



## Child sexual abuse research knowledge among child abuse professionals and laypersons<sup>☆</sup>



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### ABSTRACT

The purposes of this study were to: (1) Assess child abuse professionals' and nonprofessionals' knowledge of scientific research findings that are relevant to forensic child sexual abuse (CSA) evaluations and (2) describe associations between child abuse professionals' levels of research knowledge and their education and experience. An 18-item multiple-choice test was administered to 188 child abuse professionals and 457 nonprofessionals (undergraduate college students) in Brazil and the United States. The nonprofessionals' average percent correct,  $M = 44\%$ , was not significantly different than what would be expected for random guessing (45%). The professionals' average percent correct,  $M = 55\%$ , was higher than that of nonprofessionals and random guessing (both  $ps < .001$ ). The average percent correct score for the US-sample psychologists,  $M = 76\%$ , was higher than the average score of the other professionals,  $M = 51\%$ ,  $p < .001$ . Professionals' educational level, as measured by the highest academic degree obtained, was positively associated with percent correct scores, Spearman's  $\rho = .46$ ,  $p < .001$ . Controlling for educational attainment, professional experience, as measured by the total number of CSA evaluations performed, was weakly associated with percent correct scores, partial  $r = .15$ ,  $p = .04$ . Percent correct scores were low for both nonprofessionals and professionals. Most of the participants in this study were uninformed or misinformed about scientific research findings that are important for conducting optimal forensic CSA evaluations and for making accurate judgments about the validity of sexual abuse allegations.

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Each year, mental health and medical professionals and paraprofessionals (MHPs) perform thousands of forensic child sexual abuse (CSA) evaluations in the US, Brazil, and many other countries around the world (e.g., Pelisoli, Pires, Almeida, & Dell'Aglio, 2010; Secretaria de Direitos Humanos, 2009; U.S. Department of Health and Human Services, 2011; Wilson, 2007). In some cases, an MHP's judgment about the veracity of an abuse allegation can have a major effect on the course of the lives of the children and adults. A false positive judgment error—a “substantiation” of a false allegation—can have severe negative consequences for innocent children and adults (Bensussan, 2011; Ceci & Bruck, 1995; Johnson, 2004; Nathan & Snedeker, 2001; Robinson, 2005; Rosenthal, 1995; Schreiber et al., 2006). Even when false allegations are ultimately classified as unsubstantiated, the investigation process itself can have negative consequences for those involved (Besharov,

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1994; Fincham, Beach, Moore, & Diener, 1994; Pillai, 2002). False negative errors—when true allegations are classified as unsubstantiated—can also have severe negative consequences because they may leave vulnerable children exposed to further sexual abuse or allow perpetrators to go on to abuse more children (Lyon, 2007).

There is mounting scientific evidence that MHPs' judgments about the veracity of uncorroborated CSA allegations are psychometrically unreliable and low in validity and accuracy (Herman, 2009). Judgments about ambiguous, uncorroborated, cases often seem to depend more on evaluators' biases than on the facts of the case (Everson & Sandoval, 2011; Hershkowitz, Fisher, Lamb, & Horowitz, 2007; Ortega, Baz, & Sánchez, 2012). On the basis of a review of relevant empirical research, Herman (2005) estimated that the overall error rate for professionals' judgments about whether or not uncorroborated sexual abuse allegations are true is at least 24%. Using data collected from 110 MHPs in one arm of the same survey study that serves as the basis for this article, Herman and Freitas (2010) estimated that the median overall, false positive, and false negative error rates for study participants' real-world judgments in forensic CSA evaluations (including cases with corroboration) were at least 28%, 18% and 36%, respectively. The lack of any firm scientific foundation for clinical judgments about uncorroborated CSA allegations has been recognized by forensic psychology researchers for decades (e.g., Melton & Limber, 1989).

There are some clinician-researchers, legal scholars, and professional organizations who disagree with Herman's (2009) conclusion that child abuse professionals should not usually offer opinions about the validity of uncorroborated CSA allegations because these opinions are not sufficiently reliable, valid, or accurate enough for legal purposes (e.g., American Academy of Child & Adolescent Psychiatry, 1997; American Professional Society on the Abuse of Children, 1997; Berliner & Conte, 1993; Everson & Faller, 2012; Lyon, Ahern, & Scurich, 2012; Oberlander, 1995). These researchers and organizations have not yet made any empirically based arguments to support their belief that child abuse professionals are able to make accurate, valid, or even reliable judgments about the validity of uncorroborated CSA allegations. Instead, they make two other arguments. The first argument is wholly negative, consisting of attacks on the external validity of the empirical studies that serve as the bases for Herman's estimates of error rates (Everson, Sandoval, Berson, & Crowson, 2012). This argument might be somewhat more convincing if critics could point to a *single* published empirical study that tended to support their belief that child abuse professionals' judgments about uncorroborated CSA allegations are accurate, valid, or even reliable. But no such study exists. Ironically, empirical research conducted by Everson and Sandoval themselves (2011) provides additional support for Herman's (2005) conclusion that clinical judgments about uncorroborated, ambiguous, real-world CSA allegations are psychometrically unreliable.

Alternatively, Herman's critics make an argument that can be essentially paraphrased as follows: Some MHPs have been in the business of substantiating uncorroborated reports of CSA for many years. These MHPs believe that they are helping sexually abused children and that their judgments are mostly accurate. Some legal decision makers want and expect these MHPs to make these judgments. If MHPs were not allowed to make these judgments then some child abusers would escape punishment and some abused children who might otherwise be protected would suffer (Berliner & Conte, 1993; Faller & Everson, 2012; Lyon et al., 2012; Myers, 2012; Olafson, 2012). These claims are all undoubtedly true, but they do not contradict, or even address, Herman's arguments that the accuracy, validity, and reliability of MHPs' judgments about the validity of uncorroborated reports of CSA are too low for these judgments to serve as the basis for legal decisions.

There are a number of potential sources of error in judgments about the veracity of CSA allegations. One of these is unavoidable uncertainty about whether or not a child was sexually abused, especially when the primary evidence consists of the child's uncorroborated verbal report of abuse. When there is no hard corroboration—no videos, photographs, perpetrator confessions, eyewitnesses, or clear medical evidence—then MHPs must base their judgments about the veracity of children's reports on relatively soft psychosocial evidence, for example, on the structure and contents of the child's verbal report, observations of the child's paraverbal and nonverbal behaviors during formal interviews, changes in the child's behavior, the demeanor of the child and the suspected perpetrator, and the suspicions of collaterals. Unfortunately, research has consistently demonstrated that human judges, including MHPs, are quite poor at either predicting or postdicting human behavior on the basis of this type of data (Dawes, Faust, & Meehl, 1989; Garb, 1998; Grove, Zald, Lebow, Snitz, & Nelson, 2000; Oskamp, 1962).

Another likely source of judgment error is that many MHPs have mistaken beliefs about general empirical facts pertaining to CSA and CSA evaluations. For example, if an evaluator wrongly believes that the vast majority of people will experience sexual abuse during childhood, then he may be biased in favor of validating reports or suspicions of sexual abuse, even in cases with weak evidence. If an evaluator wrongly believes that it is common for children to repress memories of traumatic sexual abuse, then she may be more likely to employ suggestive interviewing and memory recovery techniques that increase the risk of creating of false reports and false memories of sexual abuse.

A number of past studies have assessed the knowledge and opinions of MHPs and nonprofessionals about topics related to CSA and CSA evaluations. Conte, Sorenson, Fogarty, and Rosa (1991) surveyed 212 MHPs who conducted or participated in forensic CSA evaluations. The researchers concluded that there was "considerable agreement among professionals who are engaged in the process of 'validating' children's reports of sexual abuse." (p. 436). However, many of the topics that the majority of participants in this early study agreed on—for example, that bedwetting and separation anxiety are useful and important indicators of sexual abuse—were unsupported by scientific evidence at the time that study was conducted and have since been contradicted by empirical research (Drach, Wientzen, & Ricci, 2001).

Oberlander (1995) surveyed 31 child forensic MHPs in Massachusetts and concluded that participants had widely divergent opinions about many important psycholegal issues related to CSA evaluations. For example, 58% of participants believed

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