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# Understanding Child Sexual Abuse Disclosures And Forensic Interviewing



## The Scope of the Problem

Child sexual abuse currently impacts one in ten children in the United States. It is estimated that approximately 95% of those who sexually abuse children are someone that the child and their family know, love, and trust. Comprehensive information on the frequency and number of children sexually abused in an organizational setting is lacking, yet here we are. Anecdotally, we know it exists in large enough numbers that a meeting like this is necessary. On the prevention side, organizations are investing significantly in the development of policies, safety, and prevention programs for staff and volunteers that work with children.

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The U.S. Dept. of Education estimates that approximately 9.6% of children have experienced sexual abuse in an educational setting. In 2020, they released data for the 2017-18 school year and reported a sharp increase in the number of reports investigated. Corrected data published in December of 2022 indicated that while the corrected data was lower than previously reported, there was still an increase of 43% from the previous year (*2017-18 Civil Rights Data Collection Sexual Violence in K-12 Schools Issue Brief*, U.S. Department of Education Office for Civil Rights (Errata Sheet Correction issued Dec. 2022)).

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Most of the information regarding sexual abuse of children in sports comes from retrospective studies of adults and what they report happened to them as a child involved in youth sports. According to UNICEF Protecting Children from Violence in Sport, published in 2010, it wasn't until the 1990s that researchers began to look at the abuse of children in organizational settings even though it clearly was not a new phenomenon. This international report is striking in its coverage of all sports throughout the developed world. In the United States, reports of sexual abuse by coaches, teachers, church personnel, and others in positions of authority over children that are frequently seen in the headlines (Celia Brackenridge, et al., *Protecting Children from Violence in Sport*, UNICEF Innocenti Research Center (July 2010)).

The trauma that a child experiences and endures during a period of time in which they are sexually abused will significantly impact if and when they tell a trusted

adult that they have been abused as well as how they tell them. This article includes an overview of forensic interviewing of children alleged to be victims of sexual abuse. Additionally, the article will discuss the various emotional factors that impact a child's disclosure of child sexual abuse. Current and foundational research will be discussed in addition to practical experience from the field. Various nationally recognized protocols for forensic interviewing and how it impacts a child's disclosure will also be discussed.

### How Children Experience Sexual Abuse

Much has been learned in the last 25-30 years about child sexual abuse and how best to conduct interviews with children. Forensic interviewing and investigation of child sexual abuse continues to evolve because through research, we are continually learning better ways to conduct interviews and facilitate children's abilities to provide disclosure. Technology facilitated child maltreatment has also changed the way that cases are investigated.

In 1983, Dr. Roland Summit published a paper on Child Sexual Abuse Accommodation Syndrome ("CSAAS") (Roland C. Summit, *The Child Sexual Abuse Accommodation Syndrome*, Child Abuse and Neglect, 177 (1983)). At the time - in the late 1970s and early 1980s - there was little research published on how to interview children or the emotional aspects; much of the early work focused on medical aspects of child sexual abuse. Dr. Summit detailed five attributes or characteristics he identified in adult patients he treated over the years: Secrecy, Helplessness, Entrapment and Accommodation, Delayed Disclosure, and Recantation.

The most typical reactions of children are classified in this paper as the CSAAS. 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.

Dr. Summit's paper was not based on clinical research, but rather on his review of prior literature which he correlated with observations from his practice. 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.

While Dr. Summit stated "[t]he syndrome has elicited strong endorsements from experienced professionals and from victims, offenders, and other family members, in 1993, Dr. Summit published *The Abuse of the Child Sexual Abuse Syndrome*, in which he decried the misuse of his original publication (Roland C. Summit M.D., *Abuse of the Child Sexual Abuse Accommodation Syndrome*, Journal of Child Sexual Abuse, 1:4, 153-164, (1993) (DOI: 10.1300/J070v01n04 13)).

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 Downloaded by [University of Alabama at Tuscaloosa] at 14:15 29 October 2013 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?

After the high-profile daycare cases in the early 1990s (McMartin and Little Rascals cases) (See, Clyde Haberman, *The Trial That Unleashed Hysteria Over Child Abuse*, New York Times, March 9, 2014), research in the field focused on looking at the suggestibility and memory of young children. The memory and suggestibility research of Steven Ceci and his colleagues in the 1990s dominated the field and the consensus at that time was that basically children were so suggestible that it was difficult to be confident in a child's ability to tell the truth about sexual abuse in a credible way. (Stephen J. Ceci and Maggie Bruck, *Suggestibility of the Child Witness: A Historical Review and Synthesis*, 113

Psychological Bulletin No. 3, p. 403 (1993)) (See, e.g., Daniel Goleman, *Studies Reveal Suggestibility Of Very Young as Witnesses*, New York Times, June 11, 1993)

Today, some of the early research and publications in the field is now known to be less reliable. Dr. Summit's paper was misused by professionals in the field and courts across the country who relied on it to assert that abuse occurred based on the existence of the five characteristics. But courts have found that the use of the CSAAS attributes to prove that abuse occurred is unreliable. *Hadden v. State*, 690 So.2d 573 (Fla. 1997) ("[T]he Florida Supreme Court held that testimony that a child "exhibits symptoms consistent with ... CSAAS has not been proven by a preponderance of scientific evidence to be generally accepted by a majority of experts in psychology.") While not admissible to prove a victim has in fact been sexually abused, CSAAS has been held admissible "to disabuse jurors of commonly held misconceptions about child sexual abuse, and to explain the emotional antecedents of abused children's seemingly self-impeaching behavior." *People v. McAlpin*, 812 P.2d 563 (1991); *People v. Slaughter*, 170 N.Y.S.3d 803, 207 A.D.3d 1185 (2022)(CSAAS evidence admissible to explain delayed disclosure - "for the purpose of explaining behavior that might be puzzling to a jury..."); *State v. J.L.G.*, 234 N.J. 265 (2018)(CSAAS "testimony should not stray from explaining that delayed disclosure commonly occurs among victims of child abuse, and offering a basis for that conclusion.")). It is noteworthy that although some of Dr. Summit's original attributes remain controversial, others have been supported with empirical research conducted since then. The early work of Dr. Stephen Ceci and colleagues no longer reflects the way that child sexual abuse cases are investigated, and some would argue it never really was. However, there are important aspects of the early work that laid the foundation for the way we handle child sexual abuse cases today.

### Current Practice in Forensic Interviewing

In more recent years, much of the research has focused on how to best obtain detailed, credible, narrative information from children in a forensically sound way. Best

practice requires that anyone conducting a forensic interview of an alleged victim is to be trained in a nationally recognized model for interviewing. In the September 2020 edition of the APSAC Advisor, Dr. Kathleen Coulburn Faller provides an update on the major forensic interview structures that currently exist (Kathleen Coulburn Faller, Ph.D., *Forensic Interview Protocols: An Update on the Major Forensic Interview Structures*, Volume 32, Number 2, APSAC Advisor (2020)). There are approximately eight to ten recognized protocols that meet the criteria for national accreditation for Child Advocacy Centers which include:

- Child First (Formerly Finding Words)
- The National Children's Advocacy Center Forensic Interview Structure
- Childhood Trust
- Cornerhouse Forensic Interview Protocol
- Ten-Step Interview Process
- RADAR Protocol
- National Institute of Child Health & Development (NICHD)
- American Professional Society on the Abuse of Children (APSAC)
- FBI Child Forensic Interview

Of these protocols, approximately 85% of them contain the same stages, phases, or steps in the interview process, with some nuance. The differences are not that significant but do exist. All protocols have specific phases and processes, and most use the same phases. The most distinct differences between the protocols relate to interview instructions, truth-lie discussions in the interview, and how it is conducted. Additionally, there is no universal agreement regarding the use of interview aids such as diagrams and anatomical dolls.

### Conclusion

There are many factors to consider in forming an opinion about the credibility of child sexual abuse allegations. As civil defense attorneys involved in these cases, it is important to be able to understand the factors that impact a child's ability to be a reliable, competent witness.

