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Understanding Bizarre, Improbable, and Fantastic Elements in Children's Accounts of Abuse

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Children's accounts of abuse sometimes contain descriptions of events that seem bizarre, improbable, or even impossible. This article contributes to an objective analysis of child allegations of abuse by offering 24 possible explanations (with illustrative case examples) for such statements. The central thesis of this discussion is that the existence of improbable or fantastic elements in a child's account should not result in an automatic dismissal of the child's report without consideration of the possible mechanisms underlying the fantastic material.

In the past decade, a number of widely publicized cases of alleged day care abuse have called attention to a seldom acknowledged phenomenon in the field of child abuse—that is, that children's accounts of abuse sometimes contain descriptions of events that seem bizarre, improbable, or even impossible. In a number of cases, especially those involving young children, the accounts of abuse seem to contain the stuff of fantasy (or perhaps nightmares) rather than the credible, internally consistent, plausible descriptions of abuse that professionals are trained to expect in bona fide cases of abuse.

Although this problem may be more prevalent and more severe in multivictim, multiperpetrator cases involving preschool-aged children, it is certainly not confined to such cases. As an example, we recently evaluated a bright, articulate 4-year-old whose otherwise credible account of abuse was marred by his claim that the perpetrator had cut off the boy's penis, then reattached it. Many clinicians have been reluctant to report such elements in children's disclosures lest a child's account, which might otherwise be considered credible, not be believed. In addition, some clinicians have been actively discouraged from documenting such statements as a part of the public record. (In the words of one district attorney to a colleague, "Your

report was fine until you mentioned the mask and the candles.")

Evaluating allegations of abuse involving bizarre, implausible, and fantastic accounts by children is one of the most difficult forensic and clinical challenges confronting the field today. If Parts E and F of a child's account of abuse are difficult, if not impossible, to believe, how much credence should the evaluator give Parts A, B, and C? In a survey of child protective services (CPS) investigations, Everson and Boat (1989) found that, after recantation by the child, the most frequent reason for judging a child's report of sexual abuse to be false was the existence of improbable elements in the child's disclosure. This issue not only affects the individual case but also has far-reaching implications for the credibility of the field and the weight we have traditionally placed on the alleged victim's statement.

Dalenberg (1996) has published the only study of the incidence of fantastic elements in children's disclosures of sexual abuse. Her sample included 644 children ages 3 to 17 who had made disclosures of sexual abuse during videotaped forensic interviews. Half of the children comprised a highly certain, or "gold standard," sexually abused group (i.e., the perpetrator had confessed and conclusive medical evidence of abuse had been found), and the remaining half included "questionable" cases in which corroborating evidence for abuse was lacking. Dalenberg defined fantastic elements as either highly implausible or impossible events or gross exaggerations of a plausible event. Fantastic elements were found in the accounts of 12 children for an overall base rate across age, sex, and race of about 2%. Most of these statements ($n = 10$) occurred among 3- to 9-year-olds in the gold standard subgroup, with 7% of the children in

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this subgroup making fantastic allegations in their descriptions of abuse compared with only 1.5% among 3- to 9-year-olds in the questionable subsample. Among children in this younger gold standard subgroup who had experienced severe abuse (e.g., penetration, use of force or threats, repeated abuse), the rate of fantastic elements jumped to more than 15%. This study is crucial in documenting the presence of implausible or impossible statements, even in the accounts of children who are known to have been sexually abused.

A number of guidelines have been proposed to aid evaluators in assessing the credibility of children's statements (Benedek & Schetky, 1987; deYoung, 1986; Faller, 1988; Gardner, 1989, 1995; Green, 1986; Heiman, 1992; Jones & McGraw, 1987; Raskin & Esplin, 1991; Sgroi, Porter, & Blick, 1982; Wehrspann, Steinhauer, & Klajner-Diamond, 1987). Although such guidelines are clinically useful, what is lacking is a clear understanding of the mechanisms by which unusual, implausible, and fantastic material enters children's accounts of abuse. With a few exceptions, the child abuse literature has been largely silent on this issue. Jones and McGraw (1987) have proposed unresolved posttraumatic stress disorder (PTSD) as a source of some distorted as well as false allegations of sexual abuse. Bernet (1993) has suggested the century-old concept of *pseudologic phantasia*, or fantasy lying, as one explanation for elaborate, implausible, untruthful reports of abuse. Drawing on a psychodynamic perspective, Rosenfeld, Nadelson, and Krieger (1979) have proposed oedipal fantasies as an explanation for some children's accounts of incest. More recently, Ceci and Bruck (1995) have pointed to the interview process and, in particular, errors by interviewers as a significant source of distortion in children's recall of events.

This article is designed to offer a number of possible explanations for bizarre, implausible, or fantastic elements in children's reports of abuse. It is hoped that these explanatory mechanisms may serve as an important starting point in an objective analysis of children's accounts of alleged abuse, especially when they contain improbable or fantastic elements. The central thesis of this discussion is that the existence of such elements should not result in an automatic dismissal of the child's complaint without an analysis of the possible mechanisms underlying the fantastic material.

PROPOSED EXPLANATIONS FOR IMPROBABLE ACCOUNTS OF ABUSE

Table 1 suggests 24 mechanisms to explain improbable elements in children's accounts of abuse. These

TABLE 1: Proposed Explanations for Fantastic Elements in Children's Accounts

I. Interaction of abusive event with child characteristics	
Reflection of reality	(1) Accurate description of reality
Impact of perpetrator manipulation	(2) Deception to confuse or discredit child
	(3) Drug-induced distortions
Trauma or stress-induced processes	(4) Threat incorporation
	(5) Traumagenic misperception or memory distortion
Influence of coping mechanisms	(6) Mastery fantasy
	(7) Expression of affect through metaphor and hyperbole
	(8) Misreports by child to deflect blame or deny victimization
Impact of cognitive immaturity	(9) Misperception or miscommunication due to developmental limitations
	(10) Distortion due to attempts to assimilate novel events into existing schemata
II. Interaction of assessment process with child characteristics	
System response errors	(11) Distortion due to successive misapproximations
	(12) Miscommunication due to interviewer error
Influence of interview process	(13) Impact of leading or suggestive questioning techniques
	(14) Distortion induced by interview props
	(15) Confabulation
	(16) Distortion due to interview fatigue
Deceptive processes	(17) Exaggeration for attention or approval
	(18) Snowballing of an innocent lie
	(19) Deliberate exaggeration or lying
	(20) Fantasy lying
III. Interaction of extrinsic influences with child characteristics	
External source confusion	(21) Cultural influences
	(22) Cross-tainting
Internal source confusion	(23) Dream incorporation
	(24) Delusions due to psychotic processes

explanatory mechanisms can be grouped into descriptive categories based on the interaction of individual child characteristics and three potential sources of fantastic material in the child's account. Such interactions include the interplay of child characteristics with the "abusive" event itself, with the assessment process, and with other influences extrinsic to the event or assessment process. The explanatory mechanisms are conceptualized as operating in the context of such interactions.

For example, one potential distorting influence stemming from the assessment process is leading or suggestive interviewing techniques. However, such interview techniques have a distorting impact, primarily in cases of children vulnerable to suggestions about the particular target event. Children who are resistant to suggestion and who have a clear, recent, relatively

complete memory of the target event are less likely to be influenced by such interview strategies. The interplay of specific aspects of the assessment process (e.g., leading or suggestive questioning, the use of interview props) with critical characteristics of the child (e.g., developmental level, suggestibility, recency of memory) contributes to distortions in the child's statements.

Each of the explanatory mechanisms is discussed here, and illustrations from case histories are provided when available. At least three caveats are warranted. First, most of the proposed mechanisms are descriptive in nature, with little or no attempt to delineate the internal psychological dynamics underlying the mechanism. Second, in formulating this list of possible mechanisms, the emphasis is on being comprehensive rather than reductionistic. As a result, these mechanisms may not necessarily represent independent, mutually exclusive categories. Third, most of the mechanisms are neither theoretically derived nor empirically tested. Several are purely speculative, validated only by anecdotal evidence or clinical intuition. In the absence of such theoretical or empirical validation, no attempt is made as part of this discussion to offer guidelines for applying these mechanisms to specific cases. The conceptual framework outlined in this article is offered primarily for its heuristic value in contributing to our understanding of children's seemingly inexplicable accounts of abuse.

I. INTERACTION OF THE ABUSIVE EVENT WITH CHILD CHARACTERISTICS

This section includes 10 explanatory mechanisms or sources for improbable elements in children's accounts of abuse that involve the interaction between some aspect of the abusive event and characteristics of the child. At one extreme is the possibility that the child's account is an accurate, truthful description of reality. In such a case, bizarre or unusual aspects of the event itself would contribute maximally to the improbable nature of the account, with the child's characteristics having minimal influence. The child would in effect be accurately reflecting reality (albeit typically in incomplete form) with no distortion. Also included in this category are two sources of distortion or improbable statements resulting directly from the actions of the perpetrator of the abuse. These include deliberate attempts to confuse the child and the use of drugs to alter the child's perceptions and recollections.

The psychological stress or trauma inherent in the event can also lead to implausible elements in a child's

recollection. First, threats made by the perpetrator may sometimes be misperceived in the child's state of arousal as having been fulfilled. Second, as is discussed later in this article, it has been demonstrated that psychological trauma may lead to distortions in perception and memory, as is sometimes associated, for example, with PTSD. A child's conscious or unconscious strategies for coping with the fear, anxiety, and confusion engendered by the abuse might also contribute to distortions in her or his accounts during the reporting process. Finally, a child's cognitive immaturity, manifesting itself in the inability to accurately perceive, communicate, and assimilate into memory novel aspects of the event, may underlie many unusual and bewildering descriptions of abuse.

Reflection of Reality

1. Accurate Description of Reality

The starting point in an assessment must be a consideration of the possibility that, however bizarre, improbable, or fantastic, the child's account represents an accurate, truthful description of reality. Assessment of this possibility must rest on a consideration of the laws of physical and biological science, the specifics of the case, and the corroborating evidence, and not on one's own sexual interests, sensibilities, or expectations about the world and how children should be treated. Unusual, bizarre, or grotesque behavior should not be dismissed on the basis of novelty or rarity alone.

As an example, a 4-year-old described witnessing his stepfather tying his mother naked to the bed and stinging her with "a wasp." On investigation, it was learned that such sexual practices are documented in the pornographic literature as a method for increasing sexual arousal. The child's report therefore could not be simply dismissed as too outlandish to consider. In a more macabre example, two young children reported as a part of their abuse observing their father killing people and dissecting their bodies. Their account was corroborated when jars of human body parts were found in the family home. Their father was later convicted of murdering vagrants whom he had befriended.

Impact of Perpetrator Manipulation

2. Deception to Confuse or Discredit Child

It is important to consider the possibility that a child's description of seemingly bizarre, impossible events may be the result of deliberate attempts by the perpetrator to discredit, confuse, or intimidate the child. Young children tend to be quite trusting of

adults' versions of reality. They are also quite easy to deceive, especially under conditions of high arousal.

A perpetrator's scheme often includes the use of physical props or costumes but may also primarily involve psychological manipulation. In one case, two preschool-aged children described being sexually abused by a man they identified as the "Lone Ranger." They reported that he dressed like the TV character and even showed them his silver bullets. A search of the alleged perpetrator's home revealed a Lone Ranger costume, complete with guns and silver bullets. In a second example, a 12-year-old girl was quite distraught because of a pattern of sleepwalking and "bad dreams" that she believed meant that she was "crazy." A physical exam revealed evidence of repeated vaginal penetration. Her father ultimately confessed to having sexually abused her over a period of several months. His ploy to avoid detection involved carefully picking his daughter up from her bed at night without awakening her and carrying her downstairs to a couch, where he would have sex with her, then leave her to spend the remainder of the night on the couch. In the morning when the family found her asleep on the couch, she would be playfully teased about her chronic sleepwalking, and her father would sympathetically express concern about her repeated "bad dreams" of being hurt or molested.

3. Drug-Induced Distortions

A number of children describe being given drugs in their accounts of abuse. For adolescent victims, alcohol may be the perpetrator's drug of choice. Drugs and alcohol could play a role in producing more docile and compliant victims while possibly distorting the child's perceptions and memories. In their in-depth analysis of 43 substantiated cases of sexual abuse in day care, Finkelhor, Williams, and Burns (1988) found that 30% of the cases involved allegations of children being drugged. In the Country Walk day care case in Miami, for example, children reported being given pills and a brown "milkshake" that had a bad taste (Hollingsworth, 1986). At least one child described what seemed to be visual hallucinations afterward; others described falling asleep. The female perpetrator in the case later admitted that the children were given barbiturates and hallucinogens (Finkelhor et al., 1988).

In another case of sexual abuse in a family day care home, a 5-year-old described being given a pill that he was told would make him "feel like Jesus." Instead, he reported that it made him feel sick and "like the devil." Unfortunately, drug screens are seldom conducted on a timely basis to attempt to corroborate such drug use.

Trauma or Stress-Induced Processes

4. Threat Incorporation

One source of questionable material in children's reports may be threats that are made against the child (or child's family members, pets) that are incorporated into the account as having actually occurred. Conditions of significant fear, anxiety, and emotional stress are likely to increase the likelihood of such distortions. Incorporation of threats may explain reports of animals or babies being killed in some accounts of abuse. It may also explain the "detached and reattached penis" of the 4-year-old cited earlier.

The growing body of literature on reality monitoring is relevant here. A number of studies have shown that vividly imagined events (such as would be true for children living through a horrifying threat) are very difficult to distinguish, even for adults, from truly experienced events (Dilalla & Watson, 1988; Johnson, Foley, Suengas, & Raye, 1988; Markham, 1991). Adults, however, are generally better able to use their knowledge of the world to identify memories that may "feel" true but are judged false because of their contradiction to other knowns.

This process of a vividly imagined event being incorporated as part of one's experiential memory, especially during a period of severe stress, is illustrated by a clinical case described by Dalenberg (1994). Dalenberg described the case of "Laura," a young woman who reported memories of extremely bizarre and frightening childhood abuse. Inexplicably, however, her body did not reveal the scarring expected from such abuse. Her father ultimately admitted to physically abusing his children and, without knowledge of the details of Laura's therapy disclosures, admitted enjoying the experience of terrorizing his daughter. During the period in which Laura remembered the instances of extreme abuse, her father had read her stories of war atrocities at bedtime. The published samples he provided to the therapist included a near-exact replica of one of Laura's "memories" of physical abuse by her father.

5. Traumagenic Misperception or Memory Distortion

Psychological trauma can lead to inaccurate and unreliable reports via at least three mechanisms: (a) misperceptions of the traumatic event due to high levels of emotional arousal, (b) contamination of neutral events and stimuli by intrusions of traumatic memory fragments, and (c) dissociative blocking of memory formation and errors in the subsequent construction of a narrative memory of the event.

First, under conditions of extreme emotional stress, children may experience significant distortions of visual and auditory perception, including hallucinations. These misperceptions can be shaped by the mental schemes or expectations that are triggered or are operating at the time of the traumatic event. This process is well documented in Terr's (1979, 1983) work with the victims of the Chowchilla school bus kidnapping. The kidnapers were three Caucasian men in their 20s or early 30s. All 26 children and the adult bus driver with whom they were held captive escaped physically unharmed, but the verbal accounts of five of the children were seriously flawed in their descriptions of the kidnapers. These children reported having seen "a Black man," "a bald man," "a lady," "a fat, chubby man," and "an old man who used his shotgun as a cane to support his missing leg." Three other children hallucinated during the kidnapping event, with one 5-year-old, for example, reporting that she could see through the roof of the truck in which they were buried and observed the kidnapers lying on the ground napping. Terr (1990) has hypothesized that such perceptual distortions and hallucinations may be common under conditions of "pure fright."

The other two mechanisms underlying traumatic memory distortions are speculative. They are thought to result from a severe breakdown of the language-based memory system that may occur under conditions of intense arousal and stress. Under such conditions, the traumatic event is neither properly assimilated into existing mental schemes nor integrated into a linguistically based, coherent whole with identifying context and time labels (van der Kolk & van der Hart, 1991). Instead, the memory is stored as context-free fragments in the form of fear associations, visual images, and somatic sensations that are dissociated from conscious awareness and control. These unsymbolized, unintegrated fragments are often easily aroused and triggered by a host of environmental and social cues and may be manifested in somatic and affective reactions, behavioral reenactments, nightmares, and flashbacks. These manifestations are thought to form the basis of PTSD symptomatology in traumatized individuals (van der Kolk, 1994).

This is relevant to our current discussion of children's accounts of abuse because PTSD-related intrusions in the form of visual memories, flashbacks, and aversive affective reactions can become inappropriately associated with neutral events and stimuli, coloring the child's perception and later descriptions of such events. Such an overgeneralization of the origi-

nal trauma memory may explain the phenomenon of the ever-expanding circle of alleged perpetrators in some cases of alleged day care abuse. Jones and McGraw (1987) documented several cases of false allegations of sexual abuse by adolescents who were suffering from PTSD from prior sexual molestation. They had apparently misapplied their vivid memories of trauma to new persons. A specific example of this phenomenon is provided by a 6-year-old with an extensive history of molestation by several perpetrators. During a group therapy session with other child victims, she sat in a male therapist's lap to watch a movie. Afterward, she accused the therapist of having placed his hand under her dress to fondle her during the movie. During an interview, the child was asked to demonstrate with an anatomical doll what the therapist had done. During this reenactment, she used the name of a prior perpetrator in referring to the doll and slipped into an account of earlier abuse. With careful questioning, she came to realize that she had no actual recollection of the therapist touching her inappropriately.

Resolution of the toxic effects of dissociated memory fragments is thought to depend on the construction of a narrative memory of the traumatic event (van der Kolk & van der Hart, 1991). Such narrative memory allows an event to be integrated into existing mental schemes and organized into a proper context and time frame. The problem lies in the fact that, regardless of whether the process of memory construction is guided by an experienced therapist or is purely self-directed, the integrity of the memory may be threatened because the individual is likely to be vulnerable to suggestive influences from a variety of sources.

One sometimes observes this process in operation in dissociatively disordered children who, when faced with significant anxiety about an individual or past event, quickly weave a complex and sometimes quite implausible account to explain the root of their anxiety. In a similar vein, Ganaway (1989) has proposed that dissociatively disordered children and adults may draw on fantasy, prior dissociative experiences, and images from external sources such as the media to create a personal narrative to provide logic and meaning to their otherwise senseless, illogical, and overwhelming life experiences. Ganaway further speculates that such a narrative might include detailed accounts of ritual abuse: "Regardless of how heinous the confabulated ritual abuse experiences may be, they are more tolerable to the patient than having his or her fact-based experiences go frustratingly unexplained" (p. 215).

Influence of Coping Mechanisms

6. Mastery Fantasy

A relatively common defense against strong feelings of anxiety and vulnerability in young children is to launch into a fantasy in which they play the role of a powerful, indestructible superhero. Clinical experience suggests that this phenomenon seems to occur more frequently among preschool-aged boys, but it is also sometimes seen in girls. Typically, the child reaches a level of significant anxiety in his or her account of a disturbing event and switches roles from a helpless victim to an all-powerful, "don't tread on me" strongman who is readily able to defeat the victimizer. As an example, a 4-year-old boy provided a credible account of being physically mistreated in day care by being grabbed by the shoulders, scolded, and shaken until his teeth chattered. When asked what happened next, he stiffened as an expression of fear came over his face. This moment quickly passed as he took a deep breath, raised himself tall in his 3-foot frame, and said forcibly, "Then I hit Mr. Smith in the face and knocked him across the room and told him he better not do that again!"

Rescue fantasies are frequently reported by children who are exposed to traumatic or frightening situations. For example, in a study of children's memory of a sniper attack at their elementary school, Pynoos and Nader (1989) reported that a small number of children initially described as true events their imagined or intended interventions to aid their injured schoolmates (i.e., what they wish they had done). Such "inner plans of action" seem to serve the purpose of reducing empathetic arousal and the sense of helplessness common to such experiences (Lifton, 1979; Pynoos & Nader, 1989).

In another case, a 4-year-old girl described peeking into her mother's bedroom and seeing her mother tied up and the mother's boyfriend "hurting her." The child described being quite scared and confused by this scene and immediately retreated. In a later therapy session, the little girl embellished her account to include sneaking into the bedroom undetected by the boyfriend, taking his gun and shooting him in the

heart, and shooting the ropes off her mother. Later, the child summarized the burden she felt for her mother's safety: "I'm tired of always having to save Mommy."

Sometimes, rather than playing the role of superhero or rescuer, a child adds an outside person to expose and punish the perpetrator. In the course of being questioned about his uncle's threats to beat him and his sister if they told of the uncle's sexual abuse of him, a 6-year-old boy stated that once while his uncle was baby-sitting, his parents came home to find the uncle lying on the floor nude with his sister. They immediately sent him home, where the uncle's mother gave him a whipping. The interviewer's attempt to obtain clarity about this event was met with evasiveness on the child's part and the clear impression that at least this part of the story was untrue.

7. Expression of Affect Through Metaphor and Hyperbole

The use of metaphor and hyperbole to defend against intense affect is the mirror opposite of a child raising himself or herself to superhero status to ward off the potential abuser. Instead, a child may exaggerate or magnify some of the most disturbing aspects of the stressful event. It is as if such a child does not have the words to adequately convey the intensity of his or her feelings and so resorts to hyperbole and metaphorical images to capture the depth of his or her fear, anxiety, or pain. These extreme images may also serve the function of reifying the affect in an attempt to facilitate understanding and ultimate mastery.

A 7-year-old boy who had witnessed considerable domestic violence, including his father nearly fatally strangling his mother, provides an example. The boy described his world as populated by ghosts whom he claimed were visible, active agents in his life, intent on harming him and destroying God and assuming power over the world. In this way, he was able to personify his anxiety and express his view of reality as violent and fundamentally unsafe. (This child was otherwise a bright, high-functioning youngster with none of the other symptoms or pervasive loss of reality associated with child psychosis.)

***Some of the
miscommunications
in interviews with
children occur not
because of
developmental
limitations on their part,
but because of an
adult's error in
asking questions
or in tracking a
child's responses.***

One sees somewhat similar dynamics at times in children's "doll play" during play therapy, when they depict their parents (and others) as cruel or violent caricatures in an expression of accumulated affect or emotionally laden wishes (Gould, 1972). This play can be a source of distortion in a child's account when it is accepted and presented to the child as a literal rather than a metaphorical representation of the child's experiences.

Dalenberg's finding that fantasy elements in children's disclosures of abuse were associated with more severe abuse and with abuse that children described as terrifying or painful provides support for this explanatory mechanism (Dalenberg, 1996). Dalenberg (personal communication, January, 1996) speculated that some children in her sample seemed to be exaggerating or adding improbable elements to their accounts of such abuse in an effort to make sense of and gain mastery over their intense feelings.

8. Misreports by Child to Deflect Blame or Deny Victimization

Faced with the dilemma of wanting to disclose their abuse so that it can be stopped but fearful of the consequences of disclosure, children will sometimes misreport key elements of their abuse as a way of coping with this conflict. Such misreports typically serve the purpose of either deflecting blame from the true perpetrator or attributing victimization to someone other than the child. This can lead to implausible, if not bizarre, accounts of abuse, especially when such a child identifies an unreal, imaginary, or supernatural figure as a key player in the abuse story.

In one such case, a 7-year-old girl talked openly for weeks about her imaginary friend, Tracy, who had been "sexed by her daddy," before disclosing her own abuse by her father.

The following is an excerpt from a therapy session with a 5-year-old who had previously described having been molested by the devil:

- 100 Interviewer: Do you remember last year, before
you told me
101 your granddaddy pinched your hiney, do you
102 remember who you thought it was who pinched
you?
103 Child: The devil. I didn't want to say the name. I
just
104 called it that because I didn't like what he did
105 so much.
106 Interviewer: And I thought that was a very smart
thing to do,
107 because you let me know something happened to
you
108 and you also let me know you weren't ready to tell
109 who did it to you. So we did a lot of things
110 to make you feel safer. . . . I just have one more

- 111 question about that. Was there anything that
112 happened that made you say it was the devil?
113 Child: The devil is bad and what Granddaddy did
was bad.

Impact of Cognitive Immaturity

9. Misperception or Miscommunication Due to Developmental Limitations

Perhaps one of the most likely reasons for unusual and implausible material in accounts of abuse is that a child is attempting to describe events that are developmentally beyond his or her ability to understand or communicate. Sometimes it is simply a matter of misperception of the event. For example, the preschool-aged victims in the Country Walk day care case in Miami described a number of unusual and bizarre events, including being made to insert "pennies" into the bottom of Frank Fuster, the husband of the day care operator. Illiana Fuster eventually turned state's evidence and testified against her husband. Although attempting not to implicate herself, she provided at least partial corroboration for much of the children's testimony. This corroboration included her report that one of her husband's sexual practices was to have her powder his genitals with talc, diaper him with a bedsheet, and insert copper-colored suppositories in his anus (Hollingsworth, 1986). At other times, the difficulty stems from a child's inaccurate description of an event because of limited vocabulary and language skills (e.g., "Daddy spit on my leg with his pee-pee").

10. Distortion Due to Attempts to Assimilate Novel Events Into Existing Schemata

Memory is thought to be an active process of organizing new information into preexisting mental schemes or schemata. These schemata are constructed from past experience and include a set of expectations (usually unconscious) about what, how, and in what order objects and events fit together (Mandler, 1979). These preexisting schemata determine the extent to which new information is absorbed and integrated. Distortions can and do occur in actual memory as the mind attempts to assimilate a novel event into preexisting mental schemes (van der Kolk & van der Hart, 1991). This is especially likely to happen with one-time events that are completely outside the realm of one's experience.

This process of memory distortion for new events may explain some of the questionable reports of children. The following brief vignettes provide case examples: A 3-year-old described witnessing her father "hurting his pee-pee." The clinician involved concluded that the child most likely misunderstood the

father's behavior and groans while he was masturbating. A 9-year-old boy with an extensive history of physical abuse at the hands of his parents falsely reported that he was beaten by his group home staff when he was restrained in time-out. His mental scheme (and expectations) for discipline included only beatings.

Another example is only speculative. As a part of their abuse disclosure, young children often describe being poked in their anal area with "a stick" (or a "knife"). It is possible that the physical sensation of pressure by a pointed object (e.g., a finger) elicits a "poking" schemata, and the "poking" schemata invariably involve a "stick." In other words, it feels like a stick; therefore, it is a stick. The error is often confounded when the child draws on the same schemata in answering further questions such as, "How long was it?" and "Where did it come from?" (A better follow-up question might be, "How did you know it was a stick? Did you see it or did you figure it out?").

This category of memory distortion due to inappropriate assimilation differs conceptually from the prior category of misperception/miscommunication in terms of the level at which the error exists. In the example of the misperception of the Country Walk victims cited previously, the child in question could probably correctly identify the type of object she reportedly had inserted in Mr. Fuster's anus if shown a display of both pennies and copper-colored suppositories. In the case of the boy who experienced restraint and time-out for the first time, his memory distortion likely resided at a deeper level, and his view would probably be unchanged even after a review of what had occurred. In the case of children describing being poked with a stick, one might expect, if this speculation is correct, reluctance to change the report, even when faced with evidence (or the suggestion) of digital or penile involvement. Research is needed to determine whether these two categories of cognitive immaturity are in fact distinct.

II. INTERACTION OF THE ASSESSMENT PROCESS WITH CHILD CHARACTERISTICS

This cluster includes 10 explanatory mechanisms or sources that can be arranged on a continuum based on the relative contribution of the child versus the contribution of the assessment process in producing implausible material in the allegation of abuse. At one end of the continuum are system response errors to which the child contributes minimally in producing the distortion. System response errors include communication errors such as "successive misapproximations" in quoting or summarizing a child's statements

and interviewer errors in questioning and tracking the child.

Intermediate on the continuum is the interplay of vulnerabilities in the child and aspects of the interview process. These include leading and suggestive lines of questioning, distortions attributable to interview props such as drawings and dolls, and the tendency of some children to confabulate or fill in missing elements of memory or to misreport under conditions of fatigue.

The remaining end of the continuum is anchored by a subgroup of deliberate misrepresentations or deceptive behavior on the child's part. Unlike other categories of misstatements by the child, these deceptive behaviors are not based on the child's misperception or false belief but are conscious efforts to misrepresent the truth, either in part or in whole. Included is exaggeration either for attention or other secondary gain, "innocent" lying that snowballs, and fantasy lying.

System Response Errors

11. Distortion Due to Successive Misapproximations

Sometimes when a child's report is passed on verbally from one person to the next, substantial errors creep into the account. This process is akin to the children's game called "Gossip," in which one whispers a message in the ear of the first child in a line of children, who whispers it to the next, and so on, until the last child in line states the message out loud. The final version of the message typically not only bears little resemblance to the original but may become quite outlandish through successive retellings.

In one such case example, Charles, an 8-year-old boy, was interviewed about possible sexual abuse after returning from church summer camp. He had reportedly told the camp counselor that he was anxious about going home because of the way his mother disciplined him by placing a thermometer in his rectum and making him stand without moving. In the interview, Charles vigorously denied his mother had ever disciplined him in this way and also denied that he had said anything remotely resembling that to the camp counselor. The camp counselor's initial statement of concern had never been written down but had been passed on orally from individual to individual. Upon investigation, it was learned that the counselor had been standing outside a cabin and had overheard a group of boys telling raunchy stories about penises, rectums, and taking a cow's temperature with a rectal thermometer. The counselor then heard a boy who sounded like Charles say, "My mom did that to me when I was bad." The counselor never

did speak directly to Charles but had expressed his concern to the camp director, who in turn had called the church pastor. (It was later determined that Charles's last rectal temperature had been taken at age 4 and had not seemed distressing to him at the time.)

12. Miscommunication Due to Interviewer Error

Some of the miscommunications in interviews with children occur not because of developmental limitations on their part, but because of an adult's error in asking questions or in tracking a child's responses. This can result in a misunderstanding of the nature of the possible abuse or in an undermining of the perceived credibility of the child. In one such case, a 4-year-old had given a credible account of abuse that was considered to have merit. In a later interview, she was asked whether anyone had taken pictures of her "without your clothes on." She answered affirmatively and described a scene that included a number of adults and children "without their clothes on," masks, candles, and references to witches and the devil. Her description raised the specter of possible Satanic ritual abuse—until it became evident that "without clothes on" to her did not mean "naked" but rather "in costume." The event she was describing was actually the Halloween carnival she had attended a few weeks before.

Another example of a potentially serious miscommunication caused by interviewer error occurred in the following interview excerpt. This interchange occurred 30 minutes into the interview, after the 5-year-old girl had already given a detailed disclosure about fondling by a teenaged baby-sitter:

- 200: Interviewer: Did it hurt, Mary?
 201: Child: I don't know. I wasn't there.
 202: Interviewer: You weren't there?
 203: Child: (shakes head)
 204: Interviewer: Where were you? What do you mean?
 205: Child: I wasn't there. I don't know what he done.
 206: Interviewer: You don't know what he done?
 207: Child: (shakes head)
 208: Interviewer: Well, okay. Uhm, you want to explain, tell me what you mean? I don't understand.
 209: Child: I was in the living room.
 210: Interviewer: You were in the living room?
 211: Child: (nods) Sitting down, watching TV.
 212: Interviewer: Um-hmm. Was this the same day or a different day?
 213: Child: The same day.
 214: Interviewer: The same day? (exasperated)

One can relate to the interviewer's exasperation. The child's apparent reversal was dramatic, unexpected, and unaccompanied by anxiety, avoidance, or affec-

tive change that might give a clue to its source. One might suspect a dissociative process, but the explanation is more mundane. In line 200, the interviewer mistakenly called the child by the name of her sister, who had also been abused by the same perpetrator. The child's inexplicable "reversal" can thus be seen as her attempt to be accurate and responsive to the interviewer's questions. Her credibility is actually enhanced by the interchange.

Influence of Interview Process

13. Impact of Leading or Suggestive Questioning Techniques

Research has demonstrated that a fictional event can be planted into a young child's memory so that the child believes the event is true—especially if an adult deliberately sets out to do this (Ceci & Bruck, 1993). It should be noted, however, that many children and perhaps the majority of even 3- and 4-year-olds resist such suggestions when highly salient, personally experienced negative events are involved. In one study, for example, despite deliberate, rather extreme attempts to mislead them about an event's occurrence, 70% of 3- to 4-year-olds and 75% of 5- to 6-year-olds resisted the suggestion that the negative event (i.e., their falling off a tricycle and requiring stitches) was true (Ceci, Loftus, Leichtman, & Bruck, 1994).

Perhaps the more important question clinically is not whether young children can be deliberately deceived by adults, but rather whether, and in what way, the process of planting or distorting memories can occur inadvertently during the interview process.

Although many examples of blatantly misleading or suggestive lines of questioning can be found (e.g., "Mr. Smith made you touch his penis, didn't he?"), the focus of this discussion is on two more subtle interview techniques that have the potential to distort a child's report. The first of these is the use of projective questioning to encourage conjecture or speculation on the child's part. Examples include (a) "if someone wanted to hurt a little boy's private parts, how would they do it?" (b) "how could somebody use a spoon to hurt a little girl's bottom?" and (c) "if a little girl's bottom had been hurt, how do you think she would feel about talking about it? Do you think she would be afraid to tell?"

Although such questions may sometimes be useful in allowing children to talk about their abusive experiences while distancing themselves from it, this type of questioning runs the risk of encouraging a child to create a fantasy with little or no basis in reality. In the case cited earlier of the young child who reported that his stepfather had stung his mother with a wasp, the

interviewer asked a series of speculative questions: "Where would you get a wasp? What do they look like? How would you sting someone with one?" In response, the child told a tale of going to a "wasp" store to buy a family of wasps with blue eyes. (A better, more direct line of questioning might have been, "How do you know that it was a wasp? Do you know where it came from? What did your stepfather do with it?")

The second problematic interview technique that may lead to distortions in a child's report involves the interviewer offering "helpful" suggestions in an attempt to aid the child's recall. The process has been documented by Dent (1982), who asked experienced police officers to question 8- to 12-year-old child witnesses about a staged event. Consider the following example, in which an officer questioned a child concerning the appearance of a woman "suspect":

- Officer: Wearing a poncho and a cap?
 Child: I think it was a cap.
 Officer: What sort of a cap was it? Was it like a beret, or was it a peaked cap, or . . . ?
 Child: No, it had sort of, it was flared with a little piece coming out (demonstrates with hands). It was flared with a sort of button thing in the middle.
 Officer: What—sort of like that—was it a peak like that, that sort of thing?
 Child: Ye-es.
 Officer: Like a sort of orange segment thing, like that, do you mean?
 Child: Yes!
 Officer: Is that right?
 Child: Yes.
 Officer: That's the sort of cap I'm thinking you're meaning, with a little peak out there.
 Child: Yes, that's top view, yes.
 Officer: That sort of thing, is it?
 Child: Yes.
 Officer: Smashing. Um—what color?
 Child: Oh! Oh—I think this was um black or brown. . . .
 Officer: Think it was dark, shall we say?
 Child: Yes, it was a dark color, I think, and I didn't see her hair.

The woman suspect was actually not wearing anything on her head, nor was she wearing a poncho. This example illustrates the potential of even experienced interviewers to inadvertently shape a child's account through the use of leading questions paired with "helpful" suggestions.

14. Distortion Induced by Interview Props

A range of media may be used as aids or props in interviewing children about their possible abusive experience. As an example, children are frequently encouraged to draw the abusive event or individuals involved as a way of stimulating recall or corroborating their account using a different medium. In some cases, however, the drawings themselves may become

a source of significant distortion of a child's account of abuse. There are at least two processes by which such distortions can occur. First, a child may incorporate slips-of-the-hand or "random" color choices into the account as though they were deliberate and accurate representations of reality. For example, in drawing the alleged perpetrator, a 4-year-old chose a purple marker to color his shirt. Then, seemingly out of convenience, the child also used the purple marker to draw the perpetrator's hair. Later, when asked to describe the alleged perpetrator, the child indicated with some insistence that the man had purple hair.

Second, the perceptual pull of some visual aspect of the drawing may induce a child to expand the drawing and consequently the account in a fanciful direction. As an example, a 5-year-old girl drew herself as a stick figure. The long legs and intersecting arms in her sketch suggested a ladder to her, and she completed the drawing by adding several ladder rungs between the legs. She then incorporated falling off a ladder into her account. It is important to note that this child's reports of even mundane daily events were highly inaccurate and characterized by frequent loose associations.

Other interview aids such as anatomical dolls and puppets may sometimes also become a source of distortion in the abuse accounts of young children, especially when needed limits are not placed on fantasy play. This is especially true when the dolls are used as a demonstration aid or diagnostic screen during the interview process (Everson & Boat, 1994). In one such example, after giving a credible verbal account of sexual abuse by her uncle, complete with a corroborating demonstration with anatomical dolls, a 6-year-old was asked about current fears. In response, she enacted a scene with the dolls in which the perpetrator returned to reabuse her. At this point, she retreated into mastery play in which the doll representing herself beat up and killed the perpetrator doll. Unfortunately, the forensic interviewer did not set a limit on this use of the dolls for fantasy play (see American Professional Society on the Abuse of Children, 1995). As a result, when the child was asked later in the interview about possible abuse by another perpetrator, she continued in apparent fantasy play with the dolls, acting out a convoluted, unconvincing scene involving a number of characters.

15. Confabulation

Confabulation is the process of filling in gaps in memory with information that is usually not true (Benedek & Schetky, 1987; Campbell, 1989). The confabulated material may emerge from fantasy or

may be borrowed from other events and misapplied to the event in question.

The child may also scan the interview room, interview props (e.g., anatomical dolls), or the interviewer for clues about how to answer. In one case, for example, a 3-year-old who was being questioned about possible abuse described her assailant as a police officer with black hair and Oriental features, closely matching the description of the police officer who was interviewing her. Confabulation is more likely to occur under interview conditions involving significant expectations imposed on a child to produce answers, approval or rewards given to a child for remembering, and repeated questioning of a child.

A process akin to confabulation may also occur when young children are asked confusing or even bizarre questions. Because they believe adults tend to ask only legitimate questions deserving of answers, young children often supply an answer to such questions, sometimes relying on elements from prior questions to form their response (Hughes & Grieve, 1980).

16. Distortion Due to Interview Fatigue

Interview fatigue is a phenomenon that is not often discussed but may be a somewhat common mechanism underlying distortions in the accounts of some children. It is easy to underestimate the cognitive and emotional demands of the interview process, particularly on young children: staying on task, interacting with an unfamiliar adult authority figure, being separated from support figures, attempting to track and respond accurately to a multitude of questions, and focusing on possibly unpleasant, anxiety-provoking, or traumatic topics.

Such demands require significant concentration, mental energy, and ego strength, all of which may become depleted during the course of an interview. With mental fatigue may come mental confusion, memory lapses, confabulation, loosening of associations, greater susceptibility to suggestive influences, and attempts to satisfy the interviewer to bring relief from the process. Many interviewers view such apparent unraveling of a child's account as an indication that they have pushed the child too far in one sitting and that the child's statements under such conditions of fatigue are less likely to be accurate or reliable.

However, according to an alternative point of view, with mental fatigue may also come a weakening of defense mechanisms such as avoidance and denial that inhibit a child from disclosing the most disturbing or traumatic aspects of his or her experience. Thus a child's reports under conditions of fatigue may be seen as potentially the most critical and complete account of the child's experience. It is sobering to

consider that the same child's statements may therefore be viewed as fact or fantasy, treasure or trash, depending on one's clinical perspective.

Although this suggested explanation for some of the unusual and improbable statements of children is speculative and potentially controversial, many experienced interviewers affirm its existence as a factor to be considered. For example, one child abuse evaluation program developed an apt guideline for avoiding this problem among the young children they interview: "Get in and get out" (Jan Bays, personal communication, January, 1997).

Deceptive Processes

17. Exaggeration for Attention or Approval

Children may sometimes embellish or exaggerate their experiences in an effort to gain attention or approval or to sustain an adult's interest. This is more likely to occur when the adult reinforces the child for additional details with praise or individual attention. The notion of *compassion fatigue* may play a role in a child's need to exaggerate (Figley, 1995). A child's initial disclosure of abuse is often greeted with enormous empathy by the interviewer, often accompanied by praise for the child's courage. As time passes for the interviewer (or therapist), however, the initial disclosure becomes "old news," no longer an adequate stimulus for the adult's expression of great sympathy. Still in need of such sympathy, the child may generate more exaggerated accounts to regain the lost attention. This may be especially likely to occur among psychologically damaged and neglected children for whom adult attention and support are a desperate commodity.

One such case involved a 6-year-old boy who, along with his 2½-year-old sister, was sexually abused by a teenaged baby-sitter. The baby-sitter admitted that she had molested the children, pled guilty to the charges, but refused to describe what she had done. The boy initially provided a consistent account of the baby-sitter fondling their genitals and fingering their anal areas. Over the course of several months, his description of what had occurred became more elaborate, then bizarre, implausible, and finally impossible. Specifically, his account grew to include the baby-sitter spanking their genitals, tying his sister to the bed, forcing the children to taste feces and urine, hammering nails in his sister's vagina and anus, inserting a garden hose in his sister's anus while she stood in the front yard, and forcing the children into a woodstove that was lighted. He also stated, and later retracted, that a neighborhood boy and his father were involved in the abuse. An important explanation for the exaggeration in his account seemed to be the individual

attention and support he received from his mother as they discussed "his memories" of the abuse each night at bedtime.

18. Snowballing of an Innocent Lie

It is not uncommon for young children (especially around ages 4 to 5) to make false statements because that seems to be the best way to handle a situation (Bernet, 1993). Usually, they are attempting to manipulate circumstances but without an understanding of the importance or implications of their deception. After a child tells an initial "innocent lie," it sometimes snowballs as the child adds layer upon layer of falsehood to prevent discovery or in response to the unanticipated reaction of adults around them. When this occurs in the context of an allegation of abuse, the results can be potentially quite serious.

For example, a day care center was investigated because of an allegation that at least one of the children had been anally abused there by a "Dr. David" who rode a motorcycle. During the investigation, it was discovered that the initial suspicion of sexual abuse arose in this way: Tommy, a 4-year-old, was bumped on his buttock with a broom by his classmate, David, during clean-up time in day care. Their teacher admonished David to be careful, lest he bruise Tommy's bottom. That night during bath time, Tommy warned his mother, "Don't hurt my bruise." He then explained that David had poked his bottom with a broom. Tommy's mother was somewhat alarmed by this disclosure and asked, "Which David? Do you mean David in your class?" Being aware of the agitation in his mother's voice and fearful that either he or his friend David was in trouble, Tommy answered, "No, a different David did it." After repeated questioning by Tommy's parents, the initial lie snowballed to include more details, such as that the perpetrator had been wearing a white coat (therefore a physician) and had ridden a motorcycle (little David had brought a toy motorcycle to day care that day).

19. Deliberate Exaggeration or Lying

Another potential source of distortion in children's accounts of abuse is deliberate exaggeration or intentional lying. In an effort to have allegations taken more seriously or to seek revenge, children may sometimes exaggerate the nature or the severity of the mistreatment they experienced. Sometimes the exaggeration may undermine the credibility of the child's entire account.

In one such case, a 12-year-old accused his stepfather of anally raping him. Both were administered polygraph tests. The stepfather passed, the boy failed, and the case was dropped. Later, the boy admitted that

his stepfather had rubbed his penis against the boy's buttocks but had not penetrated him. He explained that he had claimed anal penetration in an attempt to get his stepfather into more trouble.

In the baby-sitter case cited earlier in which the 6-year-old's account of abuse evolved to include a number of improbable elements (e.g., his sister being raped in the front yard with a garden hose, being put into a lighted woodstove), the boy later admitted that some of his accusations against the baby-sitter were untrue and grew out of his intense anger toward her and his wish to have her punished more severely.

In other cases, an older child or teenager may intentionally fabricate a story of kidnapping or rape to cover up his or her own transgressions (e.g., peer sexual activity) or for other secondary gain.

20. Fantasy Lying

Regardless of the term used (e.g., fantasy lying, pathological lying, deliberate fantasy, pseudologia phantastica), some children are simply given to telling elaborate tall tales that seem to have little or no basis in reality. Campbell (1989) has defined this phenomenon as "telling stories without discernible or adequate motivation and with such zeal that the subject may become convinced of their truth" (p. 569). The underlying mechanism is unclear and may be multifaceted, including a narcissistic need for attention, a sense of self-importance, or validation in the eyes of others.

Bernet (1993) has speculated that fantasy lying may account for some unusual or improbable reports of abuse and has offered several case examples. It should be noted that this phenomenon seems to be relatively uncommon among normal children. Identifying it as a factor in an abuse allegation is aided by the fact that children who indulge in fantasy lying tend to do so on a range of topics, not just abuse allegations, and typically, various aspects of their stories are readily identifiable as false.

Goodman (1996) has observed that such children are occasionally unwittingly chosen as research subjects in empirical studies of children's memory. Besides wreaking havoc with the statistical analysis, these children may partially account for the unusual reactions to interview props such as anatomical dolls sometimes reported in research studies (e.g., Bruck, Ceci, Francoeur, & Renick, 1995).

III. INTERACTION OF EXTRINSIC INFLUENCES WITH CHILD CHARACTERISTICS

This grouping of proposed explanatory mechanisms involves the interplay between child characteristics and influences extrinsic to the "abusive" event

or the assessment process. Certain characteristics of a child (e.g., problems in reality testing, susceptibility to suggestion) may leave the child vulnerable to the possible distorting impact of these influences. In many cases, a source misattribution error lies at the root of such distortions. *Source misattribution* has been defined as the confusion that may arise when one attempts to separate two or more sources of one's memories; for example, a perception of an event actually experienced versus a dream about the event (Ceci, Crotteau-Huffman, Smith, & Loftus, 1994; Ceci et al., 1994). Source misattribution can result from mistaking information from either external sources (e.g., the media, the statements of others) or internal sources (e.g., dreams, psychotic delusions) as part of one's experiential memory.

External Source Confusion

21. Cultural Influences

Cultural influences must be considered as a possible source of unusual or bizarre elements in children's accounts of their experiences. Cultural influences, broadly defined, include a range of activities such as the media (e.g., television, movies, books), educational curricula, and cultural events such as Halloween celebrations. Although one may suspect cultural exposure as the source of a child's statements, it is important to explain the mechanism by which materials from the media or elsewhere entered the child's account of the alleged abusive event.

Two examples of cultural influences are offered. A 6-year-old who had provided an otherwise credible account reported that before sexually abusing him, the perpetrator had injected drugs into his own penis. This unusual description of the perpetrator's actions was traced to a drug abuse prevention curriculum to which the boy had been exposed, where he had learned that drugs make people "act crazy." The child's description of drug injection seemed to be based on his speculation that the use of drugs must be the explanation for the perpetrator's confusing and "crazy" behavior with his penis.

In the second example, a 4-year-old awoke quite disturbed from his sleep one night. He described a nightmare about men and women dressed in white robes, holding candles and singing. One of the men, wearing a scary mask with horns, was going to kill a baby with a knife. The child's parents were very concerned about their child's dream about an apparent Satanic ritual involving human sacrifice. They were certain that their son's preschool was the only possible source of his exposure to such a ritual. Under repeated questioning—"Did you see it at school?"—the child assented. His assent then became a declarative

statement, "He said he saw it at school." The investigation of possible abuse at the preschool uncovered the fact that, unknown to his parents, the child had seen the video movie *Ghoulies*, not at preschool but at a neighbor's home. The opening scene of the movie includes a Satanic ritual very much like the one about which he had dreamed.

22. Cross-Tainting

Even in the best of circumstances, information about abuse allegations often flows between alleged victims. Siblings and classmates talk. Parents sometimes question their children about rumors that circulate. Therapists may lead discussions with their young clients, using information garnered from the reports of other children. Such an exchange of information, especially when accompanied by improper questioning techniques, can result in cross-tainted accounts with escalating descriptions of abuse and fantastic elements (see Yuille, Tymofievich, & Marxsen, 1995). (The term *cross-tainting* is proposed as a label for this process rather than the more common label *cross-contamination* because *tainting* does not carry the additional meaning conveyed by the term *contamination* of being pervasively and irrevocably spoiled.)

In the case cited earlier of the two children sexually molested by a teenaged baby-sitter, the 6-year-old's account grew to include a number of untruthful elements, including the assertion that a neighborhood friend, Jason, was also abused and, later in the disclosure process, that Jason's father was present for at least one of the abusive episodes. Within days of her brother making these reports (but before he had recanted them), his then 3-year-old sister had expanded her account to include the presence of "Jason" (a different Jason—an infant she had just met), and a "dad" (not Jason's, but her own). It seems that the younger child had overheard her brother relating his new revelations to their mother and had incorporated distortions of her brother's distortions into her account of abuse.

Internal Source Confusion

23. Dream Incorporation

After a particularly vivid dream, adults sometimes have to conduct a reality check: Was that a dream or was it real? This potential confusion of dream with reality may be even more common among children. The problem is compounded by the fact that an experience of maltreatment (either real or perceived) may spawn nightmares in children that are a tangle of truth and fantasy. The authentic parts of the memory may lend a significant feeling of authenticity to the

entire dream, which might then be incorporated in entirety into the child's account of the experience.

Strauss (1996) found evidence of a time-limited reality distortion among battered women after severe physical trauma. Noting that many of the severely traumatized children in her abuse sample spontaneously reported nightmares, Dalenberg (1996) has speculated that nightmares occurring in such a time-limited period of weakened reality testing may account for some fantastic elements in later disclosures of abuse.

In a related case example, a 3-year-old reported to her mother that her day care provider had threatened to call the police "to get her" if she did not behave in day care. A few nights later, the child awoke from a nightmare in which she reported that the day care provider and the police were trying to kill her. Her mother interpreted her experience as a dream and reassured her of her safety, and the

dream was never mentioned again. What was significant was the fact that this child, along with several other children in the center, soon afterward disclosed sexual abuse in the day care facility. However, the police were never named as participants in any of her accounts. One can speculate that, had her mother not provided such a timely intervention, the child's dream about the police might have been incorporated into her descriptions of abuse at the center.

24. Delusions Due to Psychotic Processes

Delusions due to psychotic processes are unlikely to be a common explanation for fantasylike elements in children's accounts of abuse. However, in a comprehensive appraisal, they must be considered as part of the differential diagnosis. Delusions involving a false, immutable conviction of having been sexually or physically abused have been thought to be rare among children (Nurcombe, 1986), although relatively little is actually known about the delusional systems involved in early onset psychosis in children. Such delusions are more feasible among adolescents as a part of a schizophreniform, paranoid, or manic psychosis, and, in fact, delusions of family mistreatment are not infrequent among psychotic adolescents and young adults. Typically, delusions of sexual abuse among such adolescents would be associated with characteristic signs of psychotic thought disorder, derangement of mood, or social eccentricity.

Another consideration in the genesis of improbable or fantastic material in children's reports is the fact that loose ego boundaries and poor reality monitoring are common characteristics of psychosis. Under such conditions, children and adolescents suffering from psychotic disorders may be particularly susceptible to the influence of social suggestion, misperception, and other sources of memory distortion. Forensic evaluators must therefore consider the possibility that apparent delusional reports in such clients may be based at least in part on true experiences of

maltreatment. Because of obvious credibility issues, a psychotic child might also be viewed as a relatively safe target by a potential child molester.

CONCLUSIONS

What is evident from this discussion of possible explanatory mechanisms for improbable and fantastic elements in children's accounts of abuse is that the presence of such material in a child's report should

not lead to an automatic dismissal of the child's entire account. As we have seen, there are many reasonable explanations why such material may emerge in an otherwise credible and truthful account of abuse. Further, Dalenberg (1996) has documented the presence of fantastic statements in the disclosures of up to 15% of young children experiencing known sexual abuse.

Nonetheless, a forensic interviewer confronted with bizarre and implausible statements in a child's report of abuse is faced with a dilemma. Should such statements be ignored, lest they be inadvertently reinforced by undue attention? Should they be gently challenged—even though one might risk punishing the child and discouraging further disclosures? If the account does contain a mixture of truth, distortion, and fantasy, how does one identify the core of truth in the child's report?

Answers to these questions are complex. Dalenberg (1996) has shown, for example, that the interviewers in her sample frequently either challenged or expressed skepticism toward children about the improbable elements in their disclosures, causing many children to become more emphatic in their claims. On the other hand, ignoring the fantastic statement could lead to legal objections that the interviewer failed to follow up on possible exculpatory evidence or on evidence that should appropriately cast doubt on the credibility of a child's entire report. In light of

If the account does contain a mixture of truth, distortion, and fantasy, how does one identify the core of truth in the child's report?

the current state of our knowledge, perhaps it is premature, as Dalenberg (1996) has asserted, to make definitive recommendations about the reasonable reaction of an interviewer to a child's fantastic statements during an evaluation. It is clear, however, that the presence of fantastic elements should be examined within the context of the broader evaluation, leading to consideration of a range of possible explanatory mechanisms.

Another equally disquieting question is raised by this discussion. If these explanatory mechanisms are used to "explain away" improbable statements in children's accounts, might they also be used to explain away credible descriptions of abuse? In other words, even though an account of abuse is plausible, might the child's report still be untrue either in whole or in part because of the operation of one or more of these mechanisms?

In order to respond effectively to such challenges, we may have to become more sophisticated in our conceptualization of cases and broader in our perspective. Developing such conceptual sophistication will entail expanding the range of hypotheses we consider to explain the available evidence, whether or not the child's account is neat and tidy. Greater sophistication will also involve increasing our expertise in understanding and assessing child psychological characteristics (e.g., susceptibility to suggestion, proneness to source monitoring errors, memory retrieval skills, trauma symptomology) that may be influencing the reporting process. It will also likely entail developing a methodology for tracking and analyzing the evolution of a child's account over time.

Broadening our perspective will require that substantiation decisions be based on a comprehensive integration of all available data rather than resting predominantly on the shoulders of the young child and the credibility of his/her report (or, equally simply, on the alleged perpetrator's performance on the polygraph). It may also entail seeking additional assistance from our law enforcement colleagues in testing or attempting to corroborate aspects of the child's report.

This discussion of possible mechanisms underlying improbable descriptions of abuse can serve as an aid in an objective analysis of children's allegations of abuse as well as a catalyst for additional forensically relevant research in this area. In our efforts to make explicable some of the inexplicable elements in children's accounts of abuse, it is essential to remember that the most severely victimized children may be the least able to describe their abuse in a precise, straightforward way. (This observation brings to mind the adage "Damaged kids often give damaged reports.")

As a result, what is needed is a balanced approach that includes multiple dimensions of assessment and investigation rather than over-reliance and dependence on the child's interview statements alone.

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