Children as Witnesses

Kelly Michaels is convicted of child molestation based on the testimony of children in a preschool where she had been a teacher. She serves five years of her sentence before she is released by an appeals court which questioned the reliability of the children’s testimony.

The mother of a two and a half year old boy reports to the police that her son has been molested by Raymond Buckey, a teacher and son of the owner of the McMartin preschool. Criminal charges are brought against Raymond Buckey, Peggy McMartin, and five other teachers. The McMartin Preschool case spends three years in the courts at a cost of $13 million to taxpayers. No one is convicted. Jury members give up as much as two years of their time, defendants spend many years in jail during the trial process, lives are damaged, and the children who claim to be victims of abuse fail to obtain the verdict they desire (Perry & Wrightsman, 1991).

Ray and Shirley Souza are under house arrest as part of a nine to thirteen year sentence for molesting their two grandchildren. They are convicted solely on the word of their four and five year old grandchildren. They deny their guilt (ABC News, 20/20, 1993).

Often, with lack of corroborating evidence, it comes down to a child’s word. Professionals are divided on the issue of children’s testimony, particularly about sexual abuse. Opinions range from believing children never lie to believing children’s testimony is essentially untrustworthy. Stephen Ceci, Ph.D., a psychology professor at Cornell University who is actively involved in research about children as witnesses, says that evaluating child reports of abuse is a complex task (APA Monitor, 1989).

Increasingly, children are coming to court as witnesses. Questions about their credibility as witnesses are being raised. Are children competent to testify? When can one rely on the credibility of a child’s testimony? How easily are children led to say what they think questioners want to hear? Are children able to understand the questions? Can language be used by defense attorneys to confuse children and lead to responses that appear, on the surface, to be inconsistent with previous statements? These and other important questions will be addressed in this article. First, the article will examine how children are viewed as witnesses by investigators, judges, and juries. Then issues of competence and credibility will be addressed. Finally, the article will describe conditions that affect a child’s ability to accurately relate events.

How Children are Viewed

It will matter little as to the child’s veracity if preconceived views of a child’s ability to give accurate information lead to biased decision-making. Thus, beliefs and attitudes of key players in the legal process must be considered.

Perceptions of Investigators

Key players include those who are investigating a child abuse complaint. It is these people who will decide if a complaint brought by or about a child will be referred to court. These first line interviewers include child protective service (CPS) workers, the police, prosecuting attorneys, and sometimes therapists.

Each brings to the investigation a different agenda. The police attempt to gather evidence, including witness statements, in order to bring charges if warranted. CPS gathers evidence related to child safety. Therapists may be the first to hear a disclosure or may be assisting in an investigation as an expert in interviewing children.

The primary concerns of CPS are to protect children, to provide help to families and to prevent further abuse. If a protective order from the court is needed, then the information gathered by CPS must be credible to the juvenile judge. In some Virginia localities, joint CPS and law enforcement teams gather the preliminary evidence in child sexual abuse cases. (VCNP will report on Virginia’s joint investigation teams in Volume 44.)

Attorneys review the information to determine if evidence will be viable in court. Each, then, relies heavily on witness testimony. To reach the goals of child protection, protection of society and administration of justice, investigation must be thorough and unbiased.

There’s little empirical data regarding investigators’ attitudes about children’s competencies and credibility as witnesses. Nancy Perry, Ph.D., associate professor of psychology at Creighton University in Nebraska and co-author of The Child
Children as Witnesses

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Witness (see review, this issue) is currently analyzing transcripts of interviews by police and CPS workers. Dr. Perry explains some of the preliminary findings. “We are finding a subtle presumption on the part of investigators that abuse happened. The interviews are structured towards disclosure. At some point, one finds questions that presume abuse has happened.”

“It’s hard for investigators to keep a balanced view,” states Perry. “One needs to enter the investigation with the options that abuse occurred, that it did not, or that something else happened. However, attitudes run the gamut. In general, prosecutors tend to believe accounts while defense attorneys are skeptical.”

VCN staff interviewed several Virginia commonwealth attorneys about their perceptions of child witnesses. All exhibited a balanced view towards children’s credibility. All agreed that interviewing techniques could influence or contaminate a child’s account. In general, preschool children were viewed as more susceptible than older children to influence by adults in relating an account of abuse. Michael Costanzo, an attorney in Dublin, Virginia was typical of other respondents. He explained, “It is more difficult to suggest facts to an older child. The younger children want to please adults and are easier to influence.”

Therapists historically have not been expected to validate the experiences of clients, be they children or adults. Rather, therapists work with the client’s perceptions and beliefs with a goal of symptom removal and improved functioning. Some sources indicate that many therapists accept and believe accounts of abuse without question (Faller, 1992; Loftus, 1992; Perry & Wrightson, 1991; Raskin & Yule, 1989). In contrast to these findings, all Virginia therapists interviewed showed an appreciation for the complexities and all felt that poor investigation could contaminate a child’s account. Howard Swartz, child and adolescent therapist from Covington, Virginia offered a typical comment, “Investigators must be dispassionate and avoid taking sides or children will not give an accurate account.”

Perceptions of Jurors

There is a significant amount of literature describing the attitudes of jurors toward child witnesses. In fact, issues confronting jurors who are considering a child’s testimony are rather complex.

A critical task for jurors is to judge the accuracy and credibility of each witness. Part of how one determines accuracy of another’s memory is by looking for the same cues in the report that one uses to monitor one’s own memory. However, children may monitor their memories differently than adults, and, thus, emit fewer valid cues. Also, jurors may be less able to self-reference in evaluating a child’s account (e.g., “Would I have remembered that?”). The result, then, is that there is no simple answer as to how child witnesses are perceived by juries (Leippe, Manion & Romanczyk, 1993).

It is important to note that much of the available research concerning jurors’ perceptions is conducted using mock trials or using written scripts. Many involve children as a passive bystander observing events such as a car running a red light (Leippe, Manion & Romanczyk, 1993). One involves questioning of children by attorneys about a recent visit to the doctor’s office where they received an injection by a nurse. Readers should appreciate the inherent limitations in applying knowledge gained through research about juror’s perceptions to actual child abuse cases.

In considering the issues, one must look to several factors. One relates to jurors’ beliefs about child witnesses. In general, studies that have sampled parents, lawyers, psychologists and college students have found that these groups believe that children under 10 have poorer recall and that children under 10 are more susceptible to suggestion than older children and adults. Younger witnesses are rated as less credible even when they supply exactly the same data as adults (Leippe, Marion & Romanczyk, 1993). In general, women perceive children’s credibility more positively than men (Bottoms, 1993).

There are factors related to the child’s presentation of the information that appear to influence credibility. Goodman, Golding and Haith (1984) suggest that if jurors perceive a child as trustworthy, consistent, confident, certain of the events and objective, they are more likely to be favorably impressed. There is no factual information that suggests children are perceived as less favorable than adults on trustworthiness, objectivity and certainty. “But, inconsistency alone may be enough to undermine a child’s believability, especially since jurors are often instructed against heeding inconsistent statements” (p. 144). Powerful styles and self-confidence also appear to have an impact on jurors. Since children may be seen as powerless or unsure, particularly when being questioned in the stress of a courtroom setting, children may lose credibility.

Goodman, Bottoms, Herscovisit and Shaver (1989) report other interesting findings extrapolated from research conducted about jurors’ perceptions of children’s credibility. There are cases where young children are more readily believed than older children or adults. This is particularly true if the testimony is presented in the child’s own words. For example, in an experiment in which jurors read a transcript of a sexual assault case, the six year old child’s lack of cognitive ability seems to have enhanced credibility “...subject jurors seemed to believe the children lacked the ability to invent a sexual assault” (p.19).

Thus, given several factors, jurors may either disbelieve credible children or fail to be critical. In general, however, the bulk of the evidence suggests that even highly accurate and credible children receive lower believability ratings than adults.

Competence

It is important to address the issue of competence. Is a child capable of providing competent testimony? That is, can a child qualify to be a witness in court? The answer to that question appears to be “yes.”

Until recently, the legal system deemed all children incompetent and unfit to provide testimony in court. American competency law has its roots in English common law tradition. “The traditional common law practice has been that children below a certain age, usually ten years, are presumed incompetent to stand trial. It was assumed that testimony given by young children would mislead the jury” (Haugard, 1988, p. 103). However, this rule was suspended in the 1600’s “in a series of strange events that culminated in the Salem Witch Trials of 1692” (Perry and Wrightman, 1991, p. 38). During those trials over 100 individuals in the Salem, Massachusetts area were accused of witchcraft, with most of the accusers being children. Twenty cases came to trial. Four girls gave the testimony that led to the conviction and execution of 19 “witches”. Children provided “evidence” that they were physically afflicted by the defendant’s alleged practices. “At trial, for example, they went into apoplectic fits and vomited bent nails and pins that were alleged to have been placed in them by witchcraft” (Perry & Wrightman, 1991, p. 39). Later, the children recanted, asking forgiveness from the surviving families.

One poignant recantation comes from Ann Putnum, one of the most notorious of the child-accusers, who suggested she was an instrument of Satan and had, through evil delusions, been responsible for the death of innocent women.

The Salem Witch Trials led to a return to viewing children as incompetent to testify. In 1895, U.S. Supreme Court ruled under Wheeler v United States that children are considered incompetent to testify in most cases, although incompe-
Haugaard (1988) suggests that it may be useful to subject children to a more extensive screening process before testifying. An independent examiner could be appointed by the court to assess the child's knowledge of honesty and to determine the child's memory capacity. The results would be given to the trial judge who would then rule on competency. "There may be several advantages to more extensive screening. One is that the judge may be able to make a more informed decision about the child's competency. Another is that useful information may be supplied to the jury. During the trial, the examiner could be called to testify about the assessment procedure, about the competency of a particular child as a witness, and about relevant psychological research indicating the cognitive abilities of children in general. This might increase the value of the child's testimony" (p. 105).

Generally, judges determine competency of all witnesses including children. However, it is the jurors who determine credibility.

**Credibility**

Are children credible witnesses? Several factors can affect the answer: developmental issues related to a child's ability to remember, the effect of trauma upon memory, motivational issues (such as fear of reporting or deliberate lying), suggestibility and stress factors associated with the forensic process.

**Developmental aspects**

The ability to relate facts about an event depends on several biological factors. These include the physical development of the brain: perception, attention and cognition. These are functions that develop over time, and therefore will affect information that is coded and maintained in the memory.

The developing brain. At birth, a brain already has all of its neurons. However, the brain is merely 25% of its adult weight. Growth occurs over the next few years with the formation of synaptic connections and glial cells, those cells that nourish neurons and are responsible for the development of myelin. Myelin surrounds some neurons in order to protect them and to reduce the random spread of impulses from one neuron to another.

While a majority of myelination is completed by the time the child is two years old, some myelin continues to develop until adolescence.

As neurons become myelinated, they pass impulses more rapidly and efficiently. Initially, it is the primary areas of the brain which are responsible for more primitive behaviors such as motor coordination and vision. The cortical association areas, which are responsible for integrating and interpreting the stimuli, lag behind in the early stages of development. Thus, communication between the various parts of the brain is limited. Increased functioning occurs as myelination increases.

One of the last structures to myelinate is the corpus callosum, the band of fibers which connects the two hemispheres of the brain. It allows transfer of information from one hemisphere to the other. This is particularly important in the ability to understand, interpret and, therefore, relate an event. Both sides of the brain work in concert to translate and transmit information. To be an effective witness, an individual should be able to a) perceive the event accurately (primarily a right-hemisphere function); and, b) convey information about the perception (primarily a left-hemisphere function). "Communication between the hemispheres of the brain, therefore, is helpful (though not essential) to giving effective testimony" (Perry and Wrightson, 1991, p.60). Myelination of the corpus callosum is not complete until age 10. However, communication between hemispheres has improved to a significant degree by the time a child is 5 years old.

**Perception.** Children, like adults, are bombarded by stimuli. The most basic perceptual processes — those involving the five senses — function at an adult level even during infancy. The aspects of perception which change with age are the following:

1) As children mature, their perceptions become more selective and more purposeful;
2) Children become more skillful at discerning the critical information from stimuli;
3) Perception becomes more sensitive as children learn to detect increasingly subtle aspects of stimuli;
4) Children become more aware of the meaning of their perceptions;
5) Children become more proficient at generalizing perceived meanings from one situation to another.

While it is true that perceptual competence matures, it is relatively safe to say that young children are able to perceive events accurately if they pay attention. "This is particularly true with relatively straightforward, factual occurrences. Because it is about such occurrences that children are normally asked to testify, most youngsters as young as age four (and in some instances as young as age two or three) possess the perceptual skills needed to give accurate testimony" (Perry and Wrightson, 1991, p.65).

**Attention.** In order to perceive events, a person must pay attention to them. As children mature, their attention skills become more effective and systematic and attend to information for longer periods.

A significant shift in the way children develop their memory skills occurs between ages five and seven. Attention becomes self-controlled, systematic and intentional. It broadens and children pay attention to increasing amounts of information. They develop a greater ability to focus attention, calling upon selective attention skills. As they mature, children also begin to call upon a variety of cognitive strategies to help them attend selectively. Children's interests, their expectations about the world, and their strategies for acquiring information all influence the ability to scan patterns, an important aspect of attention.

As they mature, children attend to information more selectively and efficiently. However, even children ages three and four have the capacity to attend effectively to the events around them, particularly if these events are relatively straightforward and involve familiar people in familiar settings.

Attention plays an important role in a child's ability to provide details about a crime. Parker et al. (1986) found that elementary age children were able to provide both central and peripheral details of a crime. This would suggest, then, that their ability to attend to information was sufficiently developed to gather some relevant details. However, younger children recall fewer details than older children, perhaps reflecting immature attention processes.

**Cognition.** A major task for children is understanding the world in which they live. What a child understands about the world indicates the child's level of cognitive — or thinking — development. Cognition depends on the level of language development, and the fund of knowledge and experience a child possesses. Children sometimes appear rational and logical and sometimes do not. It is suggested that this may be due to young children's lack of self-awareness regarding their thought processes. Therefore, children are often unaware of the bound-
Resource Reviews

Available from: The Guilford Press, 72 Spring Street, New York, NY 10012, (212) 431-9800, (800) 365-7006

This book focuses on forensic issues with the goal of stimulating research and thinking about how to optimize children's performance as accurate witnesses. Topics include ways to obtain accurate information from child witnesses, cognitive abilities of children, suggestibility, and the emotional impact of testifying in court. The question of how juries perceive children is explored. This up-to-date volume can benefit legal professionals as well as enhance skills of those who perform forensic assessment.

Available from: W.H. Freeman and Company, 41 Madison Avenue, New York, NY 10010

Written in very understandable terminology, this volume offers an overview of knowledge about memory. Memory is examined in a developmental context, detailing the progression of memory processes. Children's eyewitness testimony is considered.

Memory From a Broader Perspective, by Alan Searleman and Douglas Herrmann, 1994, 446 pages, $32

This text book is exceptionally well written. It covers the biological basis of memory and describes the effects that various drugs, hormones, stimulants, neurotransmitters and REM sleep have on memory performance. Effects of arousal, stress and emotion on memory are discussed. Topics such as clinical memory assessment tests, dissociative disorders and memory during anesthesia are covered. While the text is intended for college teaching, legal and clinical professionals seeking a general understanding of memory research would do well to consult this excellent volume.

Child Victims As Witnesses: What the Research Says by Debra Whitcomb, 1993, 55 pages, $10
Available from: Education Development Center, Inc., Attn: Michelle Stober, 55 Chapel Street, Newton, MA 02158, (617) 969-7100, ext. 2452

This monograph contains 7 chapters, five of which are research briefs. The research briefs cover the following topics: Accuracy of children's memories, children's credibility as witnesses, techniques for improving children's testimony, use of innovative techniques to assist child witnesses and emotional effects of the court process on child sexual abuse victims. The additional two chapters are titled "Children in Court" and "Conclusions and Recommendations".

The "Children in Court" chapter provides interesting information about the judicial process, the role of the victim in that process, and how that role becomes complicated when the victim is a child.

The final chapter, "Conclusion and Recommendations", makes suggestions for better educating children, parents, and agency personnel about the court process. Whitcomb makes a case for the necessity of improving interviewing techniques when working with children. And, she appeals to those who are concerned about children victims to help find ways to reduce the burden imposed on child witnesses and to guard against harboring unrealistic or stereotypical expectations of child witnesses.

When the Victim is a Child, second edition, by Debra Whitcomb, 1992, 176 pages, a single copy is free
Available from: National Criminal Justice Reference Service, Box 6000, Rockville, MD 20852, (800) 851-3420, FAX: 301-251-5212

Realizing that the state-of-the-art had advanced tremendously since the first edition in 1985, NCVJ requested an updated book. Chapters 1 and 2 provide statistics on the incidence of child sexual abuse and incorporate new research findings on children victims and witnesses. Chapter 3 explores pros and cons of various interviewing techniques. Chapters 4 through 10 update reviews of state legislation and cover recent U.S. Supreme Court decisions with implications for child witnesses.

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False Allegations, June, 1993, 47 pages, $6, (Publication No. 07-94163)
Available from: Clearinghouse on Child Abuse and Neglect Information, P.O. Box 1162, Washington, DC 20013, (703) 385-7565, (900) FYI-3969

This annotated bibliography includes records of publications produced from 1988 through 1993.

Available from: Guilford Press, 72 Spring Street, New York, NY 10012, (212) 431-9800, (800) 365-7006

Lies and illusions say the editors, play an important role in the lives of North Americans. Some people apparently need illusions to feel good about themselves and to maintain a sense of self-containment. Thus, people may lie to disguise motives or misdeeds. People lie in order to conform others or to protect their emotional well-being. Such lies are called 'white lies'.

This book addresses the polarity between deception and truth from a variety of perspectives, including philosophical, developmental, psychological and sociological. Topics include animals as liars, deception and self-deception in philosophy, the development of deception and sex differences in lying. Also included are chapters related to the boundaries between deception that is unethical and deception that is adaptive.

The book is fascinating. It provides a window into the world of deception which offers a broader concept of honesty as a virtue and deception a vice.


Available from: American Psychological Association, Order Department, P.O. Box 2710, Hyattsville, MD, 20784-0710, (703) 247-7705

For reviews of these excellent resources, see VCPN, Vol. 35.
shown that cues generally enhance accuracy (Pipe, Gee & Wilson, 1993). In real-life situations, the interviewer does not know which cues are relevant to the child’s experience. Using cues repeatedly may decrease accuracy, while simply having cues in view can promote detail and accuracy (Pipe, Gee & Wilson, 1993).

Perry and Wrightsman (1991) report a study conducted by Marin et al., 1979 using subjects from age five to young adulthood. Subjects viewed a presentation which was unexpectedly interrupted by a confederate who complained angrily about the use of the room. Subjects were then asked to use recall memory to relace what they could remember about the incident. A number of younger subjects volunteered no information. On average, kindergartners and first-graders recalled about one item per subject, third and fourth graders about three, seventh and eighth graders about six, and college students between seven and eight. “It is important to note, however, that although the youngest (kindergarten-first grade) were able to recall less, what they did say tended to be correct (only 3 percent error). In contrast, the other age groups had error rates of 12, 8, and 10 percent respectively (p.112).

Very young children sometimes spontaneously engage in free recall. For instance, Garbarino and Stott (1989) reported on a study conducted by Nelson and Ross (1980) which found that children between the ages of 21 and 27 months demonstrated free recall for people, objects and events. Their memories were cued either by location of where an event had occurred or seeing an object or person associated with the remembered event. Nancy W. Brockman, M.S.W., a therapist at Central Virginia Community Services, was among the many clinicians who noted the importance of memory triggers. “An account can be triggered by physical objects, sensory input, or other reminders of the abuse,” noted Brockman.

Young children, however, have significant difficulty using internal, or imagined, cues. In her review of the literature, Perry (1992) reports that “generally speaking, neither preschoolers nor six year olds use internal cues to conduct systematic searches of memory. By contrast, some nine-year-olds use internal cues” (p.13).

Although preschool children do not spontaneously employ retrieval strategies, they can benefit from such strategies if they are supplied. In the next issue (Volume 44) VCNP will discuss the success of the cognitive interview which uses cognitive retrieval strategies.

As children mature they begin to draw inferences and are better at “reading between the lines” or interpreting events. Perry and Wrightsman (1991) report a study (Kail & Hagen, 1977) in which six and seven year olds children were able to recall events much like an adult would, except there were gaps in their stories. “While most of the important features were recalled, the incidental factors may be forgotten and not reported. As with adults, children also tend to recall the meaning of the sentences they have heard, but not their exact phrasing. Also they sometimes ‘recall’ information that is not a part of the story, but that is consistent in meaning with what they were told — a phenomenon referred to by developmental psychologists as ‘elaborated recall’” (p.113).

Saywitz (1989) conducted a study in which third, sixth and ninth graders listened to an audio tape of a story about a character who commits a theft. After the presentation of the story, the children received three written tasks: a) a free-recall task; b) a recognition test, and c) six direct questions about a specific character. Five days later, the free-recall and recognition tasks were re-administered. Subjects were then asked to describe the character in as much detail as possible. Eight and nine year olds (third grade) did not exhibit a greater proportion of distorted to accurate recall than their older counterparts. However, they did add significantly more extraneous material. These embellishments ranged from repetitions and exaggerations to blatantly false contradictions.

Elaborated recall can be a problem when a child is testifying in court. In fact, this is a problem for adults as well. People sometimes “remember” details that did not occur. Such errors should not invalidate the complaint, however. The allegations may be true, even if the child is embellishing.

One cannot leave the topic of children’s use of recall without mentioning a study conducted by Saywitz, Goodman, Nicholas and Moan (1991). It addressed five- and seven-year-old children’s memories of a doctor’s visit, with events having some resemblance to limited but important aspects of sexual abuse experiences. All child subjects were female and received a routine medical exam by a female physician. Half of the examinations included routine genital examinations for rashes, infections and tears, while half did not. One week later, with parental consent, children’s memories were solicited using free recall, anatomically detailed doll demonstrations, and direct and misleading questions. All children received the same interview which was videotaped.

There were some interesting results. The first major finding was that during the free recall and demonstration, an age-related advantage was found for children only in the non-genital touch condition. Seven-year-olds who had the genital exam responded similarly to the five-year-olds. In fact, five-year-olds more readily revealed genital touch experiences than seven-year-olds. Memory failure in older children was unlikely, as they were able to answer direct questions when asked.

What accounts for this finding? The researchers proposed two possible explanations. First, older children may have intentionally edited their experiences. Because they possess a better understanding of social convention related to nudity and genital touch, they may have simply been too embarrassed to share the information with unfamiliar adults. Or, a second possibility may be that children in the genital examination condition had an emotional block which rendered the information inaccessible. Anxiety may have interfered directly with access to stored information.

The second major finding was that, for both age groups, the majority of vaginal and anal touch were unreported in free recall but was disclosed when children were asked doll-aided direct questions. The researchers suggest this may be because the interviewer was giving implicit permission to talk about a topic children had been taught not to discuss with strangers.

The third major finding was the level of “false reporting of genital and anal touch in the non-genital group. It was nonexistent in free recall and in demonstration with anatomically detailed dolls, and was rare in direct questioning. “Our results suggest that although there is a risk of increased error with doll-aided direct questions, there is an even greater risk that not asking about genital and anal touch leaves the majority of such touch unreported” (p.690).

Perry and Wrightsman (1991) draw the following conclusion about recall and children: “It would be erroneous to assume that younger children necessarily have poorer recall than older children or adults. In some cases children can provide more accurate information. The important point is that because of their limited use of memory strategies, children often know more than they can freely recall” (p.114).

Reconstruction

Perry (1992) reports that reconstruction is a specialized form of recognition memory. It involves reinstating the context of the original event, for example by creating a sharply focused mental image.

Several researchers have studied an
The Controversy Over Infantile Amnesia

Infantile Amnesia

The inability to remember events from early in life is apparently universal, both for humans and other animals. Most people can recall little prior to age 3 and only a few select events from ages 3 to 5 years. After age 5, retention increases steadily (Kail, 1990).

There are a number of explanations for infantile amnesia. Freud thought infantile amnesia was due to repression. The experiences were coded in the child’s memory, but the individual could not gain access to them. Modern researchers would term repression as an instance of retrieval failure.

Another possibility is that young children may not store experiences (encode stimuli) as well as older children and adults. This would be termed inadequate storage. Thus, information is missing because it was not stored properly and is not there to be retrieved.

A third hypothesis suggests that memory storage in infants and very young children is similar to storage in older children and adults. The early memories, however, are disrupted by the child’s development and neurological changes and are, thus, “lost”. This theory has been termed disrupted storage.

Others think that the retrieval cues are radically different when the child tries to remember events from infancy, and thus, these are not accessible. Theoretically, if the child or adult could reconstruct the context (for example, being small while the environment is very large), then retrieval might be possible.

Regardless of theoretical basis, there is agreement that very early memories (before age 3) are generally not available to older children and adults.

Research with Children

Research on the effects of trauma or stress on children’s memory is difficult. It is unethical to subject a child to severe stress for the purposes of experimentation. However, a few studies have attempted to gather data about children’s memory of stressful events using events that have occurred already.

Goodman, Hepps and Reed (1986, reported in Kail, 1990) compared the memories of children visiting a clinic to have a sample of blood drawn to memo-
ries of children who visited the clinic and were given a washable tattoo. The two groups of 3 to 7 year old children had similar recall of what actions were performed by clinic staff (91 percent accuracy versus 83 percent) and similar performance on ability to identify the technician (53 percent versus 67 percent accuracy).

Another study that utilized children receiving inoculations (Goodman, Aman and Hirschman, 1987 reported in Kail, 1990) rated the amount of stress caused by the procedure, then compared high- and low-stress children. In this group of 3- to 6-year-olds, performance did not differ significantly with differing stress. In contrast, Peters (1987, reported in Kail, 1990) found that children with less anxiety about their dental visit performed significantly better in recognition of the dentist and staff.

**Research with Adults**

Herman and Schatzow (1987) conducted a study of 53 women treated by them in a short-term therapy group for incest survivors. One of the goals of the study was to "lay to rest, if possible, the concern that...recollected memories might be based on fantasy" (p. 2). They rated the victim's recall as "full recall," (meaning they had always remembered their abuse in detail and that no other memories were recovered in the course of treatment), "mild to moderate memory deficits" (those who had not been aware of major gaps in memory but who reported recent recall of new memories or who recovered some additional memories during group treatment), and "severe memory deficits" (could recall very little from childhood, reported recent eruption into consciousness or memories that had been entirely repressed).

Twenty-eight percent of the subjects reported severe memory deficits. "A strong association was observed between the degree of reported amnesia and the age of the onset and duration of the sexual abuse. Women who reported no memory deficits were generally those whose abuse had begun or continued well into adolescence. Mild to moderate memory deficits were usually associated with abuse that began in latency and ended by early adolescence. Marked memory deficits were usually associated with abuse that began early in childhood, often in preschool years, and ended before adolescence. "In addition, a relationship was observed between frankly violent or sadistic abuse experiences and the resort to massive repression as a defense. Nine of the twelve women who suffered overtly violent abuse reported that they had been amnesiac for these experiences for a prolonged period of time" (Herman and Schatzow, 1987, p.5).

Were the memories true or fantasy? According to the researchers, 74 percent of the subjects were able to confirm the sexual abuse. Forty-five percent obtained corroborating evidence either from the perpetrator himself, from other family members, or from physical evidence, such as diaries or photographs. Thirty-four percent discovered that another child, usually a sibling, had been abused by the same perpetrator. An additional nine percent reported statements from other family members indicating a strong likelihood that they had also been abused, but did not confirm their suspicions by direct questioning.

Briere and Conte (1989) reported similar findings in their study of 450 subjects who were in therapy and who reported some amnesia for abuse which occurred before age 18. They found amnesia for abuse (partial or otherwise) was reported by 59 percent of abuse subjects. The variables of abuse most related to repression were: 1) the abuse occurred at an early age with a fairly long duration; 2) an increased number of psychological symptoms; and, 3) violence such as physical injury or fears of death if the abuse was disclosed.

Linda Williams (1992, reported in Baterman-Faunce & Goodman, 1993) interviewed women who, as children, were treated at a hospital emergency room for alleged sexual assault. Approximately 38 percent of the women evidenced no memory for the emergency room visit or for the sexual assault.

While preliminary evidence in this breaking controversy, the high degree of concurrence between these three studies results in strong face validity. The studies suggest that repressed memories of sexual abuse are probable and that the degree of repression depends on several distinct variables.

Loftus (1993) has challenged the Briere and Conte study based on two concerns. First, the questions on the questionnaire required a yes/no response and were worded in such a manner so that interpretations by the test-taker could be different that those assumed by the researchers. Secondly, all subjects were in therapy, leading to the possibility of their being influenced by therapists' belief that repression of sexual abuse memories is common. She called for a "further examination of the issue with a different eliciting question" (p. 521).

Gold, Hughes and Hohnecker (1994) reported the results of their study which was similar to that of Briere and Conte but which used an interview format allowing for a range of alternate responses representing degrees of forgetting. In addition, the study minimized the likelihood of treatment effects by administering the questionnaire at intake (87 percent of subjects) or as early in the intervention process as possible. The results were similar to Briere and Conte in terms of the reporting of complete repression, but different as to the numbers who reported it (30 percent as opposed to Briere and Conte's 59 percent). The authors suggest this difference is due to the offering of responses as to degree of repression rather than a yes/no choice.

Loftus (1994) while acknowledging the effort Gold, Hughes and Hohnecker put into controlling for tests and therapy effects, countered that the researchers had no knowledge of the contact these subjects may have had with self-help books and the greater media, all of which could have affected their responses at intake.

**Authenticity**

Are repressed memories authentic? Therapists seem to believe they are. Loftus reports two studies which reveal a high level of faith by therapists in

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repressed memories. Shaver and Goodman (1991) found 93 percent of clinicians always believed clients who reported amnesiac periods of ritualistic abuse. Loftus and Herzig (1991) found that most therapists (81 percent) invariably believed their "repressed memory" clients and often used symptomology as evidence.

There are those who question the authenticity of repressed memory, partially because of the intensity of the denial by the accused person. A group in Philadelphia, False Memory Syndrome Foundation, coined the phrase "false memory syndrome," believing memories of abuse are the result of therapy and that the memories victimize both the "primary victim" (the person experiencing the memory) and the "secondary victim" (the person falsely accused).

Loftus (1993) is one researcher who questions the authenticity of repressed memories. One source of support is provided by herself and her colleagues on the malleability of memory of being lost in a shopping mall at age five. Chris, the 14 year old subject, was convinced by his older brother, Jim, that Chris had gotten lost at age five and was found being led down the mall by an oldish man. Chris was crying and holding the man's hand, Jim said. Two days later Jim provided the scenario to Chris, Chris began reporting his feelings when he was lost ("That day I was scared I would never see my parents again. I knew I was in trouble.") Two weeks later, Chris reported the event in much detail, expanding significantly on the report given by Jim. When later asked to guess which memory discussed during the study had been false, Chris guessed an authentic memory. He had difficulty believing his memory of being lost at the mall was false and induced by his sibling.

How Can Inaccurate Memories Occur?

Suggestion appears to be one cause of inaccurate memory. Suggestion can come from reading, talking to others, viewing media or adopting the viewpoint of an authoritative person. According to Loftus (1993), therapists may also be responsible for some cases of faulty memory. There are a number of ways therapists can influence clients to create false memories, according to Loftus. One method is direct suggestion. Some therapists are alleged to tell patients "merely on the basis of a suggestive history or symptom profile, that they definitely had a traumatic experience. Even if there was no memory, but merely some vague symptoms, certain therapists will inform a patient after a single session that he or she was very likely a victim of a satanic cult" (p. 526).

The possibility of molestation may also be suggested through more tentative statements, such as "Your symptoms sound like you were abused as a child. What can you tell me about that?" Some therapists have been said to be unwilling to take "no" for an answer to questions about abuse, leading clients eventually to disclose. Finally, therapists may interpret dreams or other symbolic material as evidence of abuse. Loftus suggests that even if clinicians are not the first to bring up sexual abuse, they will often reinforce "what begins as a mere suspicion" (p. 527).

In a recent issue of Family Therapy Networker, Yapho (1993) summarizes her concerns by writing "Clients are not only encouraged to believe that were abused, but patiently exhorted to return again and again to whatever fragments of dream, imagination, or memory they can dig up, building a story and a case elaborate enough to satisfy a therapist. The client bold enough to reject the diagnosis of incest survivor is said to be 'in denial,' and unwilling to confront the truth. The rejection of the diagnosis is prima facie evidence in its favor. In other words, if the client admits the abuse happened, it happened; if the client doesn't admit it, it still happened" (p.34).

The use of hypnosis to retrieve memories has also been cited as a possible contamination of memory. Unfortunately, hypnosis is one technique that may allow a person access to hidden memories, putting a client and therapist in a bind. The technique that might allow the memory to be uncovered can also contaminate it.

Whether memories are recovered or buried, therapists might send their clients to support groups. There are questions about this practice because few, if any, have any solid memories of childhood sexual abuse. Do support groups foster the development of constructed memories? Possibly. Loftus (1993) reports a study by Shaffer and Cozolino (1992) which found that many clients who, in the course of therapy, revealed victimization through ritual abuse had previously participated in support groups.

Loftus (1993) also indites "checklists" of symptoms that are supposed to indicate the presence of past abuse. Common problems such as low self-esteem, suicidal thinking, depression, poor work performance and sexual dysfunction are mentioned as indicators of past victimization. Clients with such symptoms who have no memories of abuse may be exhorted to "try to remember." "Readers who wonder if they might be victims of child sexual abuse are provided with a list of possible activities ranging from the relatively benign (e.g., being held in a way that make them uncomfortable) to the unequivocally abusive (e.g., being raped or otherwise penetrated). Readers are then told 'If you are unable to remember any specific instances like the ones mentions above but still have a feeling that something abusive happened to you, it probably did'" (Loftus, 1993, p. 21). The client is encouraged to progress from suspicion to confirmation by talking about what is remembered.

Loftus is not suggesting that therapists and writers encourage "false" memories with malicious intent. On the contrary. She suggests they may be attempting to help the client reclaim a traumatic past, a widely held purpose of therapy. Or, therapists may be unwittingly suggesting ideas to clients because they have fallen prey to confirmatory bias. Loftus reports a study by Baron, Beattie and Hershey (1988) which suggested that "people in general, therapists included, have a tendency to search for evidence that confirms their hunches rather than search for evidence that disconfirms" (p. 530). Or, possibly, Loftus suggests, therapists are helping construct a social reality by asking questions that "tend to elicit behaviors and experiences thought to be characteristic of someone who had been victim of childhood trauma..." (p. 530).

Others are not so generous. The False Memory Foundation suggests false allegations of sexual abuse to be the third great wake of hysteria to sweep the continent, the first being the Salem Witch trials and the second the McCarthy hearings on communist activity. Therapists, they say, are engaging in a cult-like conspiracy to implant false memories of abuse. (Moving Forward, 2, 4).

Do repressed memories exist? If so, what are the causes? How many "repressed" memories are really "false memories"? There appears to be no definite answer to these questions. Without validation by outside confirmation, there currently is no way to know whether a recovered memory is accurate or not.

The controversy about repressed memories will continue. Whatever position is taken however, all writers and researchers agree that a great deal more research is needed. Proponents and opponents need to work together to analyze and address the issue with a critical eye.

References Available Upon Request
Associations Release Statements About Memories on Child Sexual Abuse

Both the American Psychiatric Association and the American Psychological Association are concerned about the growing controversy regarding repressed memories of sexual abuse.

The American Psychiatric Association released an official statement, "Statement on Memories of Sexual Abuse" in December of 1993 (release no. 93-58) This statement says there is no question that child sexual abuse can lead to severe negative consequences. However, the organization is equally concerned about public concern and the possibility that false accusations will discredit those persons who were traumatized by actual abuse.

The document cautions clinicians to avoid prejudging the causes of patient's difficulties or the veracity of patient's reports of abuse. It further cautions clinicians to avoid pressuring patients into believing events that may not have occurred or disrupting important relationships based on speculation. The statement encourages psychiatrists to conduct complete psychiatric assessment that evaluates all of the patient's needs, and to encourage the patient not to make major decisions during the acute phase of treatment. It further states that in the absence of corroborating evidence, the psychiatrist's role is to help the patient live with the painful reality that he or she may never know the truth about past events.

The American Psychological Association is also attempting to bring balance to the debate. It is concerned about extreme views being presented to the public. Broadcast and print media as well as groups such as the False Memory Foundation have attacked psychotherapy in an overgeneralized fashion. In an attempt to address the debate in a more reasoned way, the American Psychological Association formed a working group in February, 1993 which is charged with investigating what is known to date about memory and suggestibility in adults who believe they are victims of abuse as children. The members are equally divided between clinical and research orientations and they are reviewing data from both perspectives. The working group will present its final report to the APA Council of Representatives in February, 1995. In addition, the Association has attempted to influence media presentations by appearing on broadcast programs and by briefing reporters and producers.

The American Psychiatric Association statement is available from the APA, 1400 K St. NW, Washington, D.C. 20005; attention Greg Phillips or call (202) 682-6142. The APA working group may release a set of interim conclusions. Information about the working group is available from the Public Interest Directorate, APA, 750 First Street, NE, Washington, DC 20002-4242, attention Paul Donnelly or Call (202) 336-6055. The FAX number is (202) 336-6040.


A grief-help book for survivors of sexual abuse. Repressed Memories: A Journey of Recovery From Sexual Abuse begins with a caution from the author: the book is designed as an adjunct to a recovery program guided by a mental health professional or physician rather than a replacement for therapy. Having said that, Frederickson sets out a model for self recovery, noting that "everything you need to heal is inside yourself".

Chapter one outlines the concept of repressed memories and how they impact on life. Chapter two offers a series of warning signs that may indicate the presence of repressed memories. Chapters three and four present a model for how and why children develop amnesia. Chapters five through ten focus on techniques for facilitating recovery of repressed memories, such as dream work, imaginative work, journaling, body work, hypnosis, feeling work and art therapy.

An important chapter in the book is the one titled "Made Up or Real". In it, Frederickson explores the authenticity of memories. She has a list of Clinical Indicators of Authenticity. The checklist is intended to help the reader assess whether memories are authentic.

This book could be a helpful guide to a person in recovery. However, the author's caution should be taken seriously. The book, along with the help of a well trained professional, could make a difference in a survivor's life.


Unchained Memories is written in short story style because, says the author, "that format is enjoyable and relatively uncomplicated". The topic, however, is neither pleasant nor uncomplicated. It is that of childhood trauma.

The book is a compilation of stories about people who recalled traumatic episodes from their childhood. "It is a book of remembrances - the snippets that people retain from their early years and the crucial events - many times, the lost ones - that their snippets sometimes represent", says Terr.

Terr uses these stories to give information about the workings of memory as well. This information includes how traumatic information is forgotten and how the memories return. One story is about entirely false memories. The author recommends reading the stories in sequence as the scientific information builds throughout the book.

Since the chapters are written in short form, specific literature citations are missing. However, at the end of the book is a lengthy chapter of notes specific to the literature the author is referencing in the telling of the stories and the scientific information.

NATIONAL ORGANIZATIONS

FMS Foundation
3401 Market Street, Suite 130
Philadelphia, PA
(215) 387-1865
(800) 568-8882
FAX (215) 387-1917

FMS (False Memory Syndrome) Foundation was established due to an awareness of an increasing number of accusations of child sexual abuse which were denied by the accused. While the group acknowledges the "horrors" of the very real problem of childhood sexual abuse, they suggest that in many cases "decade delayed memories" may be inaccurate.

The Foundation publishes a newsletter 10 times a year, provides access to counseling for those injured by accusations, and promotes competent scientific and medical research. Dues for membership are $100 for family and $125 for a professional membership.

One Voice
The National Center for Redress of Incest and Sexual Abuse
P.O. Box 27958
Washington, DC 20038-7958
(202) 687-1100

This center is assembling a national constituency to address the legal needs of survivors of incest and sexual victimization. Their goals include establishing a comprehensive network of attorneys across the country who are committed to furthering the rights of sexual abuse survivors, development of educational outreach programs, and support for litigation of test cases under civil law.

Program spotlight and descriptions published in this issue or other issues of VCPN are not "endorsements.
VCPN describes programs, organizations and resources in order to offer ideas and models. Information about the programs or resource is supplied by the program or resource staff.

Unchained Memories is written in short story style, says the author, "that format is enjoyable and relatively uncomplicated".
Truth About Abuse

Truth About Abuse is a bi-monthly newsletter intended as a support resource for survivors and therapists. The goals are to:

1) launch a continuous media campaign to refute the FMSF (False Memory Syndrome Foundation);
2) present 100 years of documented scientific research about the long-term effects of trauma;
3) to validate survivor memories and abuse histories; and,
4) to support the therapeutic community in treating survivors.

The publication is available from Truth About Abuse, P.O. Box 2794, Renton, WA 98056-0794. Annual subscription rates are $21 US, $22.72 Washington State, $27 Canada and all other countries. Single issue rates $3.50 US, $3.79 Washington State, $4.50 Canada and all other countries.

Moving Forward

This bi-monthly news-journal endeavors to educate about the effects of sexual child abuse and to provide information about support services for survivors, significant others and service providers.

Further information is available from: Moving Forward, Inc., P.O. Box 4426, Arlington, VA 22204, (703) 271-4024 FAX: (703) 271-4025.

Subscription rate is $22/year, discount rate for seniors and students is $12/year, and hardship rates are available.

Write to Tell

Published four times each year ($40/year), this 40-page forum holds a great variety of articles, poems, news items, resources, and ideas. In addition to submissions by survivors, a thought provoking article by an attorney discussed how therapists can avoid unethical behavior.

Write to Heal

Published six times a year ($35/year), this newsletter includes poems, resource reviews, workshop notices, letters and short articles. This 24-page publication is not only for survivors of sexual abuse, but also for those dealing with abandonment, chronic illness, bereavement, divorce, job loss, crime, natural disaster or trauma.

For sample copies ($12 Write to Tell and $10 Write to Heal) or more information, contact Anne M. Cox, P.O. Box 4559, Citrus Heights, CA 95612-4559, (916) 725-9490 Tues.-Thurs., 11 am to 4 pm Pacific Time.

Body Memories

This 16 page quarterly publication is subtitled "Radical Perspectives on Child Sexual Abuse". Publishers define "radical" as "going to the root of the problem" and call for "deep structural changes in society". Going beyond narrow, individualized approaches, the publication addresses the "overall context of oppression".

For further information, contact Body Memories, P.O. Box 14941, Berkeley, CA 94701-4941. Subscription rate is $12 (sliding scale available).

Video Reviews

Trauma and Memory: The Dissociative Defense, 1993, 42 minutes, $175 sale or $60 rental plus $4.50 shipping and handling.

Trauma and Memory: The Intrusive Past, 1993, 40 minutes, $175 sale or $68 rental plus $4.50 shipping and handling.


Available from: Cavalcade Productions, 7360 Potter Valley Road, Ukiah, CA 95482, (800) 345-5530, (707) 743-1168 (California residents).

For over a century there have been references to traumatic memory in the literature. The phenomenon is nothing new, according to Bessel van der Kolk, M.D., the primary presenter in these tapes.

Trauma and Memory I focuses on the physiological aspects of memory formation. van der Kolk discusses in layman's terms the mechanisms within the brain that relate to memory storage and retrieval. He explains how memory of day-to-day activities differs from traumatic memory.

In addition, van der Kolk and his co-presenters discuss dissociation as a defense against memories associated with traumatic events. He makes clear the distinction between repression and dissociation, implying that the term "repressed memories" is a misnomer.

Trauma and Memory II focuses on the process of retrieving traumatic memory and the many challenges this presents to the therapist and client alike. van der Kolk and his co-presenters discuss the important role the therapist must play in helping the client gain perspective, contain emotions, control memories, find safe places and people, live with their new knowledge and proceed with their lives. The tape contains several case studies of incest and Holocaust survivors.

True or Not True: A condensed version of the Trauma and Memory series attempts to address the issues raised about false childhood memories of trauma, particularly incest.

Van der Kolk and his colleagues address the mechanisms for which traumatic memory differs substantially from ordinary memory. They discuss the Vietnam experience and the Holocaust, citing documented and specific disturbances of memory as a result of these experiences. These disturbances, they say, cannot be replicated in the laboratory. The tape includes three victims, two of sexual abuse and one of ritual abuse, who relate their stories. They state that there is no doubt in their minds that the flashbacks they experienced before and during therapy were true because the symptoms that brought them to therapy disappeared as they worked through the memories of the trauma.
Children as Witnesses

Continued from page 7

interview process, context reinstatement, which capitalizes on reconstructive memory. "With context reinstatement, a previously experienced scene is mentally repeated. For example, the interviewer may ask the person to think of the surroundings, the smells and sounds, the temperature, the location of the furniture, or anything about the event that elicits memories. Recent evidence suggests that context reinstatement leads to recall of more details than standard interviews ... Even very young children perform impressively with the help of context reinstatement" (Perry, 1992, p. 2).

Another technique to assist with reconstruction memory uses a sketch of the floor plan of the site of an event along with dolls representing the people involved. The child provides spontaneous actions and descriptions as the story unfolds (Perry and Wrightsman, 1991).

A frequently used technique to assist reconstruction memory related to sexual abuse is the anatomically correct doll. These dolls are used by therapists and investigators who are attempting to ascertain events that are associated with a complaint of molestation. The dolls provide cues that allow the child to explain sexual actions by demonstration. Research about anatomical dolls will be discussed in the next issue of VCPN, Volume 44.

Conditions that Affect a Child's Ability to Relate Events

There are several factors that may affect a child's ability to remember and/or relate events accurately. Factors which can influence accounts include trauma, coercion to keep secrets, coaching or lying, suggestibility, methods by which children are interviewed or questioned and the forensic process itself.

Trauma. Psychic trauma can be defined as something that "occurs when an individual is exposed to an overwhelming event resulting in helplessness in the face of intolerable danger, anxiety, and instinctual arousal" (Pynoo and Eth, 1984, p. 38). According to research, traumatic events, such as exposure to violent, kidnapping, natural disaster, or sexual abuse, may have effects on a person's ability to remember.

Terror (1988) studied 20 children, all of whom experienced a known trauma at some point between ages six months to four years old. She found that children who experienced trauma between 28 and 36 months old were quite capable of accurately telling their story, i.e., displayed accurate verbal memory of the events, when asked to recall the events approximately four and one half years later.

Stress related to trauma can, however, interfere with accurate memory of details of the trauma events. For example, Pynoo and Nader (1989) examined 133 school aged children's memory of a sniper attack at their elementary school. They asked each child to freely recall the events. The researchers then engaged in assisted recall (a reconstruction technique), having each child review the events as if in slow motion, draw the event, dramatize the event, and perform an actual walk through of the sequence of events at the school setting. Affective prompts, such as "What did you feel then?" or "What was the worst moment?" were used. As noted earlier, such techniques enhance recall of details.

This study yielded some interesting results. A major finding concerned the effect of proximity to the violence. The most threatened group tended to either not mention their own injury, increase their distance from deceased children, not mention moments of direct danger, or place themselves in a safe location. Those who were least threatened, on the other hand, tended to place themselves closer to the danger than they actually were or imagine the sniper moving closer to them than he actually did. The children, then, altered their representations of the incident. Another interesting finding was that in free recall, the children reported intended or planned actions as if they had carried them out. These plans included actions for their safety or the safety of others.

In general, if stress from an event is more intense, there is higher anxiety. Moderate anxiety can enhance performance and memory but high anxiety generally hinders cognitive functioning and interferes with memory. For example, attention may focus on a few details such as the weapon used and interfere with attention to the larger picture.

It is important to note, however, that repeated abuse, and in particular sexual abuse, may not be traumatic in the usual sense of the word. In cases where sexual activity has been introduced gradually and/or in a non-threatening manner, the child may not have been frightened or have experienced the type of intense anxiety inherent in a sniper attack. More research is needed in order to understand the effects of repeated sexual abuse on memory and specifically to learn what abuse factors impair memory and what factors make little difference in the child's ability to remember.

Inducements to Keep Secrets. Inducements to keep secrets is a situational factor that can impact on a child's account. Particularly in child sexual abuse, a child may be motivated to keep secrets. "Incentives for keeping secrets might include: (a) physical threats to the child or to loved ones; (b) telling the child that the perpetrator will get into trouble if the child discloses the secret (which may lead to disruption of the family unit, the child's main source of support); (c) promises of tangible rewards if the child keeps quiet; and (d) telling the child that the child will get into trouble" (Wrightsman and Perry, 1991, p.120). It appears that under circumstances of inducement, errors are likely to be errors of omission. In other words, the children tend to omit important information rather than giving false accounts of the event.

Lying/Coaching. It is possible that some children are not telling the truth. The reasons for the fabrication are not always clear. In reviewing a CPS sample in North Carolina, Ewanson and Boat (1989) estimated a rate of 4.7 to 7.6 of the sexual abuse reports were due to a child's fabricating the accusation for some personal gain such as attention, wanting to move from a troubled household, or revenge. This rate is similar to the 5.2 percent rate of false reports found by the authors in an earlier sample (1986). A review of five other studies (Faller, 1988; Goodwin, 1979; Horowitz, 1984; Jones & McGraw, 1987; Peters, 1976) by the American Prosecutor Research Institute (1989) found false allegation rates to range from 3 to 8 percent. Most false allegations were made by adults rather than by the child.

Children generally lie in order to cover up for misdeeds (Buussey, Lee & Grimebeek, 1994). If a child felt he or she might be in trouble because of sexual abuse, lying might be employed as a strategy to avoid disclosure, and thus avoid trouble.

Another reason a child may lie is because of a wish to comply with the demands of a significant person. This may occur in divorce cases where the parent with whom the child is significantly aligned is facing a custody battle by the other parent. Another situation may be when a parent's psychopathology involves insistence that a child was sexually abused (Torr, 1998).

A child may also lie because of his or her own background or psychopathology. In a presentation to the Seventh National Conference on Child Abuse and Neglect (1985), Jones and McGraw reported that many of the false allegations of
sexual abuse made in Denver in 1983 were made by female teenagers suffering from Post Traumatic Stress Disorder due to prior sexual victimization when they were young children (reported in Garbarino & Stott, 1989).

Few studies have addressed coaching the child to lie about allegations. Tate and Warren-Leubecker (1989) addressed the possibility of coaching children to make false statements in an analogue study (reported in Bussey, Lee & Crimbeek, 1994). Children were coached in detail to trick another adult about whether or not they had played with a toy. Only about half complied and by the end of the interview only 3 of the 20 children still maintained the lie.

Despite lack of evidence, many people believe that it is easy to coach young children to lie. Most of the lawyers and therapists interviewed by VCPN staff felt that young children were susceptible to coaching. However, false recantations appear to be a greater problem than false allegations.

Suggestion. Rather than actively eliciting the cooperation of a child in a scheme to lie, it may be that a parent or significant person causes a child to believe that abuse has occurred by unremitting questioning or by telling the child repeatedly that abuse has happened.

The findings of Saywitz et al. (1991) were discussed earlier. This study found that false reporting of genital and anal touch was rare even with direct questioning. Not all data on children's reports of medical procedures are consistent with this conclusion. In contrast to Saywitz et al. (1991), Ornstein and his colleagues (1992) and Oates and Shrimpton (1991) (both reported in Ceci and Brunk, 1993) found that preschool children were more responsive than older children to suggestion about previously experienced events that involved body touching. Younger children provided a substantial number of false reports in response to suggestive questions. For example, 3-year-olds were more prone than 6-year-olds to make false claims in response to suggestive questions such as "Did the nurse lick your knee?"

In a study by Ceci, Leichtman and Brunk (in press, reported in Ceci and Brunk, 1993) children were questioned in either a neutral or a misleading manner regarding a visit to their pediatrician. Of children receiving misleading information, 67 percent offered false reports as opposed to 27 percent of control children. Those most likely to offer false information were children who experienced repeated suggestions over multiple interviews and those with a longer time delay between the events and the questioning. It is important to note, however, that there were individual variations. Some children were resistant to suggestion regardless of condition.

Thus, recent studies about the reliability of children's reports are contradictory. One can locate studies claiming that young children are as immune to suggestion as older children (Marin, Holmes, Guth and Kovac, 1979; Saywitz et al., 1991) and studies claiming that younger children are more susceptible (Ceci, Ross and Toglia, 1987; Cohen and Harnack, 1980; King and Yuille, 1987). Ceci and Brunk (1993), after reviewing the suggestibility literature, found 18 studies that compared preschool children to older individuals. Of these, 15 of the 18 found greater suggestibility in preschool children. Young children's errors can relate both to central and peripheral events.

Loftus and Davis (1984) conclude that no single factor can explain the discrepant findings. In reviewing several studies, they suggest that age alone is the wrong focus. Instead, age is likely to interact with several factors. Probably, if an event is understandable and interesting to both children and adults, and if both have strong memories of the event, age differences in suggestibility will not be found. However, if a child's memory is not encoded well or if a time delay weakens a child's memory, then age differences may emerge.

What factors can interact with age to influence a person's response to suggestion? There are several.

First, strong suggestions may increase the chances of an inaccurate response. For instance, Goodman and Helgeson (1985) hypothesize that a suggestion like "Did Uncle Henry touch your penis?" may be less likely to lead to an inaccurate response than a stronger assertion such as "I'll bet Uncle Henry touched your penis, isn't that right?" or "Let's pretend Uncle Henry touched your penis. How would he have done it?"

A second factor relates to the strength of a memory. While they may not agree on the reasons, experts do agree that memory is not stable. The brain does not record a complete picture of past experience (Perry and Wrightman, 1991). Memory can be weakened by the passage of time, level of interest and understanding of events, and the imposition of misleading information. However, recent research suggests that strong memories are resistant to change, even for children, and memory strength can be enhanced by the personal significance of an event to the child.

Centrality of information to the event is an important factor related to suggestibility. Both children and adults are vulnerable to suggestion about peripheral information. Children, however, are as resistant to suggestion as adults when asked about central details, such as action events (Goodman and Hagelson, 1985).

Another factor relates to the status of the questioner. Children are more likely to be suggestible if the questioner represents high status and power (Ceci and Brunk, 1993). Parents, therapists, and legal officials all fall in this category. Children may be more likely to comply with suggestions of this group than with neutral interviewers.

It is important to note that adults and children alike can make errors if given misinformation embedded in questions. For example, Searleman & Herrmann (1994) cite a study by Loftus et al. (1978). Subjects who saw a Datsun stop at a stop sign, then turn were asked if another car passed the Datsun when it stopped at the yield sign. A second group was given correct information in the question (asked if another car passed the Datsun at the stop sign). A third group was given no information about the sign in the question. Seventy-five percent of the group given correct information identified the proper picture with a stop sign in it while 59 percent of the group given no information identified the correct picture and only 41 percent of the group given incorrect information were accurate in picture identification. Thus, some subjects given incorrect information incorporated this misinformation. In a similar experiment, Ceci, Toglia & Ross (1987) demonstrated that younger children were more vulnerable than older children to biased interviewing.

Thus, children may be influenced by leading questions if they are pressured to supply more details, if questioned under intimidating circumstances or if instilled with a negative stereotype about a person then questioned with misleading suggestions over many weeks. Therefore, suggestibility is not a stable factor, but rather a
function of the child, the environment and significant individuals in the environment (Batterman-Faunce & Goodman, 1993).

Several techniques can reduce the possibility of contaminating a child's account. Non-leading questions, avoiding repeating questions, avoiding "yes/no" questions and lack of confirmatory bias will enhance the likelihood of an uncontaminated account. These techniques will be discussed further in the next issue of VCPN.

Warning subjects that misinformation is possible or that questions might be tricky may also reduce suggestibility. Misinformation that is blatant and encountered early after the event is easier to reject. Also, if a person first makes a detailed statement about what is witnessed later misinformation is easier to reject (Loes, 1977 cited in Seerleaner and Hermann, 1994).

**Interview Questions.** Generally speaking, children are not sophisticated verbal communicators. Language develops slowly, yet dramatically, during the first five to seven years. Many fine points of language continue to develop at least through adolescence. The development of language has three dominant characteristics. First, it is social. It develops through communication between a child and his or her caretakers. Caretakers are in the best position to understand what a child is trying to say. Of course, errors in understanding can occur between a child and adult, whether familiar or a stranger.

Second, children and adults view language differently. Children's use of language is tied to actions and is embedded in ongoing events and relationships with those that children know well. It is not until six or seven years of age that a child can be objective about the use of language and give reports that are not dependent on the support of others.

Third, there is a discrepancy between what a child understands and what a child can say. Children can understand more than they can produce (Garbarino and Stott, 1989).

Interviewers, then, need to know children's strengths and weaknesses as communicators and make every effort to communicate in a manner that proves effective for gathering accurate information from a child. In a recent Virginia training sponsored by the Children's Justice Act Program, Gina Richardson, Ph.D., an expert in the field of linguistics raised some important issues related to effective interviewing or questioning of children.

These included: 1) Understanding what terms a child uses for body parts, sexuality and bodily functions. Most children refer to body parts individually and will have specific terms for each (such as "butt" and "pee-pee"). Children may not understand collective terms such as "private parts". If an interviewer asks a child "Did he touch your private parts?", the reply may be "no" whereas if asked "Where did he touch you?" the answer might be "On my pee-pee." Questions need to be asked which use the child's terms. 2) Avoiding synonyms. The interviewer should not assume synonyms can be used interchangeably. For instance "preschool" may be familiar while "daycare" is totally unfamiliar. An interviewer must listen to a child and retain the child's vocabulary at all times. 3) Meanings for words may be different for adults than children. For instance, "babysitting me" may mean something different to a child than "watching me." 4) The word "story" is ambiguous to a child and should not be used unless modified ("true story" as opposed to "made up story"). In fact, The Random House Dictionary of the English Language: Second Edition Unabridged gives ten definitions for "story," only two of which state that a story must be true. 5) When asked about their understanding of truth versus lying, children should be asked about lies first. "Lies" are easier to explain and provide a context for explaining "truth." 6) Prepositions are difficult words for children to learn. Their use is not always logical (for example, "on a train" versus "in a car") and many prepositions have several meanings. An interviewer needs to monitor a child's use of prepositions to see if it is adult-like. If not, switch to more explicit words ("inside" rather than "in") or ask a child to demonstrate. 7) Children learn to use pronouns early. However, names need to be used often enough so that the child knows to whom the pronoun refers. Children as old as nine may have difficulty tracking the meaning of a pronoun across several sentences unless the name of the person to whom it refers is repeated once in each sentence.

In addition to vocabulary issues, Richardson points out that there are language issues in sentence structure that are also important to interviewing young children. Questions may be too complicated for children to comprehend. Since the complexity of a sentence can be determined by the number of verbs it has, interviewers should aim for a limit of two verbs per sentence. However, the number of words in a sentence has little to do with how complex the sentence is. If a sentence is made shorter simply by leaving words out, the sentence may actually be more complex (nouns required is required to fill the words back in again.

Events in the sentence should be mentioned in the correct chronological order, since children use a first-things-mentioned-first processing strategy. Interviewers should help children focus on the issue at hand by specifying and maintaining each topic. Tell the child what needs to be talked about (for example, "Tell me how you play the tickle game at Sam's house" or "Let's talk about the tickle game"). Interviewers should refrain from asking about peripheral information while the child is telling about the game. If the child thinks the interviewer has switched from the tickle game to another topic (such as "other kids at Sam's house"), the child will assume that the necessary information about the tickle game was given, that the answers were wrong, or that the interviewer is no longer interested in the game.

Compound sentences with embedded clauses or other language complexities may be beyond the comprehension of children under eight. Interestingly, overloaded utterances are endemic to the investigative and judicial process. Saywitz & Snyder (1993) cite a question asked to a 4-year-old, "On the evening of January third, you did, didn't you, visit your grandmother's sister's house and didn't you see the defendant leave the house at 7:30 after which you stayed the night?" (p. 117).

Young children tend to not ask for clarification nor do they announce or, possibly, even recognize when adult questions are defective (Perry, et al, in press). Frequently children are questioned about time, distance or weight, all of which are learned gradually over the course of elementary school years and are not fully mastered until preadolescence. Children may be asked the number of times an event occurred and not be able to respond correctly or at all because they may not understand number concepts or be able to count items within the context of time. They may be asked questions about appearance and not have fully developed understanding of how to estimate height, weight or age.

Children may be asked questions that require abstract thinking, an ability that develops in pre-adolescence. A preschool child may be asked to take or understand another person's point of view, a skill that is not accomplished until about age seven. Children may contradict themselves in attempts to explain questions they do not understand. For example, a child may be unable to respond adequately to questions about the perpetrator's motivation. Children may make certain assumptions, such as that the adults already know the answer to the questions they are asking the children. In such cases, a child may answer randomly, unsure of themselves, or may become frustrated and refuse to answer the questions (Saywitz, Nathanson and Snyder, 1993).
The Forensic Context: Factors Associated with Testimony. Communicative competence in the courtroom is a function of the child’s understanding of investigative and judicial processes. Saywitz, Nathanson, and Snyder (1993) report a 1989 study by Saywitz which found developmental patterns. Younger children in the four- to seven-year-old range did not know the judge is in charge of the courtroom and assumed the unfamiliar faces of the jury were friends of the defendant, rather than impartial decision makers. They thought witnesses would be believed (as do 8- to 10-year-olds) and were taken by surprise by the defense attorney’s disbelieving tone. Eight- to 11-year-olds begin to understand the preliminary hearing process, with a judge listening to the information and making a decision about evidence. They are aware of the court as a fact finding process, but may view the jury as the same as any other spectators, with the judge making all the decisions. By 12 to 14 years of age, children have a fairly clear understanding of the judicial process and the roles of those involved. They also understand that the process does not always uncover the truth and that decisions can be made from erroneous information. However, like younger children and, in fact, many adults, they are confused about the relationship between the judge and the jury.

“The degree to which children misunderstand the forensic process may influence their verbal and nonverbal responses to questions in ways that are not yet understood completely” (Saywitz, et al., 1993, p.70).

Saywitz, Nathanson and Snyder (1993) studied the effects of testifying in court on 8- to 10-year-old children. They found that children perceive certain characteristics of the courtroom as stressful, and their free recall testimony, therefore, was less complete than age-mates in the control group who gave descriptions of the same events in school. The authors suggest that the environment in which questioning occurs can affect a child’s statements about an event. “These data suggest that more complete and detailed reports can be expected in the statements gathered from interviews held in familiar, private and informal settings than from testimony offered in the courtroom” (p.621).

The legal system requires that children perform despite emotional factors. Children must be able to overcome fear of public speaking and scrutiny, fear of losing control, embarrassment and fear of rejection by friends or family. Children worry about being “yelled at”, being disbelieved, and facing the accused (Saywitz and Snyder 1993).

Other aspects of the legal process are stressful. Problems include the court’s tendency to delay hearings and trials through generous grants of continuances. Such delays can result in the erosion of children’s memories. In addition, delays may have an impact on a child’s ability to develop healthy functioning.

Other stressful factors include repeated interviews during investigation and trial process, testifying at more than one proceeding, lengthy and harsh cross examination, the defendant’s presence in court which can be intimidating, and lack of family support (Whitcomb, 1992c).

Summary

The credibility of the child as a witness is a complex issue. Understanding the child’s developmental processes and how they relate to memory and communication is essential to a fair and thorough investigation.

The next issue of VCPN will examine specific ways that key players in the system can help. Volume 44 will highlight police/social work investigation teams, investigation methods that help obtain accurate data, court room modifications being used in Virginia and Virginia’s training programs for professionals.

References Available On Request

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