

EIGHT COMMON MYTHS ABOUT CHILD SEXUAL ABUSE

Few people are aware of the true state of the science on child abuse. Instead, most people's beliefs have been shaped by common misconceptions and popular myths about this hidden crime. Societal acceptance of these myths assists sex offenders by silencing victims and encouraging public denial about the true nature of sexual assaults against children. The Leadership Council prepared this analysis because we believe that society as a whole benefits when the public has access to accurate information regarding child abuse and other forms of interpersonal violence.

Myth 1: Normal-appearing, well educated, middle-class people don't molest children.

One of the public's most dangerous assumptions is the belief that a person who both appears and acts normal could not be a child molester. Sex offenders are well aware of our propensity for making assumptions about private behavior from one's public presentation. In fact, as recent reports of abuse by priests have shown, child molesters rely on our misassumptions to deliberately and carefully set and gain access to child victims.

According to Dr. Anna Salter, Ph.D., a foremost expert in sex offenders, "a double life is prevalent among all types of sex offenders The front that offenders typically offer to the outside world is usually a 'good person,' someone who the community believes has a good character and would never do such a thing" (Salter, 2003, p. 34).

In her years of work with sex offenders, Dr. Salter has found they commonly employ a variety of tactics which allow them to gain access to children while concealing their activities. For instance, many seek responsible positions that place them in close proximity with children. They also tend to adopt a pattern of socially responsible and caring behavior in public. Many have practiced and perfected their ability to charm, to be likeable and to radiate a facade of sincerity and truthfulness. This causes parents and others to drop their guard, allowing the sex offender easy and recurring access to children.

In fact, Dr. Salter has found that the life a child molester leads in public may be exemplary, almost surreal in its righteousness. In her book, Dr. Salter presents the following description written by a child molester who had used his position as a church choir director to gain access to boys.

I want to describe a child molester I know very well. This man was raised by devout Christian parents. As a child he rarely missed church. Even after he became an adult he was faithful as a church member. He was a straight A student in high school and college. He has been married

and has a child of his own. He coached Little League baseball. He was a Choir Director at his church. He never used any illegal drugs. He never had a drink of alcohol. He was considered a clean-cut, All-American boy. Everyone seemed to like him. He was a volunteer in numerous civic community functions. He had a well-paying career job. He was considered "well-to-do" in society. But from the age of 13-years-old he sexually molested little boys. He never victimized a stranger. All of his victims were friends. . . I know this child molester very well because he is me!!!!

Soon after writing this, the author of this confession was released on parole. Upon release, he quickly infiltrated a church where he molested children until he was again caught and returned to prison" (Salter, 2003, pp. 36-37).

- Salter, A. C. (2003). *Predators: Pedophiles, rapists and other sex offenders: Who they are, how they operate, and how we can protect ourselves and our children*. New York: Basic Books.

Myth 2: People are too quick to believe an abuser is guilty, even if there is no supporting evidence.

In truth, people are too quick to believe that the accused is innocent, even if there is plenty of supporting evidence. According to Dr. Salter, "Normal, healthy people distort reality to create a kinder, gentler world than actually exists" (p. 177). She notes that in order to find meaning and justice in everyday life, most people assign victims too much blame for their assaults and offenders too little. In truth, it is hard for most people to imagine how any person could sexually abuse a child. Because they can't imagine a "normal" person doing such a heinous act, they assume that child molesters must be monsters. If the accused does not fit this stereotype (in other words if he appears to be a normal person), then many people will disbelieve the allegation, believing the accused to be incapable of such act.

- Salter, A. C. (2003). *Predators: Pedophiles, rapists and other sex offenders: Who they are, how they operate, and how we can protect ourselves and our children*. New York: Basic Books.

Myth 3: Child molesters molest indiscriminately.

Not everyone who comes in contact with a child molester will be abused. Although this finding may seem obvious, some interpret the fact that an abuser didn't molest a particular child in their care to mean that those children who do allege abuse must be lying. In truth, sex offenders tend to carefully pick and set up their victims. Thus while sex offenders may feel driven to molest children, they rarely do so indiscriminately or a plan.

Research with sex offenders confirms that they tend to carefully select and "groom" their victims (Conte, Wolf, & Smith, 1989). For instance, Elliott, Browne and Kilcoyne (1995) interviewed with 91 child molesters, the all-male sample reported that they most often chose children who had family problems, were alone, lacked confidence, and were indiscriminate in their trust of

others -- especially when the child was also perceived to be pretty, "provocatively" dressed, young, or small.

Rather than being a sudden, initially traumatic occurrence, most sex abuse involves a gradual "grooming" process in which the perpetrator skillfully manipulates the child into participating (Berliner & Conte, 1995). To ensure the child's continuing compliance, sex offenders report using bribes, threats and force (Elliott et al., 1995).

Below, a young pedophile describes the careful planning that went into finding his next victim.

When a person like myself wants to obtain access to a child, you don't just go up and get the child and sexually molest the child. There's a process of obtaining the child's friendship and, in my case, also obtaining the family's friendship and their trust. When you get their trust, that's when the child becomes vulnerable and you can molest the child. (Salter, 2003, p. 42)

- Berliner, L., & Conte, J. R. (1995). The effects of disclosure and intervention on sexually abused children. *Child Abuse & Neglect*, 19, 371-84.
- Conte, J. R., Wolf, S., & Smith, T. (1989). What sexual offenders tell us about prevention strategies. *Child Abuse & Neglect*, 13, 293-301.
- Elliott, M., Browne, K., & Kilcoyne, J. (1995). Child sexual abuse prevention: What offenders tell us. *Child Abuse & Neglect*, 19, 579-94.
- Salter, A. C. (2003). *Predators: Pedophiles, rapists and other sex offenders*. New York : Basic Books.

Myth 4: Children who are being abused would immediately tell their parents.

The fact victims often fail to disclose their abuse in a timely fashion is frequently used as evidence that an alleged victim's story should be doubted. Research, however, shows that children who have been sexually assaulted often have considerable difficulty in revealing or discussing their abuse.

Estimates suggest that only 3% of all cases of child sexual abuse (Finkelhor & Dzuiba-Leatherman, 1994; Timnick, 1985) and only 12% of rapes involving children are ever reported to police (Hanson et al., 1999). A nationally representative survey of over 3,000 women revealed that of those raped during childhood, 47% did not disclose to anyone for over 5 years post-rape. In fact, 28% of the victims reported that they had *never* told anyone about their childhood rape prior to the research interview. Moreover, the women who never told often suffered the most serious abuse. For instance, younger age at the time of rape, a family relationship with the perpetrator, and experiencing a series of rapes were all associated with delayed disclosure (Smith et al., 2000).

Sex offenders typically seek to make the victim feel as though he or she caused the offender to act inappropriately, and convince the child that they are the guilty party. As a result, children often have great difficulty sorting out who is responsible for the abuse and frequently blame

themselves for what happened. In the end, fears of retribution and abandonment, and feelings of complicity, embarrassment, guilt, and shame all conspire to silence children and inhibit their disclosures of abuse (Pipe & Goodman, 1991; Sauzier, 1989).

Boys seem to have a particularly difficult time dealing with sexual abuse and are even less likely to report it than girls. A review of 5 community-based studies revealed that rates of non-disclosure ranged from 42% to 85% in abused men (Lyons, 2002). Research with abused males has found that the more severe the abuse, the more likely the boy is to blame himself and the less likely he will disclose the abuse (Hunter et al., 1992). In addition to self-blame, reluctance of boys to disclose abuse may be traced to the social stigma attached to victimization, along with fears that they will be disbelieved or labeled homosexual (Watkins & Bentovim, 1992).

- Finkelhor, D., & Dzuiba-Leatherman, J. (1994). Children as Victims of Violence: A National Survey. *Pediatrics*, 94 (4, :413-420.
- Hanson, R. F., Resnick H. S., Saunders, B. E., Kilpatrick, D. G., & Best, C. (1999). Factors related to the reporting of childhood rape. *Child Abuse & Neglect*, 23, 559-69.
- Hunter, J. A., Goodwin, D. W., & Wilson, R. J. (1992). Attributions of blame in child sexual abuse victims: An analysis of age and gender influences. *Journal of Child Sexual Abuse*, 1, 75-89.
- Kilpatrick, D. G., Edmunds, C. N., & Seymour, A. (1992). *Rape in America: A report to the nation*. Arlington VA: National Victim Center.
- Lyon, T.D. (2002). Scientific Support for Expert Testimony on Child Sexual Abuse Accommodation. In J.R. Conte (Ed.), *Critical issues in child sexual abuse* (pp. 107-138). Newbury Park, CA: Sage. (on-line: [http://www.law.duke.edu/shell/cite.pl?65+Law+&+Contemp.+Probs.+97+\(Winter+2002\)](http://www.law.duke.edu/shell/cite.pl?65+Law+&+Contemp.+Probs.+97+(Winter+2002)))
- Pipe, M. E., & Goodman, G. S. (1991). Elements of secrecy: Implications for children's testimony. *Behavioral Sciences & the Law*, 9, 33-41.
- Sauzier, M. (1989). Disclosure of child sexual abuse: For better or for worse. *Psychiatric Clinics of North America*, 12, 455-69.
- Smith, D. W., Letourneau, E. J., Saunders, B. E., Kilpatrick, D. G., Resnick, H. S., & Best, C. L. (2000). Delay in disclosure of childhood rape: Results from a national survey. *Child Abuse & Neglect*, 24, 273-87.
- Watkins, B. & Bentovim, A. (1992). The sexual abuse of male children and adolescents: A review of current research. *Journal of Child Psychology and Psychiatry*, 33, 197-248.

Myth 5: Children who are being abused will show physical evidence of abuse.

A lack of physical evidence of sexual assault is often cited as support that an alleged perpetrator must be innocent. However, research shows that abnormal genital findings are rare even in cases where the abuse has been proven. Some acts, like fondling and oral sex, leave no physical traces. Even injuries from penetration heal very quickly in young children and thus abnormal genital findings are not common, especially if the child is examined more than 48 hours after the abuse.

In fact, even with proven penetration in up to 95% of cases, genital examinations will be essentially normal.

In one study, case files and colposcopic photographs of 236 children with perpetrator conviction for sexual abuse, were reviewed. The investigators found that genital findings in the abused girls were normal in 28%, nonspecific in 49%, suspicious in 9%, and abnormal in 14% of cases (Adams, Harper, Knudson, & Revilla, 1994).

An even lower rate of abnormal findings was found in a large scale study of the 2384 children referred for medical evaluation of sexual abuse. The investigators found that only 4% of the children had abnormal examinations at the time of evaluation. Even with a history of severe abuse such as vaginal or anal penetration, the rate of abnormal medical findings was only 5.5% (Heger, Ticson, Velasquez, & Bernier, 2002).

This low rate of abnormal findings was confirmed in a case review of children with proven sexual abuse consisting of 36 pregnant adolescent girls who presented for sexual abuse evaluations. Historical information and photograph documentation were reviewed to determine the presence or absence of genital findings that indicate penetrating trauma. Only 2 of the 36 (5.5%) pregnant girls showed definitive evidence of penetration (Kellogg, Menard, & Santos, 2004).

- Adams, J. A., Harper, K., Knudson, S., & Revilla, J. (1994). Examination findings in legally confirmed child sexual abuse: It's normal to be normal. *Pediatrics*, 94 (3), 310-7.
- Heger, A., Ticson, L., Velasquez, O., & Bernier, R. (2002). Children referred for possible sexual abuse: medical findings in 2384 children. *Child Abuse & Neglect*, 26, 645-59.
- Kellogg, N. D., Menard, S. W., & Santos, A. (2004). Genital anatomy in pregnant adolescents: "Normal" does not mean "nothing happened". *Pediatrics*, 113 (1 Pt 1), 67-9.

Myth 6: Hundreds of innocent men and women have been falsely accused and sent to prison for molesting children.

Over and over again, the media has raised the question whether America is in the midst of a hysterical overreaction to the perceived threat from pedophiles. Actual research, however, shows that, as a whole, our society continues to under-react and under-estimate the scope of the problem.

Prior to the 1980s, child sexual abuse was largely ignored, both by the law and by society as a whole. In the 1980s, when the scope of the problem began to be acknowledged, the police began to arrest adults accused of child abuse. A backlash quickly formed and police and prosecutors were soon accused of conducting "witchhunts." Although some early cases were handled badly -- mainly because the police had little experience in dealing with very young child witnesses -- there is little evidence to back the assertion that there was widespread targeting of innocent people.

In fact, research has consistently shown that few abusers are ever identified or incarcerated. Estimates suggest that only 3% of all cases of child sexual abuse (Finkelhor & Dziuba-Leatherman, 1994; Timnick, 1985) and only 12% of rapes involving children are ever reported to police (Hanson et al., 1999).

Further research reveals that of the few cases reported to authorities, relatively few accused offenders are ever investigated or charged. For instance, the first National Incidence Study (Finkelhor, 1983) found that criminal action was taken in only 24% of substantiated cases of child sexual abuse -- a finding replicated by Sauzier (1989). After reviewing numerous studies, Bolen (2001) noted that in the end, offenders may be convicted in only 1-2% of cases of suspected abuse known to professionals. And even then, most convicted child molesters spend less than one year in jail.

Based on the high prevalence of sexual crimes against children on our society, it strains credulity to assume that the small number of cases that are actually prosecuted constitute a "witchhunt", or that somehow mostly innocent people are targeted for prosecution. In fact, statistics suggest quite the opposite: child abusers are rarely identified or prosecuted.

- Bolen. R. M. (2001). *Child sexual abuse: Its scope and our failure*. New York: Kluwer Academic.
- Ceci, S. J., & Bruck, M. (1993). The suggestibility of the child witness: A historical review and synthesis. *Psychological Bulletin*, 113, 403-39.
- Finkelhor, D. (1983). Removing the child - prosecuting the offender in cases of child sexual abuse: Evidence from the national reporting system for child abuse and neglect. *Child Abuse & Neglect*, 7, 195-205.
- Finkelhor, D., & Dziuba-Leatherman, J. (1994). Children as victims of violence: A national survey. *Pediatrics*, 94, 413-20.
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- Kilpatrick, D. G., Edmunds, C. N., & Seymour, A. (1992). *Rape in America: A report to the nation*. Arlington VA : National Victim Center.
- Sauzier, M. (1989). Disclosure of child sexual abuse: For better or for worse. *Psychiatric Clinics of North America*, 12, 455-69.
- Timnick, L. (August 15, 1985). The Times poll: Twenty-two percent in survey were child abuse victims. *Los Angeles Times*, p. 1.

Myth 7: If asked about abuse, children tend to exaggerate and are prone to making false accusations.

Contrary to the popular misconception that children are prone to exaggerate sexual abuse, research shows that children often minimize and deny, rather than embellish what has happened to them.

In one study, researchers examined 28 cases in which prepubescent children had tested positive for a sexually transmitted disease by forensically accepted procedures. To be included in the

study, the children had to have presented for a physical problem with no prior disclosure or suspicion of sexual abuse and were required to have adequate expressive language capabilities. Each of the 28 children was interviewed by a social worker trained in abuse disclosure techniques and use of anatomically correct dolls. Only 12 of the 28 (43%) of the abused children interviewed gave any verbal confirmation of sexual contact (Lawson, & Chaffin, 1992).

Another study involved a perpetrator who pled guilty after videotapes documenting his abuse of ten children were found by authorities. Because of these detailed video recordings, researchers knew exactly what had happened to these children. They were thus able to compare what the children told investigators when they were interviewed to the videotapes. Despite this abundance of hard physical evidence, the researchers found a significant tendency among the children to deny or minimize their experiences. Some children simply did not want to disclose their experiences, some had difficulties remembering them, and one child lacked adequate concepts to understand and describe them. Even when interviews included leading questions, none of the children embellished their accounts or accused the perpetrator of acts that he hadn't actually committed (Sjoberg & Lindblad, 2002).

Some people believe that recantations are a sure sign that a child lied about the abuse. However, a recent study found that pressure from family members play a significant role in recantations. Mallory et al. (2007) examined the prevalence and predictors of recantation among 2- to 17-year-old child sexual abuse victims. Case files (n = 257) were randomly selected from all substantiated cases resulting in a dependency court filing in a large urban county between 1999 and 2000. Recantation (i.e., denial of abuse postdisclosure) was scored across formal and informal interviews. Cases were also coded for characteristics of the child, family, and abuse. The researchers found a 23.1% recantation rate. The study looked for but did not find evidence that these recantations resulted from potential inclusion of cases involving false allegations. Instead, multivariate analyses supported a filial dependency model of recantation, whereby abuse victims who were more vulnerable to familial adult influences (i.e., younger children, those abused by a parent figure and who lacked support from the nonoffending caregiver) were more likely to recant.

- Lawson, L., & Chaffin, M. (1992). False negatives in sexual abuse disclosure interviews. *Journal of Interpersonal Violence*, 7, 532-42.
- Malloy, L.C., Lyon, T.D., & Quas, J.A. (2007). Filial dependency and recantation of child sexual abuse allegations. *Journal of the American Academy of Child & Adolescent Psychiatry*, 46, 162-70.
- Sjoberg, R. L., & Lindblad, F. (2002). Limited disclosure of sexual abuse in children whose experiences were documented by videotape. *American Journal of Psychiatry*, 159, 312-4

Myth 8: By using repeated interviews, therapists or police can easily implant false memories and cause false accusations among children of any age.

Although research has consistently shown that children rarely confabulate about having been abused and false allegations have been found to be rare (Everson & Boat, 1989; Jones & McGraw, 1987; Oates, et al., 2000), the potential for false allegations continues to be an area of great concern in sex abuse cases.

Whenever prominent adults are accused of abuse, we frequently hear allegations improper questioning and suggestions that the child may have invented molestation stories to please probing authority figures. We also hear concerns that inappropriate, suggestive therapies by overzealous clinicians may have shaped or implanted the allegations.

Recent research suggests that these concerns have been greatly exaggerated (Lyons, 2001). There is now a substantial body of laboratory research which finds that children are quite reluctant to discuss embarrassing events (Lyon, 1999; 2002). Overall, laboratory research using suggestive questioning has consistently shown that negative events, especially events involving a child's genitals, are relatively difficult to implant in children's statements. In fact, research shows that children are more likely to fail to report negative experiences that actually did happen to them, than falsely remember ones that did not.

Saywitz, Goodman, Nicholas, and Moan (1991) studied the memory of 72 five and seven-year-old girls for a standardized medical checkup. Half of the children received a vaginal and anal examination as part of the checkup; while the other half of the children received a scoliosis examination of their back instead. The children's memories were later solicited through free recall, anatomically detailed doll demonstration, and direct and misleading questions. The vast majority of vaginal and anal touch went unreported in free recall and doll demonstration, and was only disclosed when children were asked direct, doll-aided questions. The children who received a scoliosis exam never falsely reported genital touch in free recall or doll demonstration; and false reports were rare in response to direct questions.

It is also important to point out that many abused children exhibit post-traumatic and behavioral symptoms. To date no laboratory or clinical research supports the notion that children can falsely remember elaborate details of sexual abuse perpetrated by a trusted teacher, corroborate each other's stories in independent interviews, and develop post-traumatic symptoms -- based solely on police interviews or suggestive therapy.

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- Everson, M.D., & Boat, B. W. (1989). False allegations of sexual abuse by children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*. 28 : 230-5.
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- Oates, R. K., Jones, D. P., Denson, D., Sirotiak, A., Gary, N., & Krugman, R. D. (2000). Erroneous concerns about child sexual abuse. *Child Abuse & Neglect*, 24 , 149-57.
- Pezdek, K., & C. Roe. (1997). The suggestibility of children's memory for being touched: Planting, erasing, and changing memories. *Law and Human Behavior*, 21, 95-106.
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- Sjöberg, R. L., & Lindblad, F. (2002). Limited disclosure of sexual abuse in children whose experiences were documented by videotape. *American Journal of Psychiatry*, 159 , 312-4.