Forensic Sexual Abuse Evaluations of Older Children: Disclosures and Symptomatology

Diana M. Elliott, Ph.D. and John Briere, Ph.D.

This study examines the results of forensic evaluations of 399 children between the ages of 8 and 15 who were seen at an urban evaluation center regarding allegations of sexual abuse. Data collected included demographic, family environment, and abuse variables, outcome of a multidisciplinary forensic evaluation, and psychological distress as measured by the Trauma Symptom Checklist for Children (TSCC; Briere, in press). Children were grouped according to the outcome of the evaluation: nonabused, abused-disclosing, and abused-nondisclosing (composed of children for whom there was external evidence of abuse but who denied being abused). A number of variables predicted group membership, including subject race, sex, cognitive delays, mother's belief or disbelief in the allegation, and psychological distress. Sexually abused children who disclosed abuse reported particularly high levels of distress, abused but nondisclosing children reported the lowest levels, and nonabused children reported intermediate symptom levels. The data are discussed in terms of the role of denial, maternal support, and symptomatology in forensic evaluations.

INTRODUCTION

When the question of sexual abuse of a minor is raised, child welfare or law enforcement authorities must determine the likelihood that such abuse has occurred. Investigations usually result in one of three conclusions: that the child has not been abused, that he or she has been abused, or that the child’s abuse status is unclear. Making a determination regarding sexual abuse typically is a complex process that relies

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heavily on the minor's statements (Lawson & Chaffin, 1992), as well as on other forms of evidence when available. Regarding the latter, anatomical medical evidence or a sexually transmitted disease (STD) in a young child are often considered to be among the most convincing indicators of sexual abuse (Conte, Sorenson, Fogarty, & Roas, 1991). Similarly, confessions from alleged perpetrators, evidence such as pornographic pictures of the victim, and witnesses to the crime can also confirm sexual abuse independent of, or in conjunction with, a minor's statements.

Above and beyond corroborating data, the child interview is a critical aspect of the child abuse investigation. Clinical writers have offered a number of indicators for evaluating the credibility of an older child's statement during the forensic interview. Disclosure characteristics thought to be associated with a valid statement include: (a) a detailed description of a sexually abusive incident; (b) explicit sexual information regarding the act; (c) contextual, idiosyncratic details; (d) affective details; and (e) consistency in the major details across interviews (deYoung, 1986; Faller, 1988; Heiman, 1992; MacFarlene & Feldmeth, 1988; Raskin & Esplin, 1991).

Recent studies have suggested that the disclosure of sexual abuse is not a single event but a process. In a study of 116 confirmed cases of sexual abuse, Sorenson and Snow (1991) report that the majority of victims denied abuse when initially questioned, with only 11% providing initial disclosures without denying or demonstrating tentative features. Those who did not disclose in the initial discussion often gave a tentative, unconvincing disclosure, followed by a detailed, more credible account of the abuse at a later point in time. Children may retract their statements, only to later reaffirm the veracity of their initial disclosure (Sorenson & Snow, 1991). Even when children disclose, their disclosures do not always meet the usual criteria for abuse substantiation. In her study of cases in which sexual abuse was confirmed by abuser confession, Faller (1988) found a significant number of children whose disclosure did not meet generally accepted criteria.

There appear to be various factors that influence a minor's disclosure of abuse. For example, Farrell (1988) found a negative relationship between the child's ability to disclose and his or her age, the length of time over which the abuse occurred, and the seriousness of the abuse.

Caretaker support and belief in the allegation have also been shown to play a significant role in the disclosure process. One study examined the disclosures (or lack thereof) of children with confirmed cases of STD, who were three years of age or older and premenarcheal (Lawson & Chaffin, 1992). Among subjects with supportive caretakers (defined as a caretaker who acknowledged the possibility of sexual abuse and showed no evidence of pressuring the child to deny abuse), 63% made disclosures of sexual abuse compared to only 17% of those with nonsupportive caretakers. Research by Sirles & Franke (1989) on intrafamilial abuse suggest that lack of maternal support is associated with several variables including: (a) the identified perpetrator being a step-father or live-in partner (as opposed to biological father or other relative), (b) abuse involving genital-genital contact, (c) abuse occurring in the home, (d) the presence of other forms of abuse (physical abuse of minor and substance abuse of the alleged perpetrator), and (e) the minor being a teenager. Surprisingly, maternal belief was not associated with alleged perpetrator's admission (or denial) of abuse.

Children who report sexual abuse tend to be more symptomatic than nonabused
children, but report fewer symptoms than clinical samples of children (Cohen & Mannarino, 1988). It may be that the level of symptomatology exhibited or reported by a given child reflects not only the impact of the abuse but also the extent to which the child is willing to describe or reveal his or her abuse-related distress. For example, a sexually abused child who is able to disclose the abuse may present as considerably more symptomatic than another child who, for whatever social or psychological reasons, is motivated to deny his or her abuse history or suppress his or her experience of it.

The present study sought to examine the above-noted issues by examining the extent to which child, family environment, abuse, and symptom variables predict the outcome of a forensic evaluation. Based upon the extant literature, it was anticipated that a variety of factors would discriminate between those found to be abused and those for whom there was little evidence of abuse. Additionally, it was hypothesized that, among children with an externally validated abuse history, a number of variables would predict whether abuse was disclosed during the forensic interview.

**METHOD**

During 1992 and 1993, 399 children between the ages of 8 and 15 were seen at Harbor-UCLA’s Sexual Abuse Crisis Center for a forensic evaluation regarding allegations of sexual abuse. Each child was evaluated by a multidisciplinary team that included a licensed mental health clinician, a medical examiner, and either a law enforcement officer or a member of the Department of Children Services (or both). The evaluation included: (a) at least one interview with the minor, (b) a medical examination, (c) whenever possible, an interview of the primary nonoffending caretaker, and (d) an assessment of the child’s psychological distress using the Trauma Symptom Checklist for Children (TSCC; Briere, in press).

The TSCC is a 54-item instrument consisting of six subscales (Anger, Anxiety, Depression, Dissociation, Posttraumatic Stress, and Sexual Concerns). The items of the TSCC were written at a level thought to be understood by traumatized children between the ages of 8 and 15. This instrument has been shown to be psychometrically reliable and predictive of child abuse history in a number of studies (e.g., Evans & Briere, 1994; Friedrich, 1993; Lanktree & Briere, 1993).

Subjects of this study were examined medically by pediatric health professionals who are recognized by the Superior Court of California, County of Los Angeles, as experts in the evaluation of sexual abuse. All examinations included ano-genital colposcopy, and results were classified as diagnostic (e.g., hymenal transections to the base, STDs that can be contracted only through sexual contact, semen found in the vaginal canal), suspicious (e.g., enlarged hymenal opening in nonobese children, STDs that can be contracted through nonsexual as well as sexual contact), or within normal limits. In the current study, only children whose examination data were judged to be diagnostic of abuse were classified as having positive medical findings.

At the time of the analyses, external evidence of sexual abuse was available in 29.6% of all cases (118 children) as follows. Medical examinations of 64 (16.0%) subjects were abnormal and considered diagnostic of sexual abuse. Perpetrator confessions were obtained in 27 (6.8%) cases. In 35 (8.8%) of the cases, there was a witness to the abuse. In 25 (6.3%) cases, other evidence was available (e.g., porno-
graphic pictures of the child, the child described graphic details of the alleged perpetrator's bedroom when the alleged perpetrator denied the child ever being in his home.\textsuperscript{1}

Caretakers were classified as supportive or nonsupportive. A supportive caretaker was defined as one who showed no evidence of pressuring the child to make specific statements, and who, when provided with credible disclosure or external evidence, acknowledged the possibility of sexual abuse.

The child interviews were typically conducted by one of six mental health professionals, observed by law enforcement, social services, and medical personnel, and supervised by a mental health clinician recognized by the Superior Court of California, County of Los Angeles, as an expert in the evaluation of sexual abuse. Each interviewer had received extensive training specifically in child sexual abuse interviewing, and had an average of 4 years' previous experience in interviewing children related to allegations of sexual abuse. The number of interviews for each child ranged from one to three, each of which typically lasted between 45 and 60 minutes.

In each interview, the child either disclosed or denied sexual abuse. As outlined below, disclosures were classified as credible, partially credible, or noncredible, and denials were classified as credible or noncredible.

Disclosures were considered credible if all of the following were true: (a) a consistent, detailed, contextually-embedded, developmentally age-appropriate account of at least one abusive incident was provided; (b) the child was not highly avoidant of the subject area; (c) there was no evidence that the child's statements had been coached; and (d) there was no evidence directly contradicting his or her statement. Disclosures were considered partially credible if a contextually-embedded account of abuse was reported combined with any of the following: (a) fewer details than expected were provided; (b) the child was highly avoidant of certain topics (e.g. refused to answer or responded with 'I don't know' to more than a few questions); or (c) there was external evidence that contradicted some aspect of the child's statements, but did not negate the veracity of the reported abuse. An example of contradictory evidence was an 8-year-old female who provided a consistent, contextually-embedded report of fondling and denied penetration, but for whom there was medical evidence of chronic blunt force penetration of the vagina.

Disclosures were considered noncredible under any of the following conditions: (a) there was a report of abuse with few or no developmentally age-appropriate details provided, (b) there was evidence of coaching, (c) statements provided were highly inconsistent, or (d) there was evidence that strongly suggested the child had not experienced the specific event he or she was reporting. An example of the latter is a 10-year-old male who accurately described a vagina and reported oral copulation of an adult female, but indicated that the vagina was located just below the navel of the alleged perpetrator.

A denial of abuse was considered credible if all of the following conditions were met: (a) there was no external evidence that the child had been sexually abused (e.g., no medical findings, no perpetrator confession, no witnesses), (b) the child

\textsuperscript{1} These percentages total to more than 29.6\% because in 22 cases, there were two or more forms of evidence.
denied sexual abuse, (c) the child spoke spontaneously with the evaluator and did not actively avoid the subject area, and (d) the child displayed no evidence of coaching. A child who denied abuse was considered noncredible if any of the above criteria were not met.

Based on the results of the interview and external evidence, children were placed into one of six groups: four ‘abused,’ one ‘nonabused’ and one ‘unclear’. Of the four abused groups, two groups of children disclosed sexual abuse at the time of the evaluation and two groups did not. The first group, referred to as Disclosing-Credible \( (n = 149; 37.3\%) \) was composed of subjects who reported sexual abuse and whose report of abuse was considered credible. External evidence supporting their statements of the abuse was available in 51 (34.2\%) of these cases. Children whose statements were considered partially credible were placed in the second group, referred to as Disclosing-Partial \( (N = 60; 15.0\%) \). External evidence was available in 28 (46.7\%) of these cases.

There were 39 subjects who denied sexual abuse at the time of the evaluation, but for whom there was external evidence that the abuse had occurred (e.g., perpetrator confession, medical evidence). These children were placed into one of two groups. The first group, referred to as Nondisclosing-Evidence \( (n = 19; 4.8\%) \), was composed of individuals who at no time had made a disclosure of sexual abuse but for whom, as noted above, there was external evidence. The second group, referred to as Nondisclosing-Recanter \( (n = 20; 5.0\%) \), was composed of individuals who had previously given a disclosure of sexual abuse, later recanted their statements, and for whom there was external evidence of abuse.\(^2\)

Subjects were categorized as Nonabused \( (n = 72; 17.8\%) \) if there was no external evidence indicative of sexual abuse and if they either: (a) made a credible denial of sexual abuse \( (n = 70) \), or (b) made a noncredible disclosure of abuse that was later recanted \( (n = 2) \). The remainder of the children were placed in the group referred to as Unclear \( (n = 79; 20.0\%) \). For these children, no determination regarding sexual abuse could be made. There was no external evidence of abuse in any of these cases and all subjects in this group gave a noncredible disclosure or denial of abuse.

Statistical analyses proceeded in several stages. First, children in the Unclear group were compared to all other children. Next, nonabused children were compared to those classified in the abused groups. Finally, four sets of analyses were completed on the subset of abused children: (a) comparisons between nondisclosing and disclosing abused subjects; (b) comparisons between the two groups of nondisclosing subjects; (c) comparisons between the two groups of disclosing subjects; and (d) comparisons between abused subjects with supportive versus nonsupportive mothers. Given the large number of analyses completed, a more stringent statistical significance level was set at 0.01.

\(^2\) There were other recanting children who initially gave credible disclosure of abuse and for whom it was the opinion of the multidisciplinary team that they were victims of sexual abuse, but for whom there was no external confirmation of abuse. These children were placed in the ‘Unclear’ group. Additionally, there were children who had previously disclosed, then recanted, but who, in the present interview, redisclosed abuse. These children were placed in either the Disclosing-Partial or Disclosing-Credible group, based on the statements made during the Center Interview.
RESULTS

Analyses Related to the Entire Sample

Subjects with an Unclear Abuse History

Analyses were completed to determine if the 79 children in the Unclear group differed systematically from the remaining 320 subjects. Four significant differences were found. Compared to children who could be classified, Unclear subjects were: (a) more likely to have come to the attention of authorities because of a mandated reporter's suspicion of sexual abuse (55.2% vs. 30.9%; $\chi^2[1,N = 399] = 5.19, p < .011$); (b) more often males (42.7% vs. 20.6%; $\chi^2[1,N = 399] = 5.03, p < 0.13$); (c) more likely to exhibit sexually acting out behaviors (38.9% vs. 10.2%; $\chi^2[1,N = 322] = 13.35, p < .001$); and (d) more likely to be recanting children (17.3% vs. 6.1%; $\chi^2[1,N = 399] = 5.01, p < .014$). (See Table 1 for a list of the 15 variables tested with chi square test results.) Because the abuse status of this group could not be determined, these subjects were deleted from the remainder of the analyses in this study.

Demographics of Abused and Nonabused Subjects

Of the remaining 320 subjects available for further analyses, the average age was 11.03 years ($SD = 2.60$). The racial makeup was 38.8% Hispanic ($n = 124$), 31.3% Black ($n = 100$), 26.9% Caucasian ($n = 86$), and 3.1% Asian ($n = 10$). Most of the subjects were females ($n = 251; 78.4\%$), were not in treatment prior to the evaluation ($n = 271; 85.0\%$), were not cognitively delayed ($n = 290; 90.6\%$), and came to the attention of the authorities because of a relative or friend's concern about sexual abuse ($n = 218; 68.1\%$). Most children were in the custody of at least one biological parent prior to the evaluation for sexual abuse ($n = 215; 67.2\%$). However, 72 (22.5\%) had been removed prior to the present investigation on previously substantiated allegations of child abuse, and an additional 32 children (10.0\%) were removed from their parents' custody subsequent to the evaluation at the Center. Although 64.3\% ($n = 209$) of the sample were from divorced homes, child custody issues were being disputed in only 27 (8.4\%) of all cases. Other forms of child maltreatment were prevalent in this sample, with 31.3\% ($n = 100$) reporting physical abuse, 30.6\% ($n = 98$) having substance addicted parents, 19.1\% ($n = 61$) with substantiated cases of child neglect, and 17.8\% ($n = 57$) having witnessed spousal abuse.

Sexually Abused Versus Nonabused Differences

Analyses were done to determine if the children placed in the sexually abused groups differed from the nonabused children. Only two significant differences were found regarding demographic variables and other forms of family dysfunction or abuse: (a) females were more highly represented in the abused groups (85.1\% vs. 55.6\%; $\chi^2[1,N = 320] = 28.76, p < .001$); and (b) Hispanics were more highly represented in the abused groups (42.3\% vs. 26.4\%), whereas Caucasians were more frequently.

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3 The 15 variables listed in Table 1 are the same variables tested in each of the remaining stages. However, for ease of reading, only significant findings are reported throughout the remainder of the manuscript.
Table 1. Differences between unclear and clearly classified children

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Unclear N = 79</th>
<th>Clearly classified N = 320</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Significant results</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandated reporter initiated evaluation</td>
<td>146</td>
<td>55.2%</td>
<td>31.9%</td>
</tr>
<tr>
<td>(\chi^2(1, N = 399) = 5.19, p &lt; .011)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor was a male</td>
<td>103</td>
<td>42.7%</td>
<td>21.6%</td>
</tr>
<tr>
<td>(\chi^2(1, N = 399) = 5.05, p &lt; .013)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor recanted</td>
<td>34</td>
<td>17.3%</td>
<td>6.1%</td>
</tr>
<tr>
<td>(\chi^2(1, N = 399) = 5.18, p &lt; .011)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor sexually acting out</td>
<td>63</td>
<td>38.9%</td>
<td>10.2%</td>
</tr>
<tr>
<td>(\chi^2(1, N = 399) = 13.50, p &lt; .001)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nonsignificant results</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor's race</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>150</td>
<td>33.3%</td>
<td>38.8%</td>
</tr>
<tr>
<td>Black</td>
<td>116</td>
<td>20.8%</td>
<td>31.3%</td>
</tr>
<tr>
<td>White</td>
<td>122</td>
<td>45.8%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Asian</td>
<td>11</td>
<td>1.3%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Minor out of parents' custody</td>
<td>130</td>
<td>33.3%</td>
<td>32.2%</td>
</tr>
<tr>
<td>Parents divorced</td>
<td>254</td>
<td>57.1%</td>
<td>64.3%</td>
</tr>
<tr>
<td>Parents in custody battle</td>
<td>30</td>
<td>11.1%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Substance addicted parent</td>
<td>78</td>
<td>50.0%</td>
<td>40.2%</td>
</tr>
<tr>
<td>Mother supportive of minor</td>
<td>205</td>
<td>67.8%</td>
<td>75.0%</td>
</tr>
<tr>
<td>Minor out of parents' custody</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents divorced</td>
<td>254</td>
<td>57.1%</td>
<td>64.3%</td>
</tr>
<tr>
<td>Minor witnessed spousal abuse</td>
<td>60</td>
<td>16.1%</td>
<td>17.8%</td>
</tr>
<tr>
<td>Minor cognitively delayed</td>
<td>40</td>
<td>12.5%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Minor physically abused</td>
<td>129</td>
<td>37.5%</td>
<td>31.3%</td>
</tr>
<tr>
<td>Minor neglected</td>
<td>62</td>
<td>27.1%</td>
<td>19.1%</td>
</tr>
<tr>
<td>Minor in treatment</td>
<td>284</td>
<td>16.7%</td>
<td>15.0%</td>
</tr>
<tr>
<td>(\chi^2(1, N = 399) = 1.18, ns)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

found in the nonabused group (43.1% vs. 22.2%; \(\chi^2[3, N = 320] = 13.14, p < .004\)). Children whose parents were involved in custody disputes were no more likely to be found in any particular outcome group than were children from divorced homes with no custody dispute, or children of nondivorced parents (\(\chi^2[2, N = 295] = 0.62, ns\)).

A multivariate analysis of variance (MANOVA) was completed to determine if there were differences among groups in the reported level of symptomatology on the TSCC. The data revealed significant group differences (F[24, 310] = 4.61, p < .001). Follow-up univariate ANOVAs and multiple comparisons revealed that each of the six TSCC scales varied across two or more groups. No differences were found between the two groups of disclosing children. However, with the two groups of nondisclosing (yet abused) children, two significant differences were found: recanting children (Nondisclosing-Recanted) reported being more angry and depressed than the group of children who never disclosed despite evidence of abuse (Nondisclosing-Evidence). Finally, sexually abused children who disclosed abuse reported particularly high levels of symptomatology on the TSCC, nondisclosing (but abused) children
reported relatively low levels of distress, and nonabused children reported intermediate levels of symptomatology. (See Table 2 for the M, SD, F ratios, and post hoc tests. See Figure 1 for TSCC scale profiles according to group membership.)

Analyses Related to Sexually Abused Children

Of the 248 subjects assessed as having been sexually abused, specific characteristics of the abuse were available on 207. Some form of penetration (anal, oral, or vaginal) was reported by 69.6% (n = 144) of these subjects. While the modal number of abuse incidents was 1 (28.0%; N = 58), 46.4% (n = 96) of the sample reported more than 10 incidents of abuse, and 58.4% (n = 121) reported that the abuse lasted longer than 1 year. Physical force was used on 25.6% (n = 53) of the victims and an additional 37.2% (n = 77) were verbally threatened by the alleged perpetrator. Only 15.0% (n = 31) of the abuse was perpetrated by other minors, and only 4.8% (n = 10) of subjects were abused by females. Most children (86.0%; n = 178) were abused by only one individual, and 51.7% (n = 107) of the perpetrators lived in the home of the child at the time of the abuse. Identified perpetrators were as follows: 35 (15.2%) biological fathers, 4 (1.9%) biological mothers, 20 (8.7%) siblings, 46 (20.0%) stepfathers or live-in boyfriends, 78 (33.9%) extended family members, 75 (32.6%) nonrelatives known to the child prior to the abuse, and 15 (6.5%) strangers. Most subjects (74.9%; n = 155) did not disclose their abuse to another person within the year that it first occurred, and 17.8% (n = 37) waited more than 5 years to disclose.

**Disclosing Versus Nondisclosing Abused subjects**

When abused children who disclosed abuse were compared to those who had not disclosed, yet had been abused, three significant differences were noted. First, there was a difference in maternal support, with a higher percentage of supportive mothers found with disclosing than with nondisclosing children (77.7% vs. 40.4%; χ²[1, N = 215] = 16.33, p < .001). Second, nondisclosing children were more likely to come to the attention of authorities because of a mandated reporter's concern about abuse than were disclosing children (74.1 vs. 40.6; χ²[1, N = 248] = 14.78, p < .001). Finally there was an ethnic difference (χ²[3, N = 248] = 16.00, p < .001), with: (a) a higher percentage of Blacks in the Nondisclosing-Evidence group (53.8%) compared to the Nondisclosing-Reacanter (24.4%), Disclosing-Partial (30.4%), and Disclosing-Credible (28.6%) groups; (b) a higher percentage of Hispanics in the Partial Disclosure group (50.0%) than the Disclosing-Credible (35.1%), Nondisclosing-Reacanter (21.4%), and Nondisclosing-Evidence (20.4%) groups; and (c) a higher percentage of Caucasians in the Nondisclosing-Reacanter group (57.1%) compared to the Nondisclosing-Evidence (30.8%), Disclosing-Partial (22.5%), and Disclosing-Credible (21.0%) groups.

There were no significant differences noted between the two groups of nondisclosing children (Nondisclosing-Evidence and Nondisclosing-Reacanter). There were two differences between the two groups of disclosing children: (a) a higher percentage of cognitively delayed children was found in the Disclosing-Partial group as opposed

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4 These percentages total to more than 100% because 16% of the cases had two or more perpetrators.
Table 2. Mean TSCC scores according to sexual abuse status

<table>
<thead>
<tr>
<th>Scale</th>
<th>Nonabused (N = 72)</th>
<th>Nondisclosing-Evidence (N = 19)</th>
<th>Non-disclosing-Reacter (N = 20)</th>
<th>Disclosing-Partial (N = 60)</th>
<th>Disclosing-Credible (N = 149)</th>
<th>F Ratio</th>
<th>p &lt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>Anger</td>
<td>6.88</td>
<td>(5.09)**</td>
<td>2.25</td>
<td>(2.25)b</td>
<td>5.59</td>
<td>(5.31)a</td>
<td>7.21</td>
</tr>
<tr>
<td>Anxiety</td>
<td>6.24</td>
<td>(4.35)a</td>
<td>4.45</td>
<td>(4.24)a</td>
<td>5.31</td>
<td>(3.23)a</td>
<td>9.77</td>
</tr>
<tr>
<td>Depression</td>
<td>6.20</td>
<td>(4.64)a,b</td>
<td>4.47</td>
<td>(2.40)b</td>
<td>7.47</td>
<td>(4.13)a,c</td>
<td>8.45</td>
</tr>
<tr>
<td>Dissociation</td>
<td>6.13</td>
<td>(4.81)a</td>
<td>4.41</td>
<td>(3.43)a</td>
<td>5.61</td>
<td>(3.30)a</td>
<td>8.07</td>
</tr>
<tr>
<td>Posttraumatic stress</td>
<td>6.89</td>
<td>(4.74)a</td>
<td>4.71</td>
<td>(4.78)b</td>
<td>5.62</td>
<td>(3.39)a,b</td>
<td>11.23</td>
</tr>
<tr>
<td>Sexual concerns</td>
<td>3.41</td>
<td>(2.95)a</td>
<td>2.08</td>
<td>(2.12)a</td>
<td>3.10</td>
<td>(2.76)a</td>
<td>5.33</td>
</tr>
</tbody>
</table>

*Means not sharing a common superscript are significantly different at p < .05.
to the Disclosing-Credible group (14.9% vs. 5.7%; $\chi^2[1, N = 210] = 9.30, p < .009$), and (b) a higher percentage of neglected children was found in the Disclosing-Partial group as compared to the Disclosing-Credible group (39.7% vs. 22.7%; $\chi^2[1, N = 210] = 8.89, p < .013$).

**Maternal Support**

Among abused subjects, 215 had nonoffending mothers who completed psychosocial evaluations. Of these, 73.0% ($n = 157$) accepted the possibility of sexual abuse and were protective of their child. A lack of maternal support for the child was predicted by two perpetrator, three abuse, and four family dynamic variables. Regarding perpetrator variables, a higher percentage of nonsupportive mothers was found when: (a) the alleged perpetrator resided with the mother (78.3% vs. 40.1%; $\chi^2[1, N = 198] = 20.54, p < .001$); and (b) there was more than one alleged perpetrator (27.1% vs. 10.5%; $\chi^2[1, N = 215] = 5.96, p < 0.13$). With regard to abuse variables, a higher percentage of nonsupportive mothers was found when: (a) there were more than five reported incidents of abuse (74.1% vs. 49.7%; $\chi^2[1, N = 215] = 10.30, p < 0.001$); (b) the abuse was reported to have lasted longer than a year (81.0% vs. 52.3%; $\chi^2[1, N = 177] = 10.68, p < .001$); and (c) the disclosure of the abuse
came a year or more after the last incident of abuse (92.6% vs. 71.3%; \( \chi^2[1, N = 170] = 11.17, p < .007 \)). Regarding family dynamic variables, a higher percentage of nonsupportive mothers was found when: (a) the child had also been physically abused by a caretaker (53.4% vs. 14.0%; \( \chi^2[1, N = 215] = 35.46, p < .001 \)); (b) there was a substantiated case of neglect of the child (45.8% vs. 15.6%; \( \chi^2[1, N = 144] = 15.29, p < .001 \)); (c) there was a substance addicted parent (62.5% vs. 26.5%; \( \chi^2[1, N = 161] = 18.63, p < .001 \)), and (d) there was spousal abuse between the child’s caretakers (29.3% vs. 10.2%; \( \chi^2[1, N = 215] = 11.92, p < .001 \)). Finally, children with nonsupportive mothers were more likely to recant their original disclosure of abuse (15.4% vs. 3.3%; \( \chi^2[1, N = 205] = 9.59, p < .001 \)) and to be removed from their mother’s custody following the evaluation (31.0% vs. 3.2%; \( \chi^2[1, N = 215] = 63.03, p < .001 \)) than were children with supportive caretakers.

**DISCUSSION**

The results of the present study suggest that a variety of variables are associated with the outcome of sexual abuse evaluations, at least for one major forensic center. These include demographics, history of other forms of concomitant child abuse, level and type of psychological symptomaticity at the time of the evaluation, and maternal belief or disbelief regarding the alleged abuse. Also found in this study were differences between sexually abused subjects who provided a credible disclosure to the interviewer and those who denied being abused despite external evidence of abuse. Such data suggest that abuse disclosure and abuse evaluation can be complex events, with both abuse-specific and more general factors influencing final forensic determinations of abuse status.

**Predicting Forensic Evaluation Outcomes**

*The Unclear Group*

Of all children evaluated in this sample, 22% could not be placed in either Abused or Nonabused groups by the sexual abuse evaluation team. Such ambiguous cases are well known to clinicians who conduct forensic evaluations in this area, are seen at a much higher rate among younger children (Elliott & Eddington, 1994), and represent one of the more problematic scenarios in the child abuse field. Children in this category who have been abused but for whom there is insufficient evidence of abuse rarely have their cases tried in the criminal justice system, and may be less likely to receive appropriate, abuse-relevant therapy. On the other hand, a decision to treat unclear cases as if they were positive (abused) cases is problematic since it runs the risk of prosecuting innocent parties and encouraging potentially irrelevant therapy.

In the current study, *Unclear* subjects were more frequently male, more likely to have been referred by a mandated reporter than a relative or family member, more likely to have exhibited sexually acting out behaviors, and more likely to have recanted an abuse disclosure at some point. These variables reflect the ambiguity of this group. First, although males are less likely than females to experiences sexual abuse (e.g., Lanktree, Briere, & Zaidi, 1991; Stein, Golding, Siegel, Burnham, &
Sorensen, 1988), the current study indicates that a significant proportion of boys have been sexually abused, and thus that abuse of boys is not an improbable event. Second, although mandated reporters may know less about a child’s situation (including the likelihood of his or her being abused) than those closer to the child, they also may be less likely to deny intrafamilial abuse than family members or other relatives. Third, although sexually acting out children may seem less credible to some, these same children are more likely to have been sexually abused than other children (Friedrich, 1993). Finally, although recantation intrinsically suggests at least some ambiguity about whether abuse has taken place, the current study includes a number of what may be called ‘false recanters’: children who deny having been abused despite clear evidence to the contrary. Thus, recantation in and of itself does not rule out the possibility of abuse.

Even though Unclear subjects were eliminated from later analyses in the current investigation, such individuals and their psychosocial context require further study. The ultimate goal in this regard would be to reduce membership in this group by virtue of more effective and precise investigative techniques.

**Sexually Abused Versus Nonabused Subjects**

A relatively small number of variables were found to discriminate sexually abused from nonabused children, regardless of disclosure status. Females and Hispanic children were more likely to have been assessed as abused, whereas Caucasian children were more likely to be considered nonabused. Sexually abused children scored significantly higher and significantly lower on the TSCC than did nonabused children, with the specific direction of the relationship determined by disclosure status (as discussed in the next section). Interestingly, children whose parents were involved in custody disputes were no more likely to have been assessed as abused or nonabused than were children from parents (divorced or not) who had no custody issue before the courts.

**Disclosure, Nondisclosure, and Recantation**

As noted above, a major finding of the present study involves the moderation of abuse effects by subject disclosure status. Perhaps most representative in this regard are the results of the TSCC testing. Sexually abused children who disclosed their abuse in the interview reported especially high levels of symptomatology, sexually abused children who denied being abused (or recanted an earlier abuse disclosure) reported relatively low levels of distress, and nonabused children reported intermediate levels of symptomatology. The level of symptomatology reported by nonabused children was generally consistent with the level found in a large normative sample of children (Evans & Briere, 1994).

There are at least two possible explanations for the relationship between disclosure of abuse and symptomatology. First, it may be that higher levels of symptomatology increase the likelihood that a child will be assessed as having been sexually abused. Conte and his colleagues (1991) found that 85% of the professionals making determinations regarding allegations of sexual abuse considered evidence of traumatization on psychological testing to be an important factor in substantiating a report of sexual
abuse. Thus, children experiencing significant levels of posttraumatic stress may be more likely to be believed when they disclose abuse, and children who are asymptomatic on evaluation may encounter less scrutiny when they deny abuse. Also, unambiguous instances of sexual abuse may be straightforward for the forensic evaluator because of their blatant nature, severity, or tendency to produce medical findings, all of which might produce not only more definitive assessments but also greater psychological distress.

Alternatively (or in addition), evaluatees' scores on symptom measures may be moderated by at least some of the same underlying processes that allow or inhibit abuse disclosures. It is possible that dissociation may account for some abuse-positive nondisclosures. Some of the recanting children, for example, reported that what they initially thought was an abuse incident they later interpreted as a dream. A dissociation model, however, cannot fully explain the current data since one would expect the Dissociation scale of the TSCC to be particularly high for these children relative to other scales, and it is not.

It may be that defensive denial is a more powerful explanation for the lower symptomatology reported by nondisclosing abuse victims. The child's initial need to deny his or her abuse may be motivated by fear of being blamed for the abuse if it is disclosed (Goodman, et al., 1989), fear of harm from (or to) the perpetrator (Elliott, 1993; Bottoms, Goodman, Schwartz-Kenny, Sachsenmaier, & Thomas, 1990), or embarrassment associated with disclosure (Saywitz, Goodman, Nicholas, & Moan, 1991). Additionally, for some children, the external motivations for denial may be compounded by a broader need for cognitive avoidance of painful abuse-related recollections (Briere, 1992). The child who, for whatever reasons, seeks to deny his or her abuse history may also attempt to suppress awareness or expression of abuse-related psychological distress — perhaps especially during forensic evaluations where psychological testing and requests for abuse-related information are relatively contiguous. From this perspective, one might expect nondisclosing victims to report less severe psychological symptoms.

While there appear to be symptom clusters that reliably distinguish groups of abused children from their nonabused cohorts, forensic evaluations cannot rely on behaviors (e.g., sexual acting out) or symptoms (e.g., posttraumatic stress) to reliably distinguish an abused child from a nonabused one. Given these data, it is recommended that no measure of psychological distress in children be used as the sole determinant of whether or not a child has been abused. Although high symptom levels may reflect abuse-related distress, low symptom scores do not indicate the absence of abuse — especially in those motivated to deny existing abuse incidents.

Along with symptomatology on the TSCC, subject ethnicity was associated with disclosure status. Hispanic children, for example, were more highly represented in the Disclosing-Partial group. This may reflect the results of a language barrier, since more than 50% of the Hispanics in this sample had learned English as a second language.5 The data also suggest that Caucasian children are more likely to recant their statements than are children of other ethnic backgrounds, and that Black children are more likely to have never disclosed abuse in cases where outside evi-

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5 Because a Spanish-speaking interviewer was used whenever a nonSpanish-speaking interviewer felt that one was indicated, this problem may have been less significant in the current setting than in those settings where only English-speakers are available.
dence is available. Although the possibility of subtle racial influences on the interviewing process cannot be ruled out, the make-up of the interviewing team (one Asian, one Black, three Caucasians, and one Hispanic) was such as to lessen this likelihood. Further investigation of ethnic variables in the abuse evaluation process is clearly warranted, including study of the effects of same- versus other-race dyads on abuse disclosure.

Among the two disclosing groups, less credible statements were found among those who were cognitively delayed and those with histories of child neglect. Neglected children typically receive less environmental stimulation, and often present with language delays (Allen & Oliver, 1982) that can decrease their ability to provide a detailed account of their abuse (e.g., time, place, characteristics of the perpetrator). Also, the attachment and interpersonal problems often associated with early neglect may decrease the neglected child’s relative ability to interact with the interviewer (e.g., in terms of greater passivity and avoidance, fewer communication skills, etc. See Erickson & Egeland [in press] for a review).

Consistent with Sorenson and Snow’s (1991) data, the present results suggest that disclosing sexual abuse is more an ongoing process than a single event. Children who made less than completely credible statements were frequently those who initially disclosed fondling, but for whom there was evidence of more severe abuse (e.g., penetration). When provided with this evidence in a second interview, these children often made more complete statements. Thus, for children disclosing fondling only, credibility was judged in part by the absence of contradictory data (e.g., the alleged perpetrator did not confess to penetration, there was no medical evidence of penetration). However, in a study of victims whose perpetrators had confessed to penile penetration, specific medical findings indicative of sexual abuse were found in only 61% of victims (Muram, 1989). These data have implications for children for whom there is no confirmatory evidence. In the absence of corroborating physical findings, such children’s statements may be prematurely considered complete. As a result, forensic evaluations that consist of a single interview may result in incomplete disclosures and less accurate determinations, especially in cases where medical or other external data are lacking or inconclusive.

**Maternal Support**

Previous research has suggested that a child’s ability to disclose is influenced by maternal support, and that a mother’s willingness to believe that her child has been sexually abused is predicated upon a number of factors, most notably her relationship to the perpetrator (Lawson & Chafin, 1992; Sirles & Franke, 1989). The present data support such findings. Maternal support was predicted most powerfully by whether the alleged perpetrator was residing in the same home as the mother, and a lack of maternal support was associated with the child’s nondisclosure of abuse. It is possible, of course, that the mother’s disbelief is the result of the child’s nondisclosure, rather than the cause of it. The present data, however, suggest that maternal disbelief is more likely a precursor to nondisclosure, since such disbelief existed in the presence of confirmatory external evidence. The role of maternal support in the assessment and treatment of childhood sexual abuse may require greater professional attention than it has been given in the past, since such support not only appears to facilitate valid disclosures, but also to impact later symptomatology.
of the victim (Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989; Wyatt & Mickey, 1987).

Summary and Directions for Future Research

The findings of this study suggest that forensic child abuse interviews can be influenced by subject variables such as sex and race, history of neglect, level of maternal support, and, potentially, by the child’s need to deny the abuse or its impacts. Additionally, it appears that self-reported symptomatology is far from the litmus test for abuse that some have hoped. Although high symptom levels were associated with children’s disclosures of abuse, lower levels of self-reported symptoms may reflect (a) the absence of abuse, (b) the presence of protective factors despite abuse, or (c) the child’s need to suppress the expression or experience of abuse-related distress as a function of various social or psychological dynamics.

Because a number of variables (e.g., neglect and maternal nonsupport) predict disclosure status in the current study, it is possible that any one (or combination) of these variables mediates between disclosure group membership and symptomatology. If the level of abuse disclosure and level of symptom expression are related because both are (at least partially) related to an underlying expressive domain, structural equation modeling or path analysis may be indicated in future studies to probe the specific interrelationship between these variables.

Given these complexities, the traditional notion of the ‘validating’ interview may be subject to question, especially in terms of a dichotomous ‘abused’ versus ‘not abused’ determination. Of particular concern based on the current data is the issue of potential false negatives. Even in instances where the child’s abuse history could be verified by external evidence, satisfactory disclosure of abuse was affected by the variables described above. Extension of these findings to those children who, for whatever reason, did not have external evidence of abuse leads to a disturbing question: How many children in the child welfare system are assessed as not abused (or have their cases judged ‘unfounded’) when, in fact, they were abused but (a) there is no external evidence, and (b) social or psychological factors prevent them from making a convincing disclosure and/or exhibiting the expected symptomatology? Further, in light of the findings of Sorenson and Snow (1991), as well as those of the current study, it is likely that a more cursory or less sensitive forensic interview with such children increases the likelihood of a false negative by truncating what eventually could have been a more complete and valid disclosure.

Although the current study has ecological and external validity by virtue of its conduct in a functioning forensic evaluation center, there are at least three constraints on these findings. First, because this study examined outcomes in a sample of older children (i.e., 8–15 years of age), these data may not generalize to younger children. This is unfortunate since younger children present a greater challenge in forensic evaluations, and more research in this area is clearly warranted (see Elliott & Edlington, 1994). Second, the current data reflect the determinations of a single sexual abuse evaluation center, and thus may be less relevant to centers whose evaluative criteria vary substantially from this program. Because forensic centers function in the service of a much broader legal system, however, and thus must conform to relatively specific evidentiary criteria, it is quite possible that the current findings would parallel those found in studies of most other urban evaluation centers. Finally,
because disclosure interviews were conducted by a variety of staff, it is unclear how interview techniques may have influenced the results of the present study. Future research on the validation of abuse allegations ideally will focus not only on the content and results of forensic child abuse determinations, but also on the process of such decision-making.

The implications of this study for forensic evaluation are several. First, the interviewer should be aware of the various factors that may inhibit a valid abuse report, ranging from race to maternal nonsupport, in order to provide as ‘child friendly’ an environment as possible to elicit an accurate disclosure. This may include providing interviewers who take the child’s race and native language into account, and paying greater attention to parental/caretaker dynamics associated with nondisclosure. Second, since the child interview assumes even greater importance when external evidence is lacking, the interviewer should consider a more extended series of interviews under such circumstances. Third, the absence of self-reported symptoms on psychological testing should not be considered compelling evidence of nonabuse, since both very high and very low symptom levels were associated with a sexual abuse history in the present study.

REFERENCES


