the parents are never permitted to coalesce. (This compartmentalized 'vertical splitting' transcends diagnostic categories; I am deliberately avoiding bringing in the correlatable pathological formations of Winnicott, Kohut, and Kernberg.) [56]

The sexually abusing parent provides graphic example and instruction in how to be good, that is, the child must be available without complaint to the parent's sexual demands. There is an explicit or implicit promise of reward. If she is good and if she keeps the secret, she can protect her siblings from sexual involvement ("It's a good thing I can count on you to love me; otherwise I'd have to turn to your little sister"), protect her mother from disintegration ("If your mother ever found out, it would kill her"), protect her father from temptation ("If I couldn't count on you, I'd have to hang out in bars and look for other women") and, most vitally, preserve the security of the home ("If you ever tell, they could send me to jail and put all you kids in an orphanage").

In the classic role reversal of child abuse, the child is given the power to destroy the family and the responsibility to keep it together. The child, *not the parent*, must mobilize the altruism and self-control to insure the survival of the others. The child, in short, must secretly assume many of the role-functions ordinarily assigned to the mother.

There is an inevitable splitting of conventional moral values. Maintaining a lie to keep the secret is the ultimate virtue, while telling the truth would be the greatest sin. A child thus victimized will appear to accept or to seek sexual contact without complaint.

Since the child must structure her reality to protect the parent, she also finds the means to build pockets of survival where some hope of goodness can find sanctuary. She may turn to imaginary companions for reassurance. She may develop multiple personalities, assigning helplessness and suffering to one, badness and rage to another, sexual power to another, love and compassion to another, etc. She may discover altered states of consciousness to shut off pain or to dissociate from her body, as if looking on from a distance at the child suffering the abuse. The same mechanisms which allow psychic survival for the child become handicaps to effective psychological integration as an adult.

If the child cannot create a psychic economy to reconcile the continuing outrage, the intolerance of helplessness and the increasing feeling of rage will seek active expression. For the girl this often leads to self-destruction and reinforcement of self-hate; self-mutilation, suicidal behavior, promiscuous sexual activity and repeated runaways are typical. She may learn to exploit the father for privileges, favors and material rewards, reinforcing her self-punishing image as "whore" in the process. She may fight with both parents, but her greatest rage is likely to focus on her mother, whom she blames for abandoning her to her father. She assumes that her mother must know of the sexual abuse and is either too uncaring or too ineffectual to intervene. Ultimately the child tends to believe that she is intrinsically so rotten that she was never worth caring for. The failure of the mother-daughter bond reinforces the young woman's distrust of herself as a female and makes her all the more dependent on the pathetic hope of gaining acceptance and protection with an abusive male.

For many victims of sexual abuse the rage incubates over years of facade, coping, and frustrating, counterfeit attempts at intimacy, only to erupt as a pattern of abuse against offspring in the next generation. The ungratifying, imperfect behavior of the young child and the diffusion of ego boundaries between parent and child invite projection of the bad introject and provide a righteous, impulsive outlet for the explosive rage.

The male victim of sexual abuse is more likely to turn his rage outward in aggressive and antisocial behavior. He is even more intolerant of his helplessness than the female victim and more likely to rationalize that he is exploiting the relationship for his own benefit. He may cling so tenaciously to an idealized relationship with the adult that he remains fixed at a preadolescent level of sexual object choice, as if trying to keep love alive with an unending succession of young boys. Various admixtures of depression, counterphobic violence, mysogyny (again, the mother is seen as non-caring and unprotective), child molestation and rape seem to be part of the legacy of rage endowed in the sexually abused boy [45].

Substance abuse is an inviting avenue of escape for the victim of either gender. As Myers recalls: "On drugs, I could be anything I wanted to be. I could make up my own reality: I

could be pretty, have a good family, a nice father, a strong mother, and be happy . . . drinking had the opposite effect of drugs . . . Drinking got me back into my pain; it allowed me to experience my hurt and my anger" [57].

It is worth restating that all these accommodation mechanisms—domestic martyrdom, splitting of reality, altered consciousness, hysterical phenomena, delinquency, sociopathy, projection of rage, even self-mutilation—are part of the survival skills of the child. They can be overcome only if the child can be led to trust in a secure environment which can provide consistent, *noncontingent* acceptance and caring. In the meantime, anyone working therapeutically with the child (or the grown-up, still-shattered victim) may be tested and provoked to prove that trust is impossible [22], and that the only secure reality is negative expectations and self-hate. It is all too easy for the would-be therapist to join the parents and all of adult society in rejecting such a child, looking at the results of abuse to assume that such an "impossible wretch" must have asked for and deserved whatever punishment had occurred, if indeed the whole problem is not a hysterical or vengeful fantasy.

#### 4. *Delayed, Conflicted, and Unconvincing Disclosure*

Most ongoing sexual abuse is *never* disclosed, at least not outside the immediate family [8,22,49,50]. Treated, reported or investigated cases are the exception, not the norm. Disclosure is an outgrowth either of overwhelming family conflict, incidental discovery by a third party, or sensitive outreach and community education by child protective agencies.

If family conflict triggers disclosure, it is usually only after some years of continuing sexual abuse and an eventual breakdown of accommodation mechanisms. The victim of incestuous abuse tends to remain silent until she enters adolescence when she becomes capable of demanding a more separate life for herself and challenging the authority of her parents. Adolescence also makes the father more jealous and controlling, trying to sequester his daughter against the "dangers" of outside peer involvement. The corrosive effects of accommodation seem to justify any extreme of punishment. What parent would not impose severe restrictions to control running away, drug abuse, promiscuity, rebellion and delinquency?

After an especially punishing family fight and a belittling showdown of authority by the father, the girl is finally driven by anger to let go of the secret. *She seeks understanding and intervention at the very time she is least likely to find them.* Authorities are alienated by the pattern of delinquency and rebellious anger expressed by the girl. Most adults confronted with such a history tend to identify with the problems of the parents in trying to cope with a rebellious teenager. They observe that the girl seems more angry about the immediate punishment than about the sexual atrocities she is alleging. They assume there is no truth to such a fantastic complaint, especially since the girl did not complain years ago when she claims she was forcibly molested. They assume she has invented the story in retaliation against the father's attempts to achieve reasonable control and discipline. The more unreasonable and abusive the triggering punishment, the more they assume the girl would do anything to get away, even to the point of falsely incriminating her father.

Unless specifically trained and sensitized, average adults, including mothers, relatives, teachers, counselors, doctors, psychotherapists, investigators, prosecutors, defense attorneys, judges and jurors, cannot believe that a normal, truthful child would tolerate incest without immediately reporting or that an apparently normal father could be capable of repeated, unchallenged sexual molestation of his own daughter. The child of any age faces an unbelieving audience when she complains of ongoing sexual abuse. The troubled, angry adolescent risks not only disbelief, but scapegoating, humiliation and punishment as well.

Not all complaining adolescents appear angry and unreliable. An alternative accommodation pattern exists in which the child succeeds in hiding any indications of conflict. Such a child may be unusually achieving and popular, eager to please both teachers and peers. When

the honor student or the captain of the football team tries to describe a history of ongoing sexual involvement with an adult, the adult reaction is all the more incredulous. "How could such a thing have happened to such a fine young person?" "No one so talented and well-adjusted could have been involved in something so sordid." Obviously, it did not happen or, if it did, it certainly did not harm the child.

So there is no real cause for complaint. Whether the child is delinquent, hypersexual, countersexual, suicidal, hysterical, psychotic, or perfectly well-adjusted, and whether the child is angry, evasive or serene, the immediate affect and the adjustment pattern of the child will be interpreted by adults to invalidate the child's complaint.

Contrary to popular myth most mothers are not aware of ongoing sexual abuse. Marriage demands considerable blind trust and denial for survival. A woman does not commit her life and security to a man she believes capable of molesting his own children. The "obvious" clues to sexual abuse are usually obvious only in retrospect. Our assumption that the mother "must have known" merely parallels the demand of the child that the mother must be in touch intuitively with invisible and even deliberately concealed family discomfort.

The mother typically reacts to allegations of sexual abuse with disbelief and protective denial. How could she not have known? How could the child wait so long to tell her? What kind of mother could allow such a thing to happen? What would the neighbors think? As someone substantially dependent on the approval and generosity of the father, the mother in the incestuous triangle is confronted with a mind-splitting dilemma analogous to that of the abused child. Either the child is bad and deserving of punishment or the father is bad and unfairly punitive. One of them is lying and unworthy of trust. The mother's whole security and life adjustment and much of her sense of adult self-worth demand a trust in the reliability of her partner. To accept the alternative means annihilation of the family and a large piece of her own identity. Her fear and ambivalence are reassured by the father's logical challenge, "Are you going to believe that lying little slut? Can you believe I would do such a thing? How could something like that go on right under your nose for years? You know we can't trust her out of our sight anymore. Just when we try to clamp down and I get a little rough with her, she comes back with a ridiculous story like this. That's what I get for trying to keep her out of trouble."

Of the minority of incest secrets that are disclosed to the mother or discovered by the mother, very few are subsequently reported to outside agencies [50]. The mother will either disbelieve the complaint or try to negotiate a resolution within the family. Now that professionals are required to report any suspicion of child abuse, increasing numbers of complaints are investigated by protective agencies. Police investigators and protective service workers are likely to give credence to the complaint, in which case all the children may be removed immediately into protective custody pending hearing of a dependency petition. In the continuing paradox of a divided judicial system, the juvenile court judge is likely to sustain out-of-home placement in the "preponderance of the evidence" that the child is in danger, while no charges are even filed in the adult court which would consider the father's criminal responsibility. Attorneys know that the uncorroborated testimony of a child will not convict a respectable adult. The test in criminal court requires specific proof "beyond a reasonable doubt," and every reasonable adult juror will have reason to doubt the child's fantastic claims. Prosecutors are reluctant to subject the child to humiliating cross-examination just as they are loath to prosecute cases they cannot win. Therefore, they typically reject the complaint on the basis of insufficient evidence.

Out-of-family molesters are also effectively immune from incrimination if they have any amount of prestige. Even if several children have complained, their testimony will be impeached by trivial discrepancies in their accounts or by the countercharge that the children were willing and seductive conspirators.

The absence of criminal charges is tantamount to a conviction of perjury against the victim. "A man is innocent until proven guilty," say adult-protective relatives. "The kid claimed to be molested but there was nothing to it. The police investigated and they didn't even file charges." Unless there is expert advocacy for the child in the criminal court, the child is likely to be abandoned as the helpless custodian of a self-incriminating secret which no responsible adult can believe.

The psychiatrist or other counseling specialist has a crucial role in early detection, treatment intervention and expert courtroom advocacy. The specialist must help mobilize skeptical caretakers into a position of belief, acceptance, support and protection of the child. The specialist must first be capable of assuming that same position. The counselor who learns to accept the secrecy, the helplessness, the accommodation and the delayed disclosure may still be alienated by the fifth level of the accommodation syndrome.

### 5. Retraction

*Whatever a child says about sexual abuse, she is likely to reverse it.* Beneath the anger of impulsive disclosure remains the ambivalence of guilt and the martyred obligation to preserve the family. In the chaotic aftermath of disclosure, the child discovers that the bedrock fears and threats underlying the secrecy are true. Her father abandons her and calls her a liar. Her mother does not believe her or decompensates into hysteria and rage. The family is fragmented, and all the children are placed in custody. The father is threatened with disgrace and imprisonment. The girl is blamed for causing the whole mess, and everyone seems to treat her like a freak. She is interrogated about all the tawdry details and encouraged to incriminate her father, yet the father remains unchallenged, remaining at home in the security of the family. She is held in custody with no apparent hope of returning home if the dependency petition is sustained.

The message from the mother is very clear, often explicit. "Why do you insist on telling those awful stories about your father? If you send him to prison, we won't be a family anymore. We'll end up on welfare with no place to stay. Is that what *you* want to do to us?"

Once again, the child bears the responsibility of either preserving or destroying the family. The role reversal continues with the "bad" choice being to tell the truth and the "good" choice being to capitulate and restore a lie for the sake of the family.

*Unless there is special support for the child and immediate intervention to force responsibility on the father, the girl will follow the "normal" course and retract her complaint.* The girl "admits" she made up the story. "I was awful mad at my dad for punishing me. He hit me and said I could never see my boyfriend again. I've been really bad for years and nothing seems to keep me from getting into trouble. Dad had plenty of reason to be mad at me. But I got real mad and just had to find some way of getting out of that place. So I made up this story about him fooling around with me and everything. I didn't mean to get everyone in so much trouble."

This simple lie carries more credibility than the most explicit claims of incestuous entrapment. It confirms adult expectations that children cannot be trusted. It restores the precarious equilibrium of the family. The children learn not to complain. The adults learn not to listen. And the authorities learn not to believe rebellious children who try to use their sexual power to destroy well-meaning parents.

## DISCUSSION

It should be obvious that, left unchallenged, the sexual abuse accommodation syndrome tends to reinforce both the victimization of children and societal complacency and indiffer-

ence to the dimensions of that victimization. It should be obvious to clinicians that the power to challenge and to interrupt the accommodation process carries an unprecedented potential for primary prevention of emotional pain and disability, including an interruption in the intergenerational chain of child abuse.

What is not so obvious is that mental health specialists may be more skeptical of reports of sexual abuse and more hesitant to involve themselves as advocates for children than many professionals with less specific training. The apparent cause-and-effect relationships and the emphasis on unilateral intrusions by powerful adults may seem naive and regressive to anyone trained in more sophisticated family dynamics, where events are viewed as an equilibrium of needs and provocations within the system as a whole [58]. Freud led a trend from the victim-perpetrator concept to a more universal and intellectually stimulating view in 1897 when he renounced his own child seduction theory of hysteria for the seductive child thesis of the Oedipus complex [16,59-61]. Even if a substantial number of descriptions of sexual victimization prove to be valid, how can they be distinguished from those that should be treated as fantasy or deception? Rosenfeld [62] has addressed these questions in a general sense but a nagging uncertainty persists.

The victim of child sexual abuse is in a position somewhat analogous to that of the adult rape victim prior to 1974. Without a consistent clinical understanding of the psychological climate and adjustment patterns of rape, women were assumed to be provocative and substantially responsible for inviting or exposing themselves to the risk of attack. The fact that most women chose not to report their own victimization only confirmed the unchallenged suspicion that they had something to hide. Those who reported often regretted their decision as they found themselves subjected to repeated attacks on their character and credibility.

The turnaround for adult victims came with publication of a landmark paper in the clinical literature during a time of aroused protest led by the women's movement. *Rape Trauma Syndrome* by Burgess and Holmstrom appeared in 1974 [63]. It provided guidelines for recognition and management of the traumatic psychological sequelae and established a logical sequence of the victim's shame, self-blame, and secrecy which so typically camouflaged the attack. Its publication initiated what proved to be a trend toward more sympathetic reception of rape victims both in clinics and in courts.

A similar reception is long overdue for juvenile victims [24]. Ironically, the same clinical study that defined the rape trauma syndrome led the authors to describe a related set of circumstances observed in children treated within the Boston Hospital Victim Counseling Program. *Sexual Trauma of Children and Adolescents: Pressure, Sex and Secrecy* was published in 1975 [64]. The first paragraph concludes: "The emotional reactions of victims result from their being pressured into sexual activity and from the added tension of keeping the act secret."

The narrative describes the elements of helplessness and the pressure to maintain secrecy. The fear of rejection and disbelief is documented by poignant clinical vignettes as are several mechanisms of accommodation and the traumatic effects of unsupported disclosure. The discussion challenges earlier studies indicating willing or seductive participation.

In reviewing our data on child and adolescent victims, we have tried to avoid traditional ways of viewing the problem and instead to describe, from the victim's point of view, the dynamics involved between offender and victim regarding the issues of inability to consent, adaptive behavior, secrecy, and the disclosure of the secret . . . Our data clearly indicates that a syndrome of symptom reaction is the result of pressure to keep the activity secret as well as the result of the disclosure . . . It may be speculated that there are many children with silent reaction to sexual trauma. The child who responds to the pressure to go along with the sexual activity with adults may be viewed as showing an adaptive response for survival in the environment [65].

If there had been an aroused protest for protection of children in 1975, the vanguard observations of Burgess and Holmstrom might have marked a turnaround for more sympa-

thetic reception of child victimization. Since child advocacy suffers in competition with adult interests, there has been at best an evolutionary rather than a revolutionary response within the clinical and judicial fields. It is, therefore, appropriate to recall the rape trauma syndrome as a model for increasing the sensitivity of counselors and of legal counselors and to restate the sexual trauma of children and adolescents as seen with an additional eight years of multiagency experience and nationwide correlation.

## CONCLUSION

Sexual abuse of children is not a new phenomenon although its true dimensions are emerging only through recent awareness and study. Children have been subject to molestation, exploitation and intimidation by supposed caretakers throughout history [66]. What is changing most in our present generation is the sensitivity to recognize exploitation, to identify blatant inequities in parenting among otherwise apparently adequate families, and to discover that such inequities have a substantial impact on the character development, personality integration and emotional well-being of the more deprived and mistreated children.

Freud could find no precedent in 1897 for any number of respectable parents victimizing their children. "Then there was the astonishing thing that in every case . . . blame was laid on perverse acts by the father, and the realization of the unexpected frequency of hysteria, in every case of which the same applied, though it was hardly credible that perverted acts against children were so general" [67].

In the 1980's we can no longer afford to be incredulous of basic realities of child abuse. The growing body of literature emanating from the now classic paper, *The Battered Child Syndrome* [68], published in 1962, gives ample precedent and a 20 year perspective for the certain recognition that perverted acts against children are, in fact, so general.

Sexual molestation was called the last frontier in child abuse in 1975 by Sgroi, an internist, who was already in a position to identify the reluctance of many clinicians to accept the problem [69].

*Recognition of sexual molestation in a child is entirely dependent on the individual's inherent willingness to entertain the possibility that the condition may exist. Unfortunately, willingness to consider the diagnosis of suspected child sexual molestation frequently seems to vary in inverse proportion to the individual's level of training. That is, the more advanced the training of some, the less willing they are to suspect molestation.*

It is urgent in the interests both of treatment and of legal advocacy and for the sake of primary, secondary and tertiary prevention of diverse emotional disabilities that clinicians in every field of the behavioral sciences be more aware of child sexual abuse. It is countertherapeutic and unjust to expose legitimate victims to evaluations or treatment by therapists who cannot suspect or "believe in" the possibility of unilateral sexual victimization of children by apparently normal adults.

The sexual abuse accommodation syndrome is derived from the collective experience of dozens of sexual abuse treatment centers in dealing with thousands of reports or complaints of adult victimization of young children. In the vast majority of these cases the identified adult claimed total innocence or admitted only to trivial, well-meaning attempts at "sex education," wrestling, or affectionate closeness. After a time in treatment the men almost invariably conceded that the child had told the truth. Of the children who were found to have misrepresented their complaints, most had sought to *understate* the frequency or duration of sexual experiences, even when reports were made in anger and in apparent retaliation against violence or humiliation. Very few children, no more than two or three per *thousand*, have ever been found to exaggerate or to invent claims of sexual molestation [70]. It has become a

maxim among child sexual abuse intervention counselors and investigators that children never fabricate the kinds of explicit sexual manipulations they divulge in complaints or interrogations [8].

The clinician with an understanding of the child sexual abuse accommodation syndrome offers the child a right to parity with adults in the struggle for credibility and advocacy. Neither the victim, the offender, the family, the next generation of children in that family, nor the well-being of society as a whole can benefit from continuing secrecy and denial of ongoing sexual abuse. The offender who protects an uneasy position of power over the silent victims will not release his control unless he is confronted by an outside power sufficient to demand and to supervise a total cessation of sexual harassment [13,22,25,32,71].

The counselor alone cannot expect cooperation and recovery in an otherwise reluctant and unacknowledged offender. The justice system alone can rarely prove guilt or impose sanctions without preparation and continuing support of all parties within an effective treatment system. All agencies working as a team give maximum promise of effective recovery for the victim, rehabilitation of the offender and survival of the family [24,71].

The child sexual abuse accommodation syndrome provides a common language for the several viewpoints of the intervention team and a more recognizable map to the last frontier in child abuse.

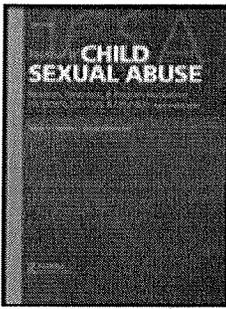
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**ATTACHMENT B**



## Abuse of the Child Sexual Abuse Accommodation Syndrome

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**Abuse of the Child Sexual Abuse  
Accommodation Syndrome**

Roland C. Summit

The Child Sexual Abuse Accommodation Syndrome (CSAAS) (Summit, 1983b) is a clinical observation that has become both elevated as gospel and denounced as dangerous pseudoscience. The polarization which inflames every issue of sexual abuse has been kindled further here by the exploitation of a clinical concept as ammunition for battles in court. The excess heat has been generated by false claims advanced by prosecutors as well as a primary effort by defense interests to strip the paper of any worth or relevance.

The following commentary will address the origins of the child

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sexual abuse accommodation concept and the subsequent distortions that court misuse has imposed. I hope that such a contextual review can serve as a guide toward a more accurate understanding among clinicians, judges, and advocate attorneys.

### BACKGROUND

Appeals decisions have groped for a definition of the intent and purpose of the CSAAS, assuming sometimes that it is intended for diagnosis or for substantiation of complaints. It has been presumed at times to be both an instrument and an opinion. I would propose that the answers to such questions can be found not in adversarial debate but in an examination of the origins of the CSAAS itself.

It was only when I began reviewing courtroom opinions during the late 1970's that it became apparent that prevailing clinical experience was at odds with forensic demands. From the viewpoint of a community psychiatrist specializing in sexual abuse consultation, it had become axiomatic that children were reluctant to disclose sexual victimization and that potentially protective adults were often incredulous and threatened by the implications of a child's complaint. I was surprised to discover that lawyers tended to discredit delayed and inconsistent reports, insisting that any legitimate victim would have made an immediate and convincing complaint. I began to understand that legal assumptions equating reliability of testimony with a fresh and consistent complaint merely formalized the standoff that has always existed between victimized children and the adults in authority they must face to gain sympathy and protection. The small victim of a private crime must search against fear of rejection for the adult who will listen to an unwelcome, offensive account and take protective action against a trusted peer.

In the summer of 1979, I put together a list of those factors which were both most characteristic of child sexual abuse and most provocative of rejection in the prevailing adult mythology about legitimate victims. The basis for those typical characteristics was my own broad consulting experience throughout Los Angeles County as well as personal discussions with such national visionaries as Ann Burgess, Sue Sgroi, Nicholas Groth, Lloyd Martin, Louise Armstrong, Lucy Berliner, Hank Glarretto, Kee MacFar-

lane, Karin Meiselman, Judith Herman, Diana Russell and, especially, David Finkelhor.

The first five of the seven factors on the original list formed a logical pattern and sequence of interaction among the victim, the intruder and the potential caretakers. Together, these five points described both the luxury of the adult world not to listen and the accommodating efforts of the child not to complain. The factors as listed were: (1) Secrecy, (2) Helplessness, (3) Entrapment and accommodation, (4) Delayed, conflicted and unconvincing disclosure, and (5) Retraction.

I began to use that pattern as an outline for lectures explaining the dynamics of sexual victimization, calling it the Child Sexual Abuse Accommodation Syndrome. The lectures had the compelling effect of helping professional and public audiences to understand, as if for the first time, how sexual abuse can occur. It became commonplace for adult survivors to seek me out after such a lecture to express gratitude that someone could understand. They typically felt relieved and forgiven, having condemned themselves as uniquely weak or bad for their uncomplaining compliance as a child.

The published record of the CSAAS begins with the transcription of an invited lecture in Victoria, British Columbia on September 29, 1980 (Summit). That publication served as the basis for the text of the CSAAS which was incorporated in each of two book chapters written during the spring of 1981 (Summit, 1982, 1983a). An expanded version was written during the ensuing summer and submitted to a psychiatric journal. The CSAAS article was rejected, not because it was radical or unsubstantiated, but because the reviewers felt it was so basic that it contributed nothing new to the literature!

The unexpected rejection after two years of frustrating delays discouraged any further attempt at publication. Copies of the typescript continued to circulate, however, and the CSAAS took on a life of its own in progressively faded facsimile. Kee MacFarlane recommended the paper for inclusion in the sexual abuse special issue of the *International Journal of Child Abuse and Neglect*. The typescript was reviewed, unchanged, in the spring of 1983, and finally published (Summit, 1983b).

The significance of the preceding chronology is that the CSAAS, like the labors of disclosure it seeks to describe, was not relevant to established wisdom. Even as it made sense to those with personal and immediate experience, it was unacceptable to those with gatekeeping authority. Sharing the CSAAS became centrally important to me as I tried to find the way to say it right, but on being rejected I was willing to retract it and give up. In further analogy to the plight of the child, the CSAAS depended on intervention by a sensitive, experienced professional to invite eventual disclosure.

The publication history is important also for the fact that the text of the CSAAS represents the author's experience up to the fall of 1981, more than two years before its eventual publication, with clinical anecdotes derived from consulting experience preceding 1980. The large majority of those first consultations involved incestuous abuse, which then became a convenient model for lecture presentation. Despite intervening contacts with every known form of child sexual victimization, all of which reinforced the accommodation concept, the written persistence of the original anecdotes allows for the misleading impression that the accommodation phenomenon is specific to father-daughter incest.

The CSAAS originated, then, not as a laboratory hypothesis or as a designated study of a defined population. It emerged as a summary of diverse clinical consulting experience, defined at the interface with paradoxical forensic reaction. It should be understood without apology that the CSAAS is a clinical opinion, not a scientific instrument.

### ABUSES

Contrary to its resoundingly constructive clinical reception, lawyers and a few clinical expert witnesses have tended to seize on the CSAAS as a major weapon. Adversarial rivals seem determined either to enhance it or to destroy it according to their designated role. The CSAAS posed a threat to the traditional defense arguments that legitimate victims would fight back and complain, that any good mother would know if her child were a victim, and that retractions confirm the common sense assurance that children typi-

cally lie about sexual victimization. Prosecutors saw the CSAAS as a potential offer of proof that an inconsistent victim is truthful.

Some of the adversarial alarm and distortion stems from misunderstanding of the word *syndrome*. In medical tradition it means a list, or pattern of otherwise unrelated factors which can alert the physician to the possibility of disorder. Such a pattern is not diagnostic, and the cause-and-effect relationship among the factors themselves and with the possible problem is generally obscure. In court circles, *syndrome* seems to mean a diagnosis which an expert witness contrives to prove an injury. *Syndrome evidence* has become a generic term for diagnostic medical or psychological testimony which must be closely scrutinized for scientific reliability, lest the intrinsic authority of the expert witness improperly prejudice a jury through contrived or eccentric opinion. Any assertion that a victim-witness or a plaintiff suffers from a disorder that was caused by the claimed injury must be tested for scientific reliability in a so-called *Kelly-Frye* hearing. Had I known the legal consequences of the word at the time, I might better have chosen a name like the Child Sexual Abuse Accommodation *Pattern* to avoid any pathological or diagnostic implications.

Despite the potential for semantic misunderstanding, it should have been obvious to a careful reader that the CSAAS was not addressing an illness or disorder. The abstract of the monograph, which was written in the summer of 1983, expresses my last and most careful epitome of what I was trying to describe:

Child victims of sexual abuse face secondary trauma in the *crisis of discovery*. Their attempts to reconcile their private experiences with the realities of the outer world are assaulted by the disbelief, blame and rejection they experience from adults. The *normal coping behavior* of the child contradicts the entrenched beliefs and expectations typically held by adults, stigmatizing the child with charges of lying, manipulating or imagining from *parents, courts and clinicians*. . . .

Evaluation of the responses of *normal children* to sexual assault provides clear evidence that societal definitions of "normal" victim behavior are inappropriate and procrustean, serving adults as *mythic insulators* against the child's pain.

Within this *climate of prejudice*, the sequential *survival options* available to the victim further alienate the child from any hope of outside credibility or acceptance. Ironically, the child's inevitable choice of the "wrong" options reinforces and perpetuates the *prejudicial myths*. (1983b, p. 177, emphasis added)

These are normal children making normal adjustments to an abnormal environment. The focus is not on the effects of sexual abuse itself but on the conflict between the child's experience and the perverse indifference of the outer, adult world. If there is pathology, it is in the denial and paradoxical demands of adults, not in the survival options found by the child. The words *identification, detection, diagnosis, symptom, disorder, illness* and *pathology*, which might infer a diagnostic focus, do not appear in the paper, nor is there a promise of verifying the alleged abuse with such words as *test, validate, evaluate, confirm, or prove*. The accommodation mechanisms listed in the third category are obviously not specific to sexual assault. Rather, they were selected to illustrate the misleading, self-camouflaging behaviors that inhibit recognition. The CSAAS is meaningless in court discussion unless there has been a disputed disclosure, and in that instance the ultimate issue of truth is the sole responsibility of the trier of fact. The CSAAS acknowledges that there is no clinical method available to distinguish "valid" claims from "those that should be treated as fantasy or deception" (p. 189), and it gives no guidelines for discrimination.

The capacity to listen and the willingness to believe, which the paper invites, is not an admonition to interrogate or to assume that every disclosure is real:

The purpose of this paper then, is to provide a vehicle for a more sensitive, more therapeutic response to *legitimate* victims of child sexual abuse and to invite more active, more effective *clinical advocacy* for the child within the family and within the systems of child protection and criminal justice. (p. 179-180, emphasis added)

Even the word *advocacy* has a loaded meaning in forensic circles. An advocate is seen as a hireling paid to advance an adversarial view, or someone with a zealous mission who cannot be objective. So the CSAAS can be read by lawyers as a rallying cry for clinicians to go forth and diagnose more children as victims, toward the goal of making more money and putting more people in jail. Whether or not attorneys saw it that way at first, that is certainly the attack directed now against the CSAAS and its alleged minions, the *child advocates* or, more derisively, *child abuse finders* or *validators*, who are said to be conducting a *witch hunt* and creating an *epidemic of false allegations*, launched and fueled by the CSAAS. This *kill the messenger* rhetoric has given the CSAAS a taint of controversy which inhibits expert witnesses from drawing on the paper as supplementary authority. Clinicians may be warned specifically by attorneys to make no reference to the CSAAS, and even to deny being influenced in their training by the views of early theorists.

When CSAAS is not stigmatized outright, it may be attacked as being irrelevant in any disclosures other than those naming the father in an intact family system. This is a frank distortion both of the scope of the CSAAS and of clinical reality. Silence is intrinsic to the victimization process, not to family systems dynamics. A skillful neighborhood offender may be more immune from parental suspicion and victim disclosure than a relative. Experts who swear that a child would have no reason to conceal abuse by a teacher must be unimpressed by a case in Great Neck, N.Y., where a computer tutor enslaved some 400 boys and girls in pornographic exploitation and sadistic abuse over a span of 7 years with no disclosures, ever. Or the school bus driver in the same county who molested children going back and forth to school. Some 250 young children entered a bus twice a day to be molested, yet no teacher or parent heard a word of that ordeal.

While much of the destructive criticism was contrived to prevent any use of the CSAAS in court, some criticism has been a legitimate defense against improper use by prosecutors and expert witnesses called by prosecution. There has been some tendency to use the CSAAS as an offer of proof that a child has been abused. A child may be said to be *suffering from* or *displaying* the CSAAS,

as if it is a malady that proves the alleged abuse. Or a child's conspicuous helplessness or silence might be said to be *consistent with* the CSAAS, as if not complaining proves the complaint. Some have contended that a child who retracts is a more believable victim than one who has maintained a consistent complaint. Such absurd distortions fuel the fire against the CSAAS:

**Daffynition: *Child Sexual Abuse Accommodation Syndrome:*** a brief synopsis. (1) When a child denies abuse, they have been abused. (2) When a child says they have been abused, they have been abused. (3) When a child recants an abuse, they have been abused. (4) Therefore, it is logical to conclude that all children have been abused and therefore all who have children have either abused their child or have allowed their child to have been abused. (VOCAL, 1988, p. 6)

The CSAAS is used appropriately in court testimony not to prove a child was molested but to rebut the myths which prejudice endorsement of delayed or inconsistent disclosure. Proper testimony is defined in California's *People v. Gray* (187 Cal. App. 3d 213; Cal. Rptr. - [Nov. 1986]). *Gray* translates a state Supreme Court decision into analogous guidelines for CSAAS testimony regarding child witnesses:

. . . expert testimony may play a particularly useful role by disabusing the jury of some widely held misconceptions about (child sexual abuse and its) victims, so it may evaluate the evidence free of the constraints of popular myths. (*People v. Gray*, p. 218)

. . . it was not error to admit expert testimony to the effect that it was common for child victims to delay reporting of incidents of abuse and to give inconsistent accounts of such incidents to different people, where such evidence was not offered to prove that a molestation in fact occurred, but rather was offered to rebut the inference proffered by the defendant that the alleged victim was being untruthful as shown by her delay and inconsistencies in reporting, by showing that such behavior is *not necessarily indicative of deceit* in children.

Such expert testimony was proper so long as it was limited to discussion of *victims as a class* (e.g., children), and did *not* extend to discussion and diagnosis of the *witness in the case at hand*. (pp. 213-214, emphasis added)

Gray also defines CSAAS testimony as opinion, not scientific evidence, and therefore not subject to *Kelly-Frye* exclusion. "Thus, expert testimony, even where highly esoteric and controversial, is generally admissible, so long as not derived from a specific experimental or forensic procedure" (p. 214).

### REDUCTIO AD ABSURDUM

The ultimate barrier to CSAAS testimony is to define it as something it is not, then to bar it for its failure to meet irrelevant conditions. If the CSAAS is labeled as a diagnostic instrument, then it must undergo a *Kelly-Frye* hearing to demonstrate its infallibility and its general acceptance in the scientific community in which it was developed. Since the author is a psychiatrist, it is tested against the psychiatric literature and the official diagnostic and statistical manual, in which, since it is *not* a diagnosis, it will never appear.

Working in the community gave me the privilege of learning about sexual abuse from those who knew: social workers, nurses, police, sociologists, psychologists, journalists and adult survivors. The greatest contribution from psychiatrists was an appreciation of the elitist avoidance that continues to isolate my profession from the interdisciplinary advances of child abuse awareness. The clinical expert best-qualified to testify about sexual victimization is likely to be a social worker, not a physician. Yet judges persist in empowering psychiatrists with sole dominion over human behavior.

The Supreme Court of Kentucky has reversed five consecutive sexual abuse convictions involving expert witness testimony, ruling each time that the CSAAS is not a generally accepted *medical* concept.

However, the issue "has never been properly presented to us" said Kentucky Supreme Court Chief Justice Robert

Stephens. The witnesses who testified about the syndrome were social workers and other non-medical personnel rather than traditional experts like doctors and psychiatrists, Stephens said. (Nance, 1991, p. A-9)

In January the court reviewed the ultimate test case. The defendant had been condemned to 50 years in prison for molesting and sodomizing his stepdaughter over a period of six years. Expert testimony was offered by Lane Veltkamp, a full professor of psychiatry and Director of the University of Kentucky Child Abuse Center. In his 23 years of experience he had evaluated and treated over 1000 children. His testimony avoided any reference to the CSAAS, but he was asked to comment on the child's six years of silence. He said in his experience "delayed disclosure was common among sexually abused children."

The Supreme Court interpreted that statement as a reference to the CSAAS! The entire testimony was nullified and the CSAAS was scapegoated *in absentia* because the expert's credentials were judged inadequate to address what the court insists is medical evidence. Professor Veltkamp, medical educator and sexual abuse expert *par excellence*, was not to be allowed to educate a jury. The Supreme Court reversed the conviction because he is *only* a Master of Social Work, not a Doctor of Medicine (Nance, 1992).

### CONCLUSION

It has been 13 years since I observed that victims of sexual abuse are the object of prejudice because they do not meet our artificial standards of disclosure. I thought that better education would correct this secondary abuse. The CSAAS, written to address that prejudice, was drawn from community resources and published in the interdisciplinary, international journal for child abuse awareness. Nothing in that history implies that the CSAAS is a medical issue. There are infinite behavioral variations which can be subsumed under the five categories of the CSAAS, any of which may be vital to understanding a victim's dilemma. To take all such information away from those who can best express it, to consign it to a category of medical evidence because a psychiatrist once

tried to summarize it, and then to rule any and every part of such information forbidden to a trier of fact unless a physician can prove it qualifies as medical evidence is the ultimate expression of the very prejudice which the courts seem so reluctant to acknowledge.

Knowledge is not enough. Education is not enough. A good clinical framework like the CSAAS is not only not enough, it becomes worse than nothing if it offends those who are determined not to learn. It can be used as a lock on the secret instead of the key.

The problem is not with improper use of expert testimony. The problem is not with skeptical attorneys or recalcitrant judges; they all merely represent our continuing reluctance as an adult society to allow an honest view of our children's continuing silence.

The answer lies not in better research or better publications. Scientific progress is no match for prejudicial ignorance. The answer rests with broader acknowledgement that we all need to discard familiar reassurances and struggle together for better answers. We aren't yet willing as a society to prohibit the sexual abuse of children. Why not?

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**ATTACHMENT C**

## DISCLOSURE OF CHILD SEXUAL ABUSE What Does the Research Tell Us About the Ways That Children Tell?

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The empirical basis for the child sexual abuse accommodation syndrome (CSAAS), a theoretical model that posits that sexually abused children frequently display secrecy, tentative disclosures, and retractions of abuse statements was reviewed. Two data sources were evaluated: retrospective studies of adults' reports of having been abused as children and concurrent or chart-review studies of children undergoing evaluation or treatment for sexual abuse. The evidence indicates that the majority of abused children do not reveal abuse during childhood. However, the evidence fails to support the notion that denials, tentative disclosures, and recantations characterize the disclosure patterns of children with validated histories of sexual abuse. These results are discussed in terms of their implications governing the admissibility of expert testimony on CSAAS.

Although it is widely acknowledged that the sexual assault of children is a major societal concern, it is not known how many children are victims of sexual abuse in the United States (Ceci & Friedman, 2000). There are two major reasons for this lack of data. First, present estimates of the incidence of child sexual abuse (CSA) are primarily based on reports received and validated by child protection agencies. These figures, however, do not reflect the number of unreported cases or the number of cases reported to other types of agencies (e.g., sheriff's offices) and professionals (e.g., mental health diversion programs). Second, the accuracy of diagnosis of CSA is often difficult because definitive medical or physical evidence is lacking or inconclusive in the vast majority of cases (Bays & Chadwick, 1993; Berenson, Heger, & Andrews, 1991), and because there are no gold standard psychological symptoms specific to sexual abuse (Kendall-Tackett, Williams, & Finkelhor, 1993; Poole & Lindsay, 1998; J. M. Wood & Wright, 1995). Given these limitations of medical and psychological evidence, children's statements typically represent the central evidence for judging the occurrence of

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CSA. In making these judgments, professionals must often address the delicate issue concerning how children disclose abuse.

According to some experts, a major problem with relying on children's statements in forensic investigations is that many sexually abused children remain silent about abuse; they may deny that abuse ever occurred, or they may produce a series of disclosures of abuse followed by recantations of these disclosures. In 1983, Roland Summit, a psychiatrist, published a formal description of how sexually abused children disclose abuse. The purpose of this model, termed *child sexual abuse accommodation syndrome* (CSAAS),<sup>1</sup> was to outline for clinicians why child victims of intrafamilial abuse may be reluctant to disclose abuse.<sup>2</sup> Summit's model included five components: (a) secrecy; (b) helplessness; (c) entrapment and accommodation; (d) delayed, conflicted, and unconvincing disclosures; and (e) retraction of disclosure. Summit argued that children who have been sexually abused may respond with self-blame and self-doubt. They may fear the perpetrator and the possible consequences of disclosure. Hence, in order to survive sexual abuse by a trusted family member, children make accommodating efforts to accept the abuse and to keep the abuse secret. Furthermore, according to Summit (1983), when children do reveal their abuse, disclosure will be incremental over time, a process that often includes outright denials and recantations of prior disclosures, and then reinstatements of the abuse. It is important to keep in mind that there are two separate aspects of this model, each with its own components. The first stipulates the psychological consequences of abuse (fear, blame, and accommodation). The second aspect, the focus of this article, stipulates the consequences that these psychological states have on behavior (secrecy, denial, and recantation).

Summit's (1983) model has received much attention and has had a significant impact in the area of child sexual abuse. His 1983 article was rated by professionals as one of particular influence in the area of child sexual abuse (Oates & Donnelly, 1997). The components of his CSAAS model have been endorsed by many clinicians and scholars who continue to base clinical and forensic judgments on its tenets (e.g., Adams, 1994; Browne, 1991; Carnes, 2000; Elias, 1992; Ford, Schindler, & Medway, 2001; Kelley, Brant, & Waterman, 1993; King Mize, Bentley, Helms, Ledbetter, & Neblett, 1995; Leonard, 1996; MacFarlane, 1992; Reichard, 1992; Reiser, 1991; Waterman, Kelly, Oliveri, & McCord, 1993; see also Conte, Sorenson, Fogarty, & Rosa, 1991, for a survey of professionals' beliefs). For example, Browne (1991) stated, "Disclosure is almost always an ongoing process. It may begin with an initial quite dramatic first step, or it may manifest itself as a series of tentative revelations, hints, and explorations" (p. 153). Similarly, Kelley et al. (1993) wrote, "Disclosures are often delayed and gradual" (p. 82). Salter (1995) declared, "The child is viewed as having betrayed the family by telling 'strangers,' and such children are frequently pressured to recant" (p. 231). Salter also stated, "Denial is not a door that victims exit; it is a

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<sup>1</sup>A similar model posited by Sgroi (1982), child sexual abuse accommodation (CSAA), provided a checklist of 20 hypothesized behavioral indicators of CSA. MacFarlane and Krebs (1986) also proposed a model of reluctant disclosure, one that they termed "no-maybe-sometimes syndrome."

<sup>2</sup>In 1992, Summit (1992) expanded the model to include victims of extrafamilial abuse.

line that victims walk back and forth many times before moving forward” (Salter, 1995, p. 243).

Today these beliefs are echoed in guidelines for assessment and diagnosis of CSA. For example, Children’s Institute International,<sup>3</sup> a California-based child abuse assessment and treatment center that has trained over 40,000 professionals worldwide, recommends training and offers a course on CSAAS for all professionals and paraprofessionals who work with children. Another influential organization, the National Children’s Advocacy Center (Carnes, 2000), states in one of its publications, “Forensic evaluation is a process of extended assessment of a child when that child is too frightened or young to be able to fully disclose their experiences on an initial forensic interview” (p. 14). “For many children, abuse disclosure is a process, not an event” (Carnes, 2000, p. 21). “Reluctance is commonplace and difficult to overcome in suspected child sexual abuse cases” (Carnes, 2000, p. 42).

Some professionals have gone as far as suggesting that children who readily disclose abuse should be considered suspect. Rather, only those children who initially deny abuse, then make a sexual abuse allegation, then recant it, and later re-disclose, should be considered reliable cases of sexual abuse. For example, Summit (1983) states, “The more illogical and incredible the initiation scene [of the abuse] might seem to adults, the more likely it is that the child’s plaintive description is valid” (p. 183). These beliefs are echoed in the courtroom, as demonstrated in the following examples.

Finally, the majority of children who are sexually abused underreport the extent and severity of the abuse. If I would have heard about lengthy disclosures with a specific beginning, middle, and end to the story, I would have been less impressed since that type of recounting is not likely with sexually abused children, particularly preschoolers. The two most common types of reports that I hear from a sexually abused child of this age are either flat denials or fragmented segments of an incident. (Expert testimony in *Lillie v. Newcastle City Council*, 2002, p. 42)

In the following, a prosecutor questions his expert witness:

Q: Doctor, you mentioned earlier that with respect to child victims, it is not unusual that they would fully describe all of the events in your first interview.

A: No.

Q: And if they do, is it suspicious to you?

A: To me, yes. (*People v. Carroll*, 2001, p. 70)

Although Summit (1992) wrote that he did not intend to imply that CSAAS is present in all abused children, or that it should be treated as diagnostic of abuse, many professionals have adopted CSAAS as a template by which to diagnose sexual abuse (Fisher, 1995; Kovera & Borgida, 1998; Robin, 1991; Summit, 1992). Perhaps the best example of this practice is reflected in *State v. Michaels* (1993). Margaret Kelly Michaels was accused and convicted of 115 counts of sexual abuse involving 20 children from the Wee Care Day Nursery in Maple-

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<sup>3</sup>See <http://childrensinstitute.org/> for Children’s Institute International’s description of their contemporary interview training procedures.

wood, New Jersey. Expert testimony was presented at trial by Eileen Treacy, who stated that children in the case showed behavior consistent with CSAAS and thus their testimony and conduct was consistent with CSA. After 5 years in prison, Michaels' conviction was overturned for reasons including the inadmissibility of testimony that uses CSAAS as a tool to diagnose abuse.

In keeping with the legal rule of excluding expert testimony that seeks to tell the jury to believe a witness (i.e., that the child witness is being truthful, or in general that children are truthful), the courts have uniformly excluded CSAAS evidence that is used to persuade the jury that a child's testimony about sexual abuse is truthful or diagnostic of abuse (e.g., *People v. Duell*, 1990; *Snowden v. Singletary*, 1998; *State v. Gokey*, 1990; *State v. JQ*, 1993; *State v. Jones*, 1993; *State v. Myers*, 1984; see also Freckelton, 1997, for a review of New Zealand and Australian rulings). When a child's inconsistency has been the subject of an attack on credibility during cross-examination, however, most courts have assumed that CSAAS rests on a reliable scientific foundation and have permitted the prosecution to introduce evidence of CSAAS to explain "what would be expected of, or what would be consistent with, facts surrounding other victims of childhood sexual abuse" (*State v. Huntington*, 1998, p. 698).

Given the widespread appeal and currency of CSAAS in the mental health community and its acceptance in the forensic arena, especially when used to rehabilitate an inconsistent child witness on redirect, it is important to examine the empirical basis for this syndrome. In his original article, Summit (1983) stated that the CSAAS model was based on an empirical foundation:

This study draws in part from statistically validated assumptions regarding prevalence, age, relationships and role characteristics of child sexual abuse and in part from correlations and observations that have emerged as self-evident within an extended network of child abuse treatment programs and self-help organizations. (Summit, 1983, p. 180)

Despite this claim, however, Summit's (1983) article contained no data and seemed to be predicated solely on clinical intuition. Almost a decade later, Summit (1992) clarified, "It should be understood without apology that the CSAAS is a clinical opinion, not a scientific instrument" (p. 156).

In the rest of this article, we review and evaluate the existing empirical data to assess the scientific support for the behavioral components of CSAAS—secrecy/silence, denial, and recantation. We draw on two major sources of empirical data on children's disclosure patterns, each with its own limitations: (a) retrospective accounts from adults who claimed to have been abused as children and (b) examinations of children undergoing sexual abuse evaluations. To foreshadow the results of this review, we conclude that although a substantial proportion of children delay reporting or altogether fail to report incidents of CSA (the secrecy stage), there is little evidence to suggest that denials, recantations, and re-disclosures are typical when abused children are directly asked about abuse. As is seen later in the present article, this emerges as an important distinction on both scientific and applied grounds.

## Patterns of Disclosure Among Adults in Retrospective Surveys

### *Disclosure Rates*

The studies discussed in this section include those in which adults with self-reported histories of CSA were asked in a survey whether and at what age they first disclosed their abuse. Table 1 lists 11 studies that yielded rates of childhood disclosure of CSA. Studies that did not provide relevant statistics are not listed in the table but are cited when relevant for related topics (e.g., predictors of disclosure patterns). Finally, we focused on studies that were conducted since 1990 in order to control for cohort effects; in other words, the rates obtained in older studies might reflect practices of several decades ago that are no longer current because of changes in education, advocacy, increased sensitivity, and legal procedures.

As shown in Table 1, the modal childhood disclosure rate (in 6 of the 11 studies) is just over 33%. Three other studies (7, 8, 9) reported slightly higher rates of disclosure that are still low and are consistent with the claims of the CSAAS model that nondisclosure of sexual abuse (silence) in childhood is very common. The disclosure rate of 87% reported by Fergusson, Lynskey, and Horwood (1996) is much higher than those found in other studies, an issue to which we later return. In summary, these data indicate that two thirds of adults who claimed in retrospective surveys to have been abused as children reported that they did not disclose the abuse during childhood.

Disclosure rates were similar for studies that specifically recruited adults with childhood histories of CSA (see Table 1; Studies 3, 4, 5, 8, and 9) and for studies that recruited adults from the general population (Studies 1, 2, 6, and 10). For example, Somer and Szwarcberg (2001) questioned 41 Israeli women who reported that they were sexually abused as children and who at the time of the interview were attending rape crisis centers. (It is unclear whether the women were seeking treatment at the centers for the childhood abuse incident or for some more recent incident.) Less than half (45%) reported that they had disclosed abuse by age 17, and the average delay between abuse onset and disclosure was 15 years. Lamb and Edgar-Smith (1994) questioned 48 women and 12 men who responded to a city newspaper advertisement seeking research participants who had been sexually assaulted during childhood. Although a high proportion of these respondents reported severe intrafamilial abuse, only 36% of the participants disclosed the abuse during childhood (defined in this study as before age 14). The same childhood disclosure rate of 36% was obtained from a sample of women who reported sexual abuse by a relative before the age of 16 (Roesler & Wind, 1994). In another study (Roesler, 1994), 37% of adults with childhood histories of abuse involving genital contact disclosed abuse during childhood. Finally, a slightly higher rate of childhood disclosure was obtained in Ussher and Dewberry's (1995) survey of 775 women who responded to a questionnaire published in a women's magazine. Approximately 54% of these participants disclosed CSA during childhood. These women reported a range of abuse severity, from unwanted sexual attention to severe and repeated abuse from family members. The mean age at disclosure for this group was 26 years, 12 years after the average time when the abuse had ended.

Table 1

Childhood Disclosures of Sexual Abuse: Retrospective Studies

Study	<i>n</i>	Sample source <sup>a</sup>	Definition of CSA	Reports abuse at survey	Childhood disclosure	Report to authorities	Avg. age at time of abuse (yrs.)	Avg. age of sample (yrs.)
1. Arata (1998)	860 (f)	College sample	Unwanted contact before 14 yrs.	24.0%	31% (at time of abuse)	10%	8.50	23
2. Smith et al. (2000)	3,220 (f)	National probability sample	Rape	9.0%	34% (within 6 months of abuse)	12%	10.90	45
3. Roesler & Wind (1994)	286 (f)	CSA hotline callers	Intrafamilial before 16 yrs.	100%	36%		6	41
4. Lamb & Edgarr-Smith (1994)	48 (f) 12 (m)	Newspaper ad	Not specified	100%	36% (by age 13)		8.15	30
5. Roesler (1994)	168 (f) 20 (m)	Abuse center	Genital contact before 16 yrs.	100%	37%		<16.00	41
6. Tang (2002)	1,151 (f) 887 (m)	Hong Kong Chinese college students	Unwanted sexual experiences before 18 yrs.	6.0%	38%		11.00	21
7. Finkelhor et al. (1990)	1,481 (f) 1,145 (m)	National probability sample	Before 18 yrs.	27.0% (f) 16.0% (m)	42% within 1 yr. of abuse		9.70	30 39
8. Somer & Szwarcberg (2001)	41 (f)	Israeli abuse center	CSA survivors	100%	45% (by age 17)		7.11	32
9. Ussher & Dewberry (1995)	775 (f)	Magazine survey	Unwanted sexual attention	100%	54%	18%	8.50	38
10. Fergusson et al. (1996)	1,019 (m & f)	New Zealand longitudinal study	Unwanted experience before 16 yrs.	10.0%	87% (by age 18)		<16.00	18
11. Hanson et al. (1999)	4,008 (f)	National probability sample	Nonconsensual penetration assaults before 18 yrs.	8.5%		13%	<18.00	38

Note. CSA = child sexual abuse; Avg. = average; yrs. = years; f = female; m = male.

<sup>a</sup>Unless noted, all studies were conducted in the United States.

One might argue that the rates of childhood disclosure obtained in these five studies may not be reliable population estimates because they were obtained from samples of participants who had to declare before study enrollment that they had been abused as children. Perhaps such procedures draw victims with very late disclosures and exclude those who had disclosed at much earlier ages. Alternatively, it could be argued that these rates underestimate the failure to disclose because those who never told anyone may be less likely to respond to such advertisements. Notwithstanding these competing suggestions, however, similar findings have been obtained in studies that included convenience samples of college students as well as national probability samples that were not selected on the basis of childhood histories. For example, Smith et al. (2000) examined data from a nationally representative telephone survey on women's experiences with trauma and mental health (Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993). In this study, 9% of the women retrospectively reported at least one incident of rape (i.e., vaginal, oral, and/or anal penetration by a penis, finger, or object) prior to their 18th birthday. Approximately 27% of these abused women remembered disclosing the rape to someone within 1 month of the sexual abuse; another 34% said they had disclosed within 6 months of the abuse; an additional 18% were not sure when they had first disclosed the abuse. Thus, a considerable number of women delayed or altogether failed to disclose the childhood rape; 47% waited more than 5 years to report the abuse, and 28% said that they had never told anyone about the incident prior to the telephone interview.

Similar rates of nondisclosure were obtained by Finkelhor, Hotaling, Lewis, and Smith (1990) in their national telephone survey of 2,626 American men and women. In that study, 27% of women and 16% of men reported a history of CSA. Of those with histories of CSA, 42% reported having disclosed abuse within 1 year of the incident, 20% told someone of the event later, and 38% had never told anyone of the abuse prior to the telephone interview. Abused men were more apt than abused women never to have disclosed the abuse (42% vs. 33%).

Low rates of disclosure also characterized two college student samples. Arata (1998) found that 24% of female undergraduate students attending a southeastern university reported unwanted sexual contact before age 14 by someone 5 or more years older. Of those with CSA histories, 31% reported having disclosed the abuse to someone around the time of the abuse. Tang (2002) found that in a sample of Hong Kong Chinese college students who reported abuse, 38% disclosed abuse in childhood.

Only 1 of the 11 studies in Table 1 reported high rates of disclosure. The study was carried out in New Zealand by Fergusson et al. (1996) and involved a longitudinal study of 1,265 children. Sexual abuse was defined broadly in this study, ranging from noncontact activities, such as indecent exposure or lewd suggestions (including experiences with same-aged peers), to rape before age 16. At 18 years old, 87% of the abused subsample reported having told someone about the abuse. There are several factors that may account for Fergusson et al.'s finding of high disclosure rates relative to the other studies. As the authors noted, such high rates of disclosure may partially reflect the young age of the adults in their sample: possibly some were still denying the abuse, thus producing lower rates of CSA with concomitantly inflated rates of disclosure. Another factor that could explain high rates of disclosure is that many of their participants reported

noncontact activities such as lewd suggestions, which reportedly the participants did not consider as incidents of CSA. This could also explain why many of these participants denied abuse history 3 years later, during a follow-up interview (Fergusson, Horwood, & Woodward, 2000).

In summary, although one study yielded extremely high disclosure rates (Fergusson et al., 1996), the results of the 10 other retrospective studies indicated that only one third of adults who suffered CSA revealed the abuse to anyone during childhood. Given the differences in methodology, definitions of abuse, and sample characteristics, the general consistency of these findings across these studies is noteworthy.

### *Predictors of Nondisclosure*

In addition to providing overall disclosure rates, some studies also examined predictors of disclosure rates. In this section, we examine associations of some of these predictors from data within studies and, when possible, across studies.

Summit's (1983) original model was based on disclosure patterns of children who were victims of familial abuse. Thus, one would expect that such children would be less likely to disclose than children who were abused by nonfamilial perpetrators. The results of two studies (Hanson, Resnick, Saunders, Kilpatrick, & Best, 1999; Smith et al., 2000) are consistent with these claims; CSA disclosure was more likely when the perpetrator was a stranger rather than a family member. Consistent with these findings, Ussher and Dewberry (1995) reported longer delays to disclosure among intra- versus nonfamilial abuse. In contrast to these three supporting studies, five studies failed to find an association between relationship to perpetrator and CSA disclosure (Arata, 1998; Kellogg & Hoffman, 1995; Kellogg & Huston, 1995; Lamb & Edgar-Smith, 1994; Roesler, 1994). These are surprising findings given the fact that Summit (1983) originally constructed his model to account for nondisclosure in the context of intrafamilial abuse.

Age at time of abuse has not been consistently associated with failure to disclose. Although Smith et al. (2000) found that younger victims were more likely to delay disclosure than older child victims, other researchers (e.g., Arata, 1998; Kellogg & Hoffman, 1995) failed to find any relationship between age and delay of disclosure. There is one important caveat to this conclusion. When study participants reported experiencing CSA during adolescence, this was consistently accompanied by high disclosure rates (Everill & Waller, 1995; Kellogg & Hoffman, 1995; Kellogg & Huston, 1995). For example, in the Everill and Waller (1995) study, in which the mean age at time of abuse was 14 years, 69% of this female sample reported having disclosed to a friend, most around the time of the incident. Kellogg and Huston (1995) found that 85% of their sample of young adults (mean current age = 19.5 years, mean age of abuse = 14 years) had also disclosed at some point in the past. In these cases, the most common confidant was another adolescent (Lamb & Edgar-Smith, 1994; Tang, 2002). In contrast, adults reporting that they revealed CSA as school-aged children did so to a parent rather than to a peer (Arata, 1998; Lamb & Edgar-Smith, 1994; Palmer, Brown, Rae-Grant, & Loughlin, 1999; Roesler, 1994; Roesler & Wind, 1994; but see Smith et al., 2000; Somer & Szwarcberg, 2001). These studies, taken together,

imply that disclosure rates may vary as a function of age at CSA onset, which in turn is associated with the availability of a same-aged confidante.

Finally, no systematic relationships have been reported between demographic variables, such as race and ethnicity, and childhood disclosure rates (e.g., Arata, 1998; Hanson et al., 1999; Kellogg & Hoffman, 1995; Kellogg & Huston, 1995; Smith et al., 2000). However, most of the retrospective studies have too little variability in their sample's demographic composition to test for differences. (For discussions on how demographic variables—race and gender—may be related to CSA disclosure, see Fontes, 1993; Kazarian & Kazarian, 1998; Kenny & McEachern, 2000; Levesque, 1994; Toukmanian & Brouwers, 1998.)

We examined the existing data to determine its support for one of the major assumptions of the CSAAS model; that is, disclosure is related to the amount of fear or violence associated with the abuse. According to the model, children do not disclose because they are afraid of the perpetrator who physically coerced or harmed them. In addition, children also do not disclose because they are threatened with consequences of disclosure that involve harm to family members or to the self. On the basis of these assumptions, it is predictable that the more severe or frightening the abuse or the more the child is threatened postabuse, the less likely the child would be to disclose.

In general, the data do not support the hypothesis that disclosure rates are related to severity of abuse. Although Arata (1998) found lower disclosure rates for contact versus noncontact abuse, there was no relationship between disclosure and method of coercion (e.g., threat, gift, curiosity, appeal to authority, or physical force). To further call into question the validity of this assumption of the CSAAS model, most researchers have either found the opposite pattern—that is, higher disclosure rates are associated with incidents that are life threatening and involve physical injury (Hanson et al., 1999; Kellogg & Hoffman, 1995)—or have not found any significant relationship between severity and method of coercion and disclosure (Lamb & Edgar-Smith, 1994; Roesler, 1994; Smith et al., 2000).

Another method to examine the relationship between severity/coercion/physical harm and disclosure is to compare the rates among studies in Table 1 in terms of the types of abuse that were included in the study. Some experimenters defined CSA broadly (i.e., unwanted sexual attention by anyone), and some defined it more narrowly (e.g., forcible penetration). Despite the differences in definitions (excluding the outlier study by Fergusson et al., 1996), disclosure rates reported across studies were very similar. In summary, the data indicate no consistent association between severity or method of coercion and disclosure.

Next, we searched for studies that examined the relationship between threats that were used to secure the child's silence ("Don't tell or else...") and disclosure. The major problem encountered was that the few studies that reported threat data did not stipulate whether the measure of "threat" referred to statements or actions during the commission of the assault to engender physical compliance or to threats used to engender silence (see, e.g., Arata, 1998; Hanson et al., 1999; Roesler, 1994; Smith et al., 2000). This failure to provide operational definitions of threats is problematic on methodological grounds (How did the study participant interpret the question?) and on interpretational grounds (How does the consumer of the literature interpret the statistics?). Hence, the extant retrospective

data are insufficient to examine whether childhood disclosure rates vary as a function of whether the child was threatened to remain silent.

### *Summary*

The results of the retrospective studies make two important contributions to our knowledge about the patterns of children's disclosure of abuse. First, these data, when taken at face value, reveal that approximately 60%–70% of adults do not recall ever disclosing their abuse as children, and only a small minority of participants (10%–18%) recalled that their cases were reported to the authorities (see Table 1, Column 7). Furthermore, to underscore the results of nondisclosure, many of the adults reported that their first disclosure was during the study survey. Thus, the retrospective studies provide evidence to support the assumption that many incidents of CSA go unreported and that the stage of silence in the CSAAS model has a strong empirical foundation. Second, analyses of predictor variables in these retrospective studies provide few insights into the factors associated with disclosure. They do suggest, however, that commonly held assumptions, such as fewer disclosures among more severe cases of CSA, or in cases of intrafamilial abuse, lack empirical support. We must await further data to examine these issues definitively.

There are two limiting aspects, however, of the adult retrospective literature. The first is common to all retrospective studies; namely, the design raises concerns about the accuracy of the informants' reports. Specifically, it is possible that some adults in these retrospective studies had been abused but continued to deny abuse. Such false denials would work to reduce the overall CSA prevalence rates and inflate the disclosure rates. Alternatively, it is possible that some adults in these retrospective studies had not been abused but claimed to have been. Such false allegations would inflate the incidence of CSA and render the data on disclosure nonmeaningful. Finally, some adults may have disclosed abuse in childhood, despite their reports to the contrary. In some cases, participants may have misdated their disclosure, placing it much further from their victimization than was the actual case. In a related vein, they may in fact have told someone but failed to remember having done so. A rich cognitive psychology literature demonstrates the myriad of retrospective biases, even when the events in question are highly emotional (e.g., Freyd, 1996; Neisser, 1997; Read & Lindsay, 1997; Ross, 1989). In their investigation of flashbulb memories, Schooler and colleagues (Schooler, Ambadar, & Bendiksen, 1997; Schooler, Bendiksen, & Ambadar, 1997) coined the term "forgot-it-all-along-effect" to describe the finding that people sometimes inaccurately recall to whom, when, and whether they reported an important life event. Adults' denial of CSA reports that were actually made during childhood would not affect prevalence rates of CSA but would lead to an underestimation of childhood disclosure rates.

A second constraint in the interpretation of the adult retrospective literature is that although the studies indicate that delayed disclosure or silence is common among sexually abused children, these studies are uninformative as to the frequency that abused children deny or recant abuse reports. This is because participants in these retrospective surveys were not asked if as children anyone had ever asked them about abuse, and, if so, what they had replied. Thus, it is not

known whether the high rates of childhood silence reflected the fact that survey participants had never been asked about abuse, or whether it reflected denial to abuse-related questions. In order to examine the probability of this latter outcome, the literature on children's patterns of disclosure must be examined.

### Patterns of Disclosure Among Children Treated or Evaluated for Sexual Abuse

In this section, we review studies of disclosure patterns of children who were specifically assessed or treated for sexual abuse. We examine studies that yielded data on (a) delay of disclosure, (b) denial, and (c) recantation. We also searched for studies that reported data on the correlates of delay, denial, and recantation. As with the retrospective studies reported above, we excluded studies published prior to 1990 because of possible cohort effects that could be due to the changes in interviewing practices and prevention programs (for children) that have occurred in the decade of the 1990s.

#### *Delay of Disclosure (Silence)*

The results of the studies using child samples echo the adult retrospective finding regarding delay of abuse disclosure; namely, when children do disclose, it often takes them a long time to do so. For example, disclosure rates of children whose cases were referred for prosecution were examined by Goodman et al. (1992) and by Sas and Cunningham (1995). Although 37%–42% of the children had disclosed within 48 hr of the abuse, it took more than 6 months or even 1 year for many of the children to make a disclosure. Even higher rates of delayed disclosure were obtained in Elliott and Briere's (1994) study, in which 75% of children did not disclose CSA within the first year following the abuse, and 18% waited more than 5 years to disclose the abuse. Similarly, Henry (1997) found that, among 89 criminal CSA records, there was an average 2-year delay between abuse and disclosure. Some of the variability in the length of delay in the child studies may reflect the settings in which the data were collected. Shorter periods of delay may show up in surveys of children in criminal trials simply because delayed disclosure cases might be excluded from consideration because of the inherent difficulty in obtaining convictions. Therefore, it may be that cases in the prosecutor's office are unrepresentative of those that never reach the courtroom.

Few of the studies on delay of disclosure examined individual differences. Nonetheless, there are some data on gender differences, suggesting that boys may be more reluctant to disclose than girls (e.g., DeVoe & Faller, 1999; Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003; Gries, Goh, & Cavanaugh, 1996; Sas & Cunningham, 1995; Stroud, Martens, & Barker, 2000; but see DiPietro, Runyan, & Fredrickson, 1997; Keary & Fitzpatrick, 1994, who report null gender findings). However, as Goodman-Brown et al. (2003) discuss, gender differences in disclosure rates may be suppressed by other abuse-related variables associated with gender (e.g., prior disclosure or relationship to perpetrator).

With regard to empirical findings on disclosure and ethnicity or race, Shaw, Lewis, Loeb, Rosado, and Rodriguez (2001) found that Hispanic girls waited longer to disclose (average delay = 19 months) than African American girls (average delay = 9 months). This finding is consistent with the report that African

American children received more maternal support to disclose abuse than did Hispanic children (Rao, DiClemente, & Ponton, 1992). Although it has been suggested that children raised with values typifying Eastern cultures (e.g., collectivist values, preservation of family, etc.) may be more apt to conceal abuse than children raised in Western cultures (e.g., Futa, Hsu, & Hansen, 2001; Rao et al., 1992; Toukmanian & Brouwers, 1998; Wong, 1987), data are needed to address this hypothesis. In short, there are reasons to suspect that members of certain ethnic groups, as well as boys, may face additional and culture-specific barriers to CSA disclosure. However, the studies that have examined children's disclosure patterns to date do not present a coherent canvas of the effects of demographic variables on abuse disclosure.

Some researchers have examined the association of the abuse characteristics and delay of disclosure. At times, when associations between abuse variables and disclosure are reported, the researchers fail to provide adequate operational definitions of the abuse variables. For example, as was the case with the retrospective studies, the data on "threats" are difficult to interpret because researchers do not specify whether threats are defined tactics to gain the child's compliance during the commission of the assault or as tactics to scare the child into not revealing the abuse. When clearly defined data on abuse characteristics do exist, they are sparse and do not consistently support assumptions underlying the CSAAS model. For example, Sas and Cunningham (1995) found that children waited longer to disclose abuse when the perpetrator "groomed" them and established a close relationship than if the perpetrator used force. Some researchers have found that children who are victims of familial abuse tend to delay disclosure longer than those experiencing extrafamilial abuse (Goodman-Brown et al., 2003; Sjöberg & Lindblad, 2002). However, these studies are exceptional because the majority of studies we examined either failed to find such an association or failed to report an association.

As the analyses of Goodman-Brown et al. (2003) demonstrated, the relationship between delayed disclosure and abuse characteristics is mediated by a complex interplay of variables. These researchers found that in a sample of 218 CSA cases referred for prosecution, older children and victims of familial abuse tended to perceive that more negative consequences would result from disclosure, which in turn was associated with the time taken to disclose. Goodman-Brown et al. (2003) also found increased delays among children feeling responsible for the abuse; additionally, older children were more apt than younger children to feel responsible for the abuse. It is clear from the results of this study that future work must focus on a multivariate model that attempts to provide a causal explanation for the timing of disclosure. Note that none of the studies covered in this section addressed issues concerning denial of abuse. These are addressed in the next section.

### *Rates of Disclosure (Denial)*

In this section, we review 16 articles that were published since 1990 that contained statistics on the frequency of denial. These are listed in Table 2, Column 4, in ascending order of disclosures. When relevant, we cite other studies

Table 2  
Disclosure and Recantation Rates From Child Clinic Studies

Study	n	Age (range)	Disclosing	Recantations	No. SSI citations	Type of interview
Gonzalez et al. (1993)	63	(2-12)	24%	27.0%	9	Therapy
Sorenson & Snow (1991)	116	Mode = 6-9 (3-17)	25%	22.0%	70	Therapy
Lawson & Chaffin (1992)	28	M = 7.00	43%		31	Social worker
Carnes et al. (2001)	147	M = 6.00 (2-17)	45%		not listed	CSA team
B. Wood et al. (1996)	55	M = 5.70 (6-11)	49%		2	CSA team
Bybee & Mowbray (1993)	106	M = 5.60 (2-11)	58%	11.0%	5	CPS and therapy records
Cantlon et al. (1996)	1,535	Mode = 4.00 (2-17)	61%		3	CSA team
Gries et al. (1996)	96	M = 8.30 (3-17)	64%	15.0%	2	CSA clinic
Stroud et al. (2000)	1,043	M = 8.40 (2-18)	65%		1	CSA clinic
Gordon & Jaudes (1996) <sup>a</sup>	141	M = 6.40 (3-14)	74 <sup>b</sup>		4	CSA team
DiPietro et al. (1997)	179	M = 7.50 (1.4-22)	76% (47%) <sup>c</sup>		4	CSA team
Dubowitz et al. (1992)	132	M = 6.00 (< 12)	83% (59%) <sup>c</sup>		22	CSA clinic
Elliott & Briere (1994)	399	M = 11.03 (8-15)	85% (57%) <sup>c</sup>	9.0%	31	Clinician
DeVoe & Faller (1999)	76	M = 6.80 (5-10)	87% (62%) <sup>c</sup>		7	Social worker
Keary & Fitzpatrick (1994)	251	Mode = 6-10	91% (50%) <sup>c</sup>		16	CSA team
Bradley & Wood (1996)	234	M = 10.00 (1-18)	96% <sup>c</sup>	4.0%	16	CPS
Faller & Henry (2000)	323	M = 11.70 (3-21)		6.5%	1	CPS/police

Note. SSI = Social Sciences Citation Index; CSA = child sexual abuse; CPS = Child Protective Services.

<sup>a</sup>We do not report Gordon and Jaudes' (1996) "recantation" rate because the child was not interviewed under the same clinical watch, but rather the first interview was a brief medical screening. Also, the authors include parents' disclosures (i.e., as historian) in the base rate. <sup>b</sup>This rate is the percentage of children from the total sample disclosing during the investigative interview. The authors do not report the percentage of disclosing during the investigative interview for substantiated cases. <sup>c</sup>Denotes studies based on cases classified as probable abuse cases; the first disclosure rate is that of children classified as substantiated, high probability, and so forth, the second disclosure rate is for all children examined, regardless of classification of abuse likelihood.

that did not provide data on the rate of disclosure in their sample but that do shed light on the correlates of disclosure.

Most of the studies listed in Table 2 involved "chart reviews" of children who were interviewed by child protective services (CPS), mental health, or medical professionals specializing in the assessment and treatment of sexual abuse (see Table 2, Column 7, for the type of assessment in each study). Children presented at these various settings for a variety of reasons that included a prior disclosure to an adult, a suspicion of abuse by an adult or an agency, or the need for a second opinion or more extensive interviewing. Thus, across and within studies, there is often great variability in the methods by which children were interviewed, in the information collected, and in the procedures of diagnosing CSA. Furthermore, in some studies, as is later noted, researchers categorized the children according to the likelihood of abuse (e.g., highly probable, unclear, or not abused); in other studies, only children who met some prespecified criteria for abuse were included; and in still other studies, the certainty of abuse status was not specified. For those studies that categorized children by likelihood of abuse, the rates for substantiated cases are presented first in Column 4 of Table 2.

The pooled mean of disclosures for studies listed in Table 2 is 64% (range = 24%–96%), or the mean of denials is 36%. For reasons discussed below, however, these figures should not be viewed as the best estimate of central tendency. We focus on four factors that account for the enormous between-study variability in disclosure/denial rates in order to highlight methodological and design factors that need to be considered in evaluating the generalizability, validity, and reliability of the findings in Table 2. These factors are age of the child, previous disclosure of abuse, substantiation of abuse, and representativeness of the selected sample. We conclude that when such factors are considered, mean denial rates are quite low when children are explicitly asked about sexual abuse.

*Developmental differences.* The wide variation in the ages of the children, both within and between studies (see Table 2, Column 3), could account for differences in the rates of disclosure across studies. In order to examine this hypothesis, age–denial associations were examined within studies. Although no significant relationships between age and denial were found in two studies (Bradley & Wood, 1996; DeVoe & Faller, 1999), the more common finding was that school-aged children are more apt than preschoolers to disclose abuse during formal evaluation. For example, B. Wood, Orsak, Murphy, and Cross (1996) found that older children made more credible disclosures of abuse than younger children.<sup>4</sup> Similarly, DiPietro, Runyan, and Fredrickson (1997) found that older children were more likely to disclose than younger children and that children generally became more likely to disclose abuse after age 4. Keary and Fitzpatrick (1994) conducted a chart review of 251 children assessed by a multidisciplinary team at a CSA unit. Only 29% of children younger than 5 years disclosed during the assessment, compared with 51%, 64%, and 67% of 6- to 10-year-olds, 11- to

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<sup>4</sup>B. Wood et al. (1996) defined a *credible disclosure* as one that "was adequate for use as evidence in a future legal and/or child protection proceedings" (p. 84). The "not credible" category included cases "where the child did not disclose, denied sexual abuse, refused to cooperate, provided insufficient detail or was not believable" (p. 84). The authors did not cite the number of children falling into each of the not credible subcategories.

15-year-olds, and 16+ years, respectively. And finally, among foster children receiving therapy for suspected CSA, children who disclosed abuse in the first interview were likely to be older ( $M = 9.3$  years) than were children who took two sessions to disclose ( $M = 5.8$  years) (Gries, Goh, & Cavanaugh, 1996). Thus, it appears that different rates of disclosure/denial will be obtained depending on the age levels of the children in the sample (see also Cantlon, Payne, & Erbaugh, 1996; Sas & Cunningham, 1995). Of course, these rates are only meaningful if all the children in the sample were actually sexually abused—an issue that we address later in this article.

There are several possible explanations to account for these developmental differences in children's abuse disclosures. They could reflect the single influence or combined influences of linguistic, cognitive, and social-emotional factors. Thus, younger children may not have the same linguistic skills to convey their abuse experience, or younger children may not understand the "meaning" of abusive acts and thus fail to make explicit disclosures. Studies that examine the intent of children's disclosing statements provide some data for this developmental hypothesis. These studies show that younger children are more likely to make accidental disclosures, whereas older children are more likely to make purposeful disclosures (Campis, Hebden-Curtis, & DeMaso, 1993; Fontanella, Harrington, & Zuravin, 2000; Nagel, Putnam, Noll, & Trickett, 1997). That is, younger children are more likely to make spontaneous statements about abuse that are not consistent with the topic of conversation or of the ongoing activity (e.g., stating, while watching TV, "Uncle Bob hurt my bottom"). In contrast, older children are more likely to report the abuse to an adult when asked. Although the conclusions are consistent across studies, the ages of the "younger" and "older" children are not the same across studies. Thus, there is no objective age cutoff that can be inferred from the literature.

A second possible explanation for developmental differences in rates of denial is that there may be higher rates of true denials among younger than older children. This hypothesis is based on several interrelated findings. Younger children may be more likely than older children to be brought for assessment because of their caregivers' concerns about behaviors (rather than an abuse disclosure) that often are ambiguous and do not necessarily reflect CSA (see Campis et al., 1993; Fontanella et al., 2000; Levy, Markovic, Kalinowski, Ahart, & Torres, 1995; Nagel et al., 1997). Thus, in any sample there may be a greater proportion of younger nonabused children than of older nonabused children, and the higher denial rates by younger children would then reflect a higher rate of denial that are true negatives. For example, Keary and Fitzpatrick (1994) were less likely to categorize younger children's presentation as diagnostic of CSA compared with that of the older children; in addition, the younger children were less likely to disclose abuse. Unfortunately, these researchers did not present data on age differences in denial rates among older versus younger children who were classified as "founded" by the assessment team.

Although most of the data indicate that younger children may be less likely to disclose than older children, upon closer investigation, there may also be patterns specific to adolescents. At least among cases that reach authorities, children are most likely to reveal the abuse to their primary caregiver (Campis et al., 1992; Faller & Henry, 2000; Fontanella et al., 2000; Gray, 1993; Henry, 1997;

Sas & Cunningham, 1995). However, adolescents may have a greater appreciation of the consequences of disclosing intrafamilial abuse and thus withhold information. It is also possible that they may not readily disclose extrafamilial abuse to family members or to investigators because they feel it is a personal matter, or they have already disclosed to peers, as noted in the retrospective studies reviewed in the first part of this article. Hence, the rate of CSA disclosure to parents and authorities may resemble an inverted U-pattern, with an increase in disclosure as one moves from preschoolers to school-aged children, followed by an apparent decrease as one moves into adolescence. There are, however, few data on disclosure patterns in adolescence, and we must await these before drawing any definite conclusions. In addition, regardless of potential developmental differences in disclosure patterns, it is highly likely (although not yet researched) that different factors account for denial or disclosure at different age levels.

*Prior disclosure of abuse predicts disclosure during formal assessment.* The studies included in Table 2 focus on children's reports during forensic interviews and psychotherapy. That is, the children in these studies were specifically brought to a clinic, mental health professional, or law enforcement agency either because they had previously made a claim of abuse or because there was a suspicion of abuse that required further investigation. Thus, most of the children in each study had been questioned by someone (e.g., teacher, parent) about abuse prior to the formal interviews or therapy sessions. This fact is important because, as shown in Table 3, the most significant predictor of disclosure in the formal interview is whether the child had disclosed before (e.g., to a parent, a teacher, a CPS worker, etc.). For example, Keary and Fitzpatrick (1994) reported that of the 123 children who had made a prior disclosure, 86% disclosed again during the formal interview; in contrast, only 14% of the 128 children with no prior disclosures disclosed at interview.<sup>5</sup> Similar patterns of results were found by Gries et al. (1996), DiPietro et al. (1997), and DeVoe and Faller (1999).

This pattern of consistency of disclosure is most common in older children. Among children who had disclosed prior to formal assessment, older children were more likely than younger children to disclose again during formal assessment (Keary & Fitzpatrick, 1994; see also Ghetti, Goodman, & Eisen, 2002).

In summary, several studies suggest that once children have made an abuse disclosure, they are likely to maintain their allegations during formal assessments. This finding suggests that if children have already told a professional or a caretaker about an abusive event, then they are likely to repeat the disclosure in a formal investigation. Discrepant cases (in which a child discloses before the formal interview but denies at the time of the formal interview) represent a small minority and may occur most commonly among very young children.

*Abuse substantiation.* The third and perhaps most important methodological factor that accounts for variation in disclosure patterns across studies concerns the validity of the diagnosis of CSA. In conducting studies of CSA disclosure

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<sup>5</sup>When children have made a prior allegation but do not repeat it during a formal investigation, this should not be categorized as a recantation because it is possible that the child's first allegation was incorrect or misinterpreted, and the report during the formal investigation is accurate. In this article, *recantations* are defined as statements that are made to the same assessment team who heard the disclosure.

Table 3  
*Rates of Disclosure During Forensic Interviews as a Function of Prior Disclosure*

Study	% of children disclosing at formal interviews with prior disclosure	% of children disclosing at formal interviews with no prior disclosure
DeVoe & Faller (1999)	74	25
DiPietro et al. (1997)	77	7
Keary & Fitzpatrick (1994)	86	14
Gries et al. (1996)	93	40

patterns, it is of utmost importance to ensure that the group under study had in fact experienced CSA; otherwise, counts of frequency of delay to disclosure, denials, recantations, and restatements are meaningless. That is, children may deny because they in fact never were abused; children may take a long time to disclose because it is only with repeated suggestive interviewing that they will make disclosures that are false; and children may recant in order to correct their prior false disclosures.

In order to address problems of substantiation of abuse, some researchers have classified children in the sample in terms of the likelihood of abuse having occurred. Cases of suspected abuse that meet one or more of the following criteria (depending on the study) are classified as substantiated abuse cases: perpetrator convictions, plea bargains or confessions, medical evidence, other physical evidence, and children's statements. Although the use of such criteria is a good start, it should be noted that there are problems with each. First, the accused may be persuaded to accept a plea bargain because of the stress, financial burden, and uncertain outcome of facing trial. Also, there are some accused who have been falsely convicted despite the absence of direct evidence to prove child abuse, and on appeal, their convictions have been overturned (Ceci & Bruck, 1995). Although this may not be common, it does happen. Next, medical evidence is not always an accurate indicator of abuse. In the statistically rare case in which genital or anal abnormalities are found, similar abnormalities can sometimes be found among nonabused children (Berenson et al., 1991). Finally, in terms of the studies that are included in this article, the children's statements at the time of formal interview are used as indicators of abuse. But this is a circular exercise whereby children who make spontaneous disclosures with much elaboration, for example, are categorized in the "high-certainty" abuse group. The analysis of the disclosure patterns of the high-certainty group indicates that the children disclosed spontaneously and/or with much elaboration (or did not deny).

Notwithstanding these problems with the use of certainty criteria, there must be some reliable basis to categorize the children in studies of CSA disclosure, lest the disclosure rates obtained merely reflect the overall responses of children (abused and nonabused alike) who are assessed for sexual abuse. Keeping these reservations in mind, we now review those studies that have examined disclosure patterns as a function of the certainty of abuse diagnosis. We argue that, with a few exceptions, high disclosure rates characterize those samples that contain sexually abused children with high-certainty diagnoses, and low disclosure rates

are associated with samples for which the diagnoses of abuse are either unknown or questionable. If correct, then this conclusion bypasses the sundry assumptions of models, such as the CSAAS, and in their place posits that children are found to disclose least when their history of sexual abuse is least certain.

Referring to the studies listed in Table 2, the highest disclosure rates (76%–96%) were obtained from those studies that focused on children with high-certainty diagnoses of sexual abuse. Disclosure rates are greatly lowered in these same studies when the data from the unsubstantiated or unclear cases are averaged with the substantiated cases (see data in parentheses in Table 2, Column 4). Thus, although only 62% of DeVoe and Faller's (1999) entire sample of 5- to 10-year-olds disclosed abuse, when only substantiated cases are included, the disclosure rate rises to 87%. The overall rate of disclosure in the Keary and Fitzpatrick (1994) study was 50%; however, when only the substantiated cases are included, the rate was 95%. DiPietro et al. (1997) classified each of the children in their sample who were assessed because of suspicions of CSA as unfounded, possible, probable, or definitive abuse. Rates of disclosure during the first visit increased as a function of abuse certainty, with 7%, 8%, 59%, and 76%, respectively, disclosing. The overall disclosure rate in Dubowitz, Black, and Harrington (1992) was 58%; however, among their cases rated by an interdisciplinary team as holding low to possible likelihood, the disclosure rate was only 19%, compared with the disclosure rate of 83% for the moderate to high likelihood cases. Elliott and Briere (1994) examined the case records of 399 8- to 15-year-olds who were seen at a child sexual assault assessment center. Overall, 57% of the 399 cases disclosed abuse, with 20 of these children later recanting. When only the 248 children who were in the "abused" category were included in the calculation, the rate of disclosure increased to 84%. It is interesting to compare the profiles of these children with the 20% of the sample who were categorized as "unclear." The latter sample all made noncredible disclosures or noncredible denials of abuse. These unclear children were more likely to be referred by a mandated reporter because of a suspicion of abuse, more likely to be male, and more likely to exhibit increased sexual acting-out behavior.

Returning to Table 2, studies that include cases without providing information on their diagnostic certainty (in ascending order, Gordon & Jaudes, 1996; Stroud et al., 2000; Gries et al., 1996) yield disclosure rates (61%–74%) that are lower than those of the studies just discussed. In these studies, there is no other evidence to confirm the abuse status of these children, and hence the disclosure rates of true positive abuse cases are not ascertainable from the data.

Table 2 shows that the lowest rates of disclosure are provided by Sorensen and Snow (1991) and Gonzalez et al. (1993). On the basis of our analysis of the cases included in these studies, we conclude that these low rates reflect the unreliable diagnoses of sexual abuse in these two studies. Because the Sorensen and Snow study is most frequently cited as supporting the notion that sexually abused children deny and recant (see Table 2, Column 6), it is important to carefully review this study and the characteristics of the sample.

Sorensen and Snow (1991) selected 116 cases of confirmed CSA from a larger sample of 633 children who were involved in CSA allegations from 1985 to 1989. Sorensen and Snow reported that 72% of children denied abuse when first questioned by either a parent or an investigative interviewer; only 7% of these

deniers immediately moved into an "active disclosure" stage, which involved detailed, coherent, first-person descriptions of the abuse. Seventy-eight percent moved into a "tentative disclosure" stage, with partial, vague, or vacillating disclosures of sexual abuse. Eventually, 96% of children made an active disclosure.

There are several factors to be considered in interpreting these data. First, the authors do not state the criteria by which they selected the 116 cases out of the larger sample of 633. One needs some reassurance that the disclosure patterns of this group were similar to that of the larger sample, assuming that the larger sample also contained "confirmed" cases. Second, the children in this study were selected from the private psychological practice of the two authors, and most had been in therapy with Dr. Snow. Sorensen and Snow (1991) did not note how long the children were in therapy or what type of therapeutic methods were used to elicit these eventual disclosures, recantations, and re-disclosures. (For example, it is unclear how forensically based these therapeutic interviews were, compared with, say, the use of play therapy, empowerment enactments with dolls and props, visualization exercises, or other techniques that have been shown to reduce a child's report accuracy.) This raises the issue that the reported patterns of disclosure were consequences of the specific therapeutic practices (of the authors) rather than of reflections of the manner in which children disclose abuse under formal interviewing conditions. This raises the hypothesis that many of the children in their sample may not have been abused (see Ceci & Bruck, 1995).

A glimpse of the authors' clinical practices and cases can be gleaned from a review of the social science and legal records. First, in 1990, Snow and Sorensen (1990) published an article entitled "Ritualistic Child Abuse in a Neighborhood Setting," in which ritualistic abuse was defined as repetitive, bizarre sexual, physical, and psychological abuse of children that included supernatural themes and/or religious activities. Of the 575 cases of alleged child abuse in which the authors served as therapists and/or evaluators between 1985 and 1988, 52 were identified as ritualistic child abuse. Of the 52 children, 39 were allegedly abused in a neighborhood setting. In a number of these cases, the children were first brought in for therapy because of allegations of ritualistic abuse by a nonfamily member; during the course of therapy, the children came to make the following types of disclosures:

Cross-dressing, masks, and costumes (31%) included red and black robes, men's wearing of women's erotic underwear and dresses, clowns and devil's masks, capes, and costumes such as a lion, bear, snake, witch, devil, Darth Vader, vampires, skeleton, and leather loin cloths. The killing of children and infants was identified by six children in four neighborhoods (15%). Thirteen percent of the children said that they had participated in eating flesh. (Snow & Sorensen, 1990, p. 483)

The disclosures resulted in trials and convictions of two adults. One of the cases, *State v. Hadfield* (1990), was successfully appealed. In addition, five adolescents from other neighborhoods were accused, three of whom were acquitted, and two pleaded guilty.

There is a high probability that a number of the children classified as ritually abused were included in Sorensen and Snow's (1991) study, which sampled from

the same but slightly smaller population that was described in their 1990 study. In addition, because the accused in their neighborhood cases either made pleas or were convicted, these cases met criteria for substantiated cases of abuse.

The problem with the inclusion of these types of cases into studies of disclosure patterns is that there is no evidence to support the once popular belief that ritualistic sexual abuse is common (see Nathan & Snedekor, 1995, for examples). Numerous authorities have failed to find any physical evidence to support the many allegations that have been made and that were the basis of many of the multivictim, multiperpetrator criminal trials of the 1980s and early 1990s (e.g., Lanning, 1991). Furthermore, it appears that the large proportion of reported cases of ritualistic abuse can be accounted for by the practices of a small minority of clinicians (Bottoms, Shaver, & Goodman, 1996; Lanning, 1991). Because Sorensen and Snow diagnosed so many "ritually abused" children in their practice, this, by inference, leads to the possibility that these children's allegations were a product of the practices and beliefs of these clinicians. This information would undermine the reliability of the results of the Sorensen and Snow (1991) disclosure study, rendering them scientifically doubtful.

Reviews of the court records for two trials in which patients of Snow testified about allegations of sexual abuse provide support for the view that the children's allegations were associated with biased suggestive interviewing practices:

Defendant offered several witnesses at trial who described the suggestive and coercive interviewing techniques allegedly utilized by Dr. Snow and one police officer who described how the children in Dr. Snow's care were able to reproduce specific information after he had suggested to Dr. Snow that such information should be presented in their statements. (*State v. Hadfield*, 1990, p. 508)

On the basis of Snow's testimony in *State v. Bullock* (1989), one of the judges in the case concluded,

Indeed, Dr. Snow herself admitted that she used interrogation procedures that were not intended to sift truth from error. She forthrightly admitted she was not a neutral interviewer; rather she was "an ally for the child", "biased", and not a fact collector like the police. . . . She also testified in effect that there was nothing in her methods that served as a standard for determining the truthfulness of the stories she produced by her interrogation. . . . But since she starts an interrogation with the assumption that abuse occurred, she then proceeds to prove that point. . . . In short, any claim that scientific principles or Dr. Snow's own expertise and experience validated her conclusions and procedures is devastatingly refuted by her own statement, "I didn't believe any of those kids when they told me it didn't happen." (*State v. Bullock*, 1989, p. 175)

Given the nature of the "validated" cases in the Sorensen and Snow (1991) sample, as well as in the apparently biased and suggestive interviewing/therapeutic techniques, the results of the study are uninterpretable. The patterns of disclosure may merely be characteristic of children who come to make false allegations as a result of suggestion. This would explain why these children originally denied having been abused (because they were telling the truth), why they eventually disclosed (because they were pressured into making allegations), and why they recanted (they wanted to restate the truth).

The Gonzalez et al. (1993) study suffers from many of the same problems. These authors examined the disclosure and recantation patterns of 63 children in therapy for sexual and ritualistic abuse in day care facilities. Gonzalez et al.'s source of data was the therapists' retrospective accounts of the behavior they reportedly saw in their child patients. They found that within the first 4 weeks of therapy, 76% of the children had made vague disclosures ("bad things had happened")<sup>6</sup>; that by 8 weeks, 45% of the children had disclosed highly specific terrorizing acts (killing of adults, children, and animals); and that by 20 weeks, 43% of the children had reported aspects of ritualistic abuse (organized cults). However, for the same reasons that apply to the Snow and Sorensen (1990) article, the findings of this study are scientifically problematic. First, the children in this study were from the *McMartin Preschool* case and other cases that arose in the community at the same time. The allegations in this case, which involved claims of ritualistic abuse, arose after multiple highly suggestive interviews with evaluators and therapists (see Nathan & Snedeker, 1995). At the time of their study, the children had been in therapy on average for over 1 year. There was no physical or corroborative evidence of abuse, and the charges in these cases were eventually all dropped. The interviewing methods used by the children's therapists and evaluators have been documented elsewhere (e.g., Garven, Wood, Malpass, & Shaw, 1998), and the scientific evidence now shows that these methods can produce erroneous reports when used in interviews with children. Thus, the patterns of disclosures made by children in the Gonzalez et al. study may represent those of children who make false disclosures as a result of suggestive interviewing practices.

Finally, the results of the Bybee and Mowbray (1993) study may be open to the same criticism as detailed above. The participants in this study were all involved in a Michigan day care case that involved multiple perpetrators. The case eventually resulted in only one conviction, which was overturned on appeal. Compared with the other studies in Table 2, disclosure rates were quite low; of the 106 children, 58% disclosed abuse.

*Representativeness of selected sample.* In order to examine the rates of disclosure among sexually abused children who are questioned about abuse, the sample in question not only should have substantiated diagnoses of sexual abuse but also should not be selected on the basis of their preinterview disclosure patterns. For example, it would be meaningless to examine disclosure patterns in a sample of children who were selected because they had already disclosed abuse; the results of this type of study would merely indicate the consistency of children's responses across time. Similarly, one would not want to study disclosure rates of children who were selected for study because they had previously denied abuse. The results of the latter type of study would only address the issue of the degree to which deniers disclose sexual abuse with repeated interviewing.

Three studies in Table 2 (Carnes, Nelson-Gardell, Wilson, & Orgassa, 2001; Lawson & Chaffin, 1992; B. Wood et al., 1996) reported the disclosure rates of

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<sup>6</sup>We present a disclosure rate of 24% in Table 2 because it seems that 76% of the children merely said that "bad things had happened," thus not making any claims of abuse. But the denial rate could be higher if the remaining 24% clearly denied any wrongdoing.

children who had not disclosed abuse during an initial interview. The Lawson and Chaffin (1992) study is used to illustrate the point because this sample included children with medical substantiations of sexual abuse; thus, the degree of abuse certainty is high in this study. From a sample of over 800 children who tested positive for a sexually transmitted disease (STD) at a large pediatric hospital, cases that met the following criteria were selected: The presenting complaint was solely physical; there was no prior disclosure or suspicion of abuse; the child was older than 3 and premenarcheal. A sample of 28 girls met these criteria; their mean age was 7 years, and most of the children were from minority households without a father. These 28 children and their mothers were called back to the hospital after they tested positive for an STD. During this interview, the mothers were given the diagnosis for the first time and then were interviewed about sexual abuse. Next, their daughters were interviewed by a trained social worker. Only 43% of the girls made an abuse disclosure during this initial interview.<sup>7</sup> This rate, however, is based on a very different population than sampled in other studies, in which children were brought in either because of a suspicion or disclosure of abuse. Rather, in the Lawson and Chaffin study, children were selected because of their medical history and because they had not disclosed abuse. Because it is not known how many of the 800 children in the larger sample had already disclosed abuse, this subgroup of 28 children with no prior disclosure might compose an unusual sample; that is, they may represent the small hard core of children who do not disclose abuse when directly asked. If they are a small minority, then these results are not generalizable to the entire population of children with STDs. In addition, it should be remembered that very few children who have been sexually abused have any physical symptoms or STDs, and thus this sample again is not representative of the CSA population. There is a second factor that is important to consider. In this study, when the children were called back to the hospital, their mothers were first informed of the STD diagnosis of their children. Children whose mothers accepted the possibility of abuse (the parents were labeled as supportive) were more likely to disclose (63% of this group disclosed), compared with children whose parents were not supportive and did not believe their child had been abused (only 17% of these children disclosed). Elliott and Briere (1994) also found a similar pattern of higher disclosure rates for children with supportive mothers. Among children who disclosed abuse in their sample, 78% had supportive mothers, whereas only 40% of nondisclosers had supportive mothers. Thus, differences among studies might reflect the role of parental support, which might be quite low when parents are first confronted with the fact that their children were abused, as was the case in the Lawson and Chaffin study.<sup>8</sup>

B. Wood et al. (1996) examined 55 videotaped interviews of children referred

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<sup>7</sup>In a follow-up study, Chaffin, Lawson, Selby, and Wherry (1997) located 5 of these 28 participants. Though not specifically asked about their children's disclosure, four out of five mothers spontaneously mentioned that the child disclosed CSA subsequent to this initial evaluation.

<sup>8</sup>Although many mothers do not support their children's disclosures of abuse, many are supportive, especially if the defendant is an estranged husband or partner rather than a current one. In many studies, the support rate is between 50% and 85% (see Lyon, 1999, notes 238-239, for details).

by CPS to a multidisciplinary assessment center. All 55 children had been interviewed previously by CPS or law enforcement officials and were included in the study because they had not disclosed. Thus, the disclosure rate of 49% in Table 2 is based on the percentage of children disclosing out of these 55 children who had not previously disclosed during police or CPS interviews. Finally, Carnes et al. (2001) reported that their sample of children undergoing extended CSA assessment because of failure to initially disclose represented approximately 10%–15% of the total population presenting for assessment to the clinics in their study. Thus, the results of this study, as well as the results of the B. Wood et al. study, merely indicate the response patterns of children who had previously failed to disclose abuse during an initial assessment. Furthermore, although this is not the case for the Lawson and Chaffin (1992) study, there are no data on the number of children in both the B. Wood et al. and the Carnes study who met acceptable criteria for diagnosis of sexual abuse. Thus, children who did or did not disclose with extra assessment may or may not have been abused.

*Recantations.* There are fewer studies on recantations than on denials or disclosures of sexual abuse. All but one of eight studies that have examined this issue (see Table 2, Column 5) also included information on disclosure rates. For the one exception, Faller and Henry (2000) examined the recantation rates of children who testified at trial about their sexual abuse. Thus, all these children had made prior disclosures that were judged as credible by the prosecutors' office. Before reviewing the actual data of the studies, it is important to point out that there could be two different interpretations of recantation. The first is that the child is withdrawing a true statement of abuse. The second is that the child is withdrawing a false allegation of abuse. The child's underlying motivation for a statement is unknowable in each study.

The recantation rates of the studies listed in Table 2 range from 4% to 27%. Our analysis of the variability is very similar to that just carried out with respect to the disclosure rates; namely, the highest rates of recantation are obtained for studies that have the least certain diagnoses of sexual abuse. The two studies with the highest recantation rates were those of Gonzalez et al. (1993) and Sorensen and Snow (1991), in which the recantation rates were 27% and 22%, respectively. Because of concerns about the actual abuse status of the children in these studies, one might argue that these recantation rates reflect the number of children who attempt to discredit their own previous false allegations by setting the record straight.<sup>9</sup> (In the Gonzalez et al. [1993] and Sorensen and Snow [1991] studies, these attempts appeared to have failed, however, as the authors of both studies reported that most of the children reinstated their earlier accusations.)

The lowest rates of recantation are obtained from samples that have the most certain diagnoses of sexual abuse (4%: Bradley & Wood, 1996; 6.5%: Faller & Henry, 2000; 9%: Elliott & Briere, 1994). The slightly higher rate of 15% reported by Gries et al. (1996) is difficult to interpret because there is no information on the number of children who were diagnosed as clear or unclear cases of abuse.

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<sup>9</sup>There were also issues concerning the validity of the sexually abused sample in Bybee and Mowbray (1993), who reported a much lower recantation rate of 11%. Thus, recantation rates do not necessarily have to be high for doubtful cases.

Although our analysis shows that some children recant sexual abuse, the results of this analysis show that recantation is uncommon among sexually abused children. In fact, it shows just the opposite; that is, only a small percentage of children in these studies recant.

### Conclusions

We began this article by describing the popular view that sexually abused children do not readily disclose their abuse and that even when they disclose, they commonly recant such disclosures. Given how frequently these claims are made in the literature (as well as in proffered expert testimony), we sought to examine their scientific basis. A review of retrospective studies showed that most adults with histories of CSA recall that they never told anyone about the abuse during childhood. This pattern confirms the view that failure to disclose is common among sexually abused children. However, these findings do not address the issue of whether children will deny abuse or recant their disclosures when interviewed. In order to examine these issues, it is necessary to study how sexually abused children disclose abuse when asked directly. Because it is difficult if not impossible to obtain accurate information if the first disclosure is made outside a formal setting (e.g., to a parent, friend, or teacher), we have to rely on studies in which children are questioned in formal investigative interviews. We identified 17 studies that contained relevant data and found that, when the analysis focused on children with substantiated diagnoses of abuse and on children who have not been subjected to the potentially suggestive techniques, most children do disclose abuse within the first or second interview. Only a small minority of these children recant their abuse reports. Even if analyses were broadened to include children with less certain CSA diagnoses, in all but two studies, the majority of children disclosed abuse when directly asked, and only a minority of them recanted their previous disclosures.

One of the basic problems in interpreting the literature on children's disclosures of sexual abuse involves the issue of the validity of sexual abuse diagnosis. As we stated above, in many of the cited studies, classification of abuse was often based in part on children's disclosures; consequently, the conclusion that abused children do disclose abuse during formal interviews may be circular. However, there is some evidence that shows that when children are classified as abused on the basis of medical evidence or other nonchild factors (confession, material evidence), most of these children do disclose abuse. For example, in the Elliott and Briere (1994) study, there were 118 children involved in cases with external evidence: 84% of these 118 children at one point disclosed abuse. In Dubowitz et al. (1992), the finding that 83% of children disclosed abuse was based on the calculation of the number of children with medical findings (but see Gordon & Jaudes, 1996).

Although there are a number of studies to address issues of patterns of disclosure, several overriding issues remain to be addressed. These issues focus on the central theme of individual differences in rates of secrecy, denial, and recantation. Specifically, although the data clearly demonstrate that most children who are interviewed about sexual abuse do disclose and do not later recant, there does exist a minority of children who fit the behavioral pattern that is put forth in

the CSAAS model. The outstanding issues thus focus on the characteristics of these children, and whether these children fit the psychological profiles of the CSAAS model. For example, although Summit's (1983) CSAAS model was developed to explain why children may not disclose intrafamilial abuse, there are few data on potential differences in disclosure patterns when the alleged abuse is intrafamilial versus extrafamilial. Next, there needs to be a greater focus on developmental differences in disclosure patterns. In many of the studies we reviewed, children ranged in age from early preschool to late adolescence. Clearly, it is not very informative to provide group means when age ranges are so great. Studies are needed to examine potential developmental trends in loyalty to family and peers, reactions to fear, need for privacy, choice of confidants, and then to relate these factors to disclosure patterns in children of various ages. Another important area concerns the potential role of threats, which plays a central role in the CSAAS model. In this future research venture, it is crucial to distinguish threats that were used to coerce the child into molestation from threats that were used to secure the child's silence. Finally, in most of the studies cited in this article, there was little if any detailed information about how the children were interviewed and the degree to which standardized and validated protocols were used. In future studies, it would be important to compare the disclosure patterns of children interviewed with current standardized interviews (e.g., Hunter, Yuille, & Harvey, 1990; Sternberg, Lamb, Esplin, Orbach, & Hershkowitz, 2002). If these protocols do in fact optimize the elicitation of reliable statements from children, then the disclosure patterns produced by these instruments would provide the most reliable data to test various hypotheses about the disclosure patterns of sexually abused children and to explore the factors that distinguish disclosers from nondisclosers.

The status of the scientific findings of disclosure patterns is of importance, not only for diagnostic and assessment purposes but also for issues regarding the interviewing of children. As mentioned above, the CSAAS has provided a basis for experts to advocate that when children deny abuse when directly asked, then they should be questioned further and even should be questioned suggestively (e.g., Carnes, 2000; Faller & Toth, 1995; MacFarlane & Krebs, 1986). In order for such practices to be empirically grounded, it is important to demonstrate first that children will commonly deny abuse when questioned (thus calling forth the need for special strategies), and, second, that the use of special strategies will lead to accurate reports of abuse. The findings presented in this article address the first issue only. The second issue has been addressed by a multitude of researchers in the past decade (e.g., Ceci & Bruck, 1995; Ghetti & Goodman, 2001; Poole & Lindsay, 2002; J. M. Wood & Garven, 2000). Professionals need to be aware that although suggestive techniques may produce correct reports from otherwise silent children, these same techniques, especially when used by biased interviewers, entail a risk of producing false allegations (e.g., Bruck, Ceci, & Hembrooke, 2002; Poole & Lamb, 1998). Part of the bias may include the notion that when children deny abuse, they must be pursued until they disclose their abuse; however, as we demonstrated in this present article, the need for suggestive interviewing is probably overestimated because denial of sexual abuse to professionals is not as rampant as previously suspected. Our analysis clearly shows that

when children who have been abused are questioned in formal settings, they will usually tell, obviating the need for suggestive questioning strategies.

We have provided a host of studies that fail to support the view that children who are sexually abused most commonly deny abuse and frequently recant disclosures. Nonetheless, we find that the strong and unqualified assertions regarding the frequency of denials and recantations continue and are supported by the most scientifically problematic of the many studies we examined (e.g., Gonzalez et al., 1993; Sorensen & Snow, 1991). For example, in some recent reviews of the literature, we find the following statements: "It is appropriate to tell the jury that accommodation frequently occurs among abused children, in order to disabuse the jury of misconceptions regarding about how children ought to behave" (Lyon, 2002, p. 110); "A review of the research on CSAAS clearly supports the conclusion that a substantial proportion of abused children exhibit accommodation" (Lyon, 2002, p. 132)<sup>10</sup>; "Furthermore, research reveals that disturbing numbers of children deny their sexual victimization even in the face of compelling evidence to the contrary" (Paine & Hansen, 2002, p. 290); and "Investigations of abuse have frequently been impeded when children fail to disclose abuse, deny abuse that has occurred, or recant a prior disclosure" (Paine & Hansen, 2002, p. 272).

Moreover, even when researchers themselves find low rates of denials or recantations, they still maintain that these are consistent with the popular view. For example, although Elliott and Briere (1994) found high rates of disclosure and low rates of recantation, they concluded their article with the following: "Consistent with Sorensen and Snow's (1991) data, the present results suggest that disclosing sexual abuse is more an ongoing process than a single event" (Elliott & Briere, 1994, p. 274).

The courts have a long history of grappling with how to handle expert testimony regarding characteristics of sexually abused children. In most cases, when courts have permitted expert testimony concerning CSAAS, they have not carefully scrutinized its scientific basis. Instead, they have relied on the unsubstantiated assurances of the proffering expert (as exemplified in the above quotations) or the acceptance of CSAAS by other courts (e.g., *State v. Edelman*, 1999). As shown above, this reliance can result in experts providing incorrect opinions. In recognizing that it makes no sense to accept that an assertion is scientifically grounded "just because somebody with a diploma says it is so" (*United States v. Ingham*, 1995, p. 226), *Daubert v. Merrell Dow Pharmaceuticals, Inc.* (1993) and its progeny in the federal and state courts have directed trial judges to assume the role of gatekeeper and, as such, to examine the relevance and reliability of all proffers of expert testimony. In this role, trial judges are directed to consider falsifiability, error rates, publication, peer review, and general acceptance. In other words, the expert testimony must "rest on a reliable foundation . . ." (*Daubert v. Merrell Dow Pharmaceuticals, Inc.*, 1993, p. 2799; see also *General Electric Co. v. Joiner*, 1997). *Daubert* standards hold for scientific as well as nonscientific experts (*Kumho Tire Company Ltd. v. Carmichael*, 1999).

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<sup>10</sup>See Lyon, 2002, p. 109, for Lyon's operational definition of child sexual abuse accommodation.

According to these testimonial standards, the only component of the CSAAS that has empirical support is that delay of abuse disclosure is very common. However, the probative value of expert testimony on delayed disclosure, whether for evidentiary or rehabilitative reasons, is undetermined; some evidence suggests that knowledge about delay of disclosure is within the ken of the jury, perhaps therefore obviating the need for expert evidence on the issue of delay. Gray (1993) surveyed a sample of adults from the general public and a sample of jurors regarding whether they agreed that delayed disclosure was common among abused children ranging from 1 (*strongly agree that delay is common*) to 6 (*strongly disagree*). They found that the general public had a mean rating of 2.3, and jurors had a mean rating of 1.7, suggesting that laypeople tend to believe that delayed disclosure is common. Presently, there is insufficient evidence to conclude whether expert testimony on delayed disclosure meets the *Daubert* standard of possessing probative value for jurors.

The research on denial and recantation shows that when directly questioned in a formal setting, only a small percentage of abused children demonstrate these behaviors. In terms of *Daubert's* concern with error rate, our review of the literature revealed that there was high variability in specific behaviors across studies and that in some cases, the reported rates were inaccurate, reflecting methodological flaws of the study. In summary, there is no convincing evidence that CSAAS testimony on denial or recantation provides relevant or reliable assistance to the fact finder to assess allegations of CSA.

Our intention in writing this article was to examine the empirical basis of professional and lay opinions about disclosure patterns of CSA. In so doing, we found that, although there was much support for the silence/secretcy stage of the accommodation syndrome, most of the evidence failed to provide empirical support for the rest of the model. In order to clearly present these conclusions, it was necessary to dissect the methodological sections of each study and to point out major problems when these occurred. It was also our intent to provide the readers with a host of other studies that provided relevant data that were not prone to the same or as many methodological weaknesses. We believe that child abuse professionals should be aware of this information and incorporate it into their clinical practice as well as into their expert courtroom testimony. If the field is to be guided by scientifically validated concepts, then this must be predicated on the literature that comes closest to the standards of science.

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