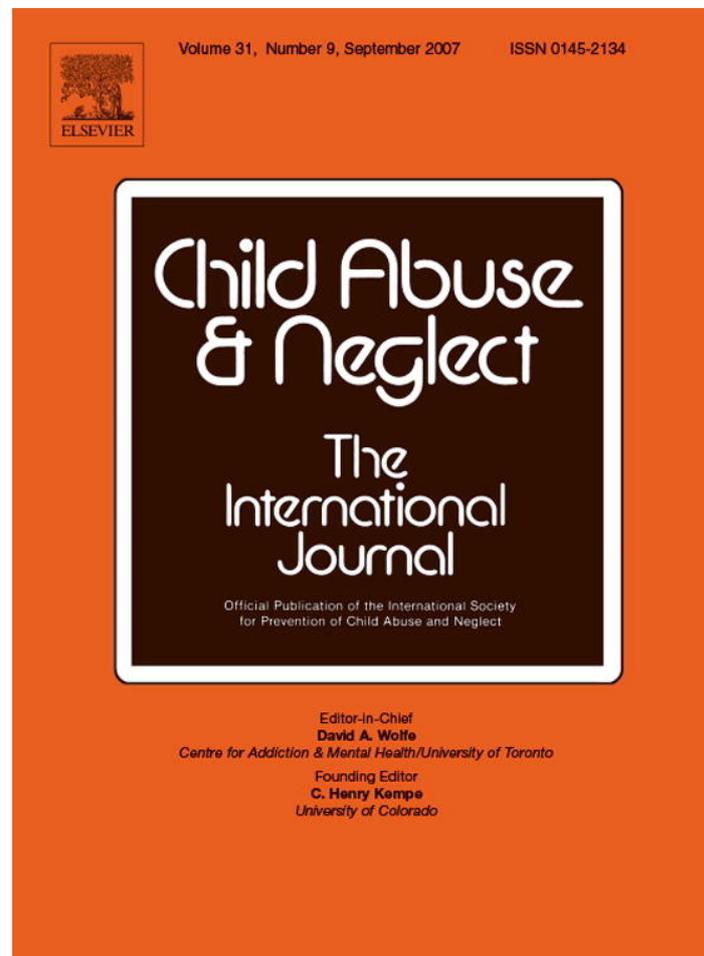


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Brief Communication

Coaching children about sexual abuse: A pilot study of professionals' perceptions

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Introduction

High stakes are involved in believing or disbelieving children's assertions that they have been abused by adults. Consequently, children's statements about possible maltreatment have become an immensely contested issue (e.g., Ceci & Bruck, 1995; Mansell, 1990; Mildred, 2003; Ney, 1995; Oates et al., 2000; Olafson, 2002; Rabinowitz, 1990). Although other types of cases are contested, sexual abuse cases are particularly controversial because evidence is often limited to the child's account. A hypothesis that might explain away a child's account of abuse is that the child has been coached. This explanation has been strongly endorsed by those accused (e.g., Butler, Fukurai, Dimitrius, & Krooth, 2001; Freyd, 1993; Goldstein, 1992; Wakefield & Underwager, 1988) and taken at face value by many professionals (e.g., Ceci & Bruck, 1995; Ney, 1995; Poole & Lamb, 1998; White & Quinn, 1988). Despite declarations that coaching must be routinely considered when child abuse is alleged, there is scant research to support coaching as a viable explanation for children's accounts of abuse. Although relevant studies do not always address directly the coaching of children, they support a conclusion that coached statements and other types of false abuse allegations by children are uncommon.

For example, Jones and McGraw (1987) undertook a review of 579 sexual abuse reports made to child protective services in Denver County in 1983, using a team of child abuse experts. The researchers concluded that eight cases were "fictitious" allegations made by five children (three by the same child).

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Of interest is that the researchers concluded four of these five children were experiencing post-traumatic stress disorder. All four had a prior sexual abuse history, and the researchers thought these children experienced flashbacks and reality distortions that made them believe they were current victims of sexual abuse. Jones and McGraw did not report adults coaching children to make false allegations, but did determine that custody dispute cases were overrepresented among fictitious allegations by adults.

A decade later, Oates et al. (2000) conducted a replication of the Jones and McGraw study, with minor methodological differences. They reviewed all sexual abuse cases reported to Denver County child protective services ($N=551$) in 1995 and found only 2.5% involved “erroneous accounts by children.” They further examined these erroneous accounts and found three cases (.5%) which involved adult-child collaborative false cases, which might entail coaching.

Relevant to the coaching issue is a recent analysis of the Canadian Incidence Study 98 Data (data collected periodically in Canada and used to project the rates, types, and risk factors for child maltreatment (Trocmé & Bala, 2005)). Trocmé and Bala explored the issue of intentional false allegations of all kinds of maltreatment (as opposed to unsubstantiated cases, which were 31% of the dispositions), who made the false reports, and on what types of cases. This study is a survey of 7,672 child protection workers and, therefore, represents their opinions regarding intentionality. Overall, the researchers found an intentional false allegation rate of 4%. The most frequent type of maltreatment to involve a false allegation was neglect, although slightly higher proportions of sexual abuse cases (6%) were deemed false than other types of child maltreatment (neglect = 4%, physical abuse = 4%, and emotional abuse = 2%). Non-custodial parents’ (usually fathers) allegations of all types of maltreatment were more likely to be intentionally false (15%) than custodial parents’ (2%) (usually mothers). Only 2% of false reports were made by children; none of children’s false reports involved sexual abuse. On the other hand, the child protection workers involved in Trocmé and Bala’s study report the frequency of false allegations in custody disputes as 12%, three times the overall rate of false allegations. They did not differentiate coaching from other types of false allegations.

There is other support for fathers being at greater risk of making false allegations than mothers. An earlier Canadian study of allegations of maltreatment in custody cases (1990–1998) examined 196 written Canadian Family Court opinions. The judges found 45 (23%) to be false reports; fathers were 16 times more likely to make false reports than mothers (Bala & Schuman, 2000). Mothers, however, were more likely than fathers to make reports of maltreatment to the Family Court; 9% of reports (true and false) emanated from children.

In addition, coaching children has been studied in analogue research (studies that stage events or take advantage of naturally occurring events with characteristics thought to be found in abuse cases). These studies involve 3- to 6-year-old children. Some analogue research has demonstrated that some children can be programmed (or coached) to affirm experiences they have not had, such as getting a finger caught in a mousetrap or observing a man ripping a book (Ceci & Leichtman, 1995; Ceci, Huffman, Smith, & Loftus, 1994; Ceci, Loftus, Leichtman, & Bruck, 1994). These studies involve pre-school children who are programmed for over 8–11 sessions, for example, by being told to “make a picture in your head” about the false event (Ceci, Huffman et al., 1994). The researchers find a notable minority of children falsely endorse an event they have not experienced. Children are the least likely to affirm falsely a negative participatory event (falling off a tricycle and needing stitches) and most likely to affirm a neutral, non-participatory event (seeing someone standing at a bus stop) (Ceci, Huffman et al., 1994). None of the studies involve abuse-like events, such as touching of private parts.

In contrast to these findings are other analogue studies which examine children's reports about medical procedures. These studies generally conclude that children's failure to report actual touching of their bodies during the medical exam occurs at much higher frequencies than false reports of touching (Goodman, Quas, Batterman-Faunce, Riddelsberger, & Kuhn, 1994, 1997; Saywitz, Goodman, Nicholas, & Moan, 1991; Steward et al., 1996). These studies employ leading and suggestive questions, but do not engage in programming or coaching children. Although the samples vary in composition, these studies are not limited to pre-school children.

There are two studies of medical procedures involving pre-schoolers (3- and 4-year-olds) with results that differ from the general findings that false negatives (children denying events they actually experienced) occur at higher rates than false positives (children affirming events they have not experienced) (Bruck, Ceci, & Francoeur, 2000; Bruck, Ceci, Francoeur, & Renick, 1995). These studies found high rates of false negatives and false positives. These disparate findings, when compared to those from other medical examination studies, may be explained by the lack of salience of the event the researchers studied, a light touch on the genitals and buttocks during a medical exam, as well as the young age of the children.

Research on high certainty cases of actual abuse finds false negatives occur at statistically significant and much higher rates than false positives (Bidrose & Goodman, 2000; Faller, 1988; Lawson & Chaffin, 1992; Lyon, 2007; Sjoberg & Lindblad, 2002; Sorenson & Snow, 1991). These studies are described as high certainty because children's accounts or lack thereof are compared to independent indicators that abuse has occurred, such as confession (Faller, 1988; Sorenson & Snow, 1991), compelling medical evidence (Lawson & Chaffin, 1992; Lyon, 2007; Sorenson & Snow, 1991), or audiovisual evidence of sexual abuse (Bidrose & Goodman, 2000; Sjoberg & Lindblad, 2002).

Research on adults regarding their sexual abuse during childhood indicates that failure to disclose sexual abuse occurs at very high rates, again suggesting false negatives are a greater problem than false positives. These rates vary by methodology and study population. Non-disclosure rates during childhood for women with a sexual abuse history range from 33 to 92% (Bagley & Ramsey, 1986; Finkelhor, Hotaling, Lewis, & Smith, 1990; London, Bruck, Ceci, & Shuman, 2005; Lyon, 2002; Russell, 1986; Russell & Bolen, 2000). Non-disclosure rates for men range from 42 to 88% (Finkelhor, 1979; Finkelhor et al., 1990; Johnson & Shrier, 1985; London et al., 2005; Lyon, 2002).

The US Department of Health and Human Services collects data from all states regarding reports of child maltreatment made to Child Protective Services agencies. Eight states (16%) recently added intentional false allegations to their categories of disposition. In 2004, a total of 917 intentional false allegations were designated out of approximately 3 million reports involving 5.5 million children, or 0% according to the report (US Department of Health and Human Services, 2006). These statistics include all types of maltreatment and do not designate the source or dynamics of false reports.

Thus, on balance, research findings from studies of sexual abuse cases, from analogue research, from high certainty sexual abuse cases, from adult survivors of sexual abuse, and from national child protection data suggest that children falsely claiming abuse or being coached to state they have been abused, when they have not, should not be a primary preoccupation of child abuse professionals.

Despite the research that false allegations and indeed coached allegations of abuse occur at low rates, there are no studies of professionals' perceptions of coaching of children. The question this study addresses is the extent to which child abuse professionals' beliefs, attitudes, and practice reflect the research findings described above. The study is an attempt to understand professionals' knowledge and perceptions about the likelihood of coaching, their perceptions of the contexts of risk for false claims of child abuse, and their decision-making about whether a child has been coached.

The initial conceptualization of the study was as a pedagogical strategy. I wanted professionals attending a conference presentation entitled “The Coached Child” to focus on their beliefs about coaching and the basis of their beliefs, by conducting a brief introductory survey. The results were somewhat unexpected and interesting. I decided to collect more data. These data come from five additional conferences and workshops. In this report, the overall findings from the six administrations of the survey are presented.

Method

Participants

Participants were a convenience sample of 192 attendees at three national conferences and three workshops in 2005. The largest proportion of respondents came from the Coached Child session at the conference, Responding to Child Maltreatment (San Diego, California) ($N=78$; 40.6%), followed by the National Symposium on Child Maltreatment (Huntsville, Alabama) ($N=36$; 18.8%), and the American Professional Society on the Abuse of Children Colloquium (New Orleans, Louisiana) ($N=29$; 15.1%). Workshops yielded smaller numbers; Kentucky Forensic Interview Training (Lexington, Kentucky) ($N=19$; 9.9%), APSAC Forensic Interview Clinic (Tampa, Florida) ($N=24$; 12.5%), and Hawaii Child Interviewer Training (Honolulu, Hawaii) ($N=6$; 3.1%). The proportions of respondents from each site were reflective of event size.

Gender of participants is consistent with other statistics on gender in child welfare: Male—25%, female—70.8%, and missing—4.2%. The age of respondents spans 55 years, with the mean age being about 40 years. Men (42.8 years) were older than women (38.6) ($p=.03$). The respondents were quite experienced; the average number of years in the field was 10.5 years and ranging from 0 to 35. Women (11 years) had a greater number of years of experience than men (9.1 years), but this difference was not statistically significant.

Highest level of education was as follows: Masters degrees ($N=85$; 44.3%), Bachelor's level education ($N=66$; 34.4%), 19 (9.9%) Ph.D. or M.D., and 8 (4.2%) J.D. The remainder were other degrees ($N=6$; 3.1%) or missing ($N=8$; 4.2%). Men and women were about equally likely to have a Bachelor's degree and a J.D., but women were more likely to have a Masters degree and men a PhD or MD as their most advanced level of education ($p=.008$). Respondents ($N=186$) indicated their professional roles as follows: 36.4% frontline investigators (CPS, law enforcement, CAC/forensic interviewers), 27.4% mental health (therapist, social worker, psychologist), 17.2% management (case coordinator, administrative), 9.4% legal (lawyer, victim advocate, probation), and 2% education. The remaining respondents did not indicate a professional role.

Measures

The instrument was a short questionnaire related to coaching children about child abuse. To avoid demand characteristics, no definition of coaching was provided to respondents. Respondents were asked to respond to the statement, “I have worked on a case where I thought a child was coached” (Yes, no, unsure). They were then asked how many children who were coached they had seen, who coaches children, in what contexts children were at risk of being coached, what interventions were appropriate with coached children, and what criteria they used to determine that a child was coached. At the end of these questions,

there were questions about the respondents' demographics, professional role, and years working with children.

Most responses were multiple-choice; the question about criteria for decisions about coaching was open-ended. The choices for "who coaches?" were mother, father, CPS, police, teachers/babysitters, and relatives. The following choices of contexts that might be at risk of coaching were given: custody cases, daycare cases, multi-victim cases, neglect, physical abuse, and other. In terms of interventions in situations of coaching, there were six options and an "other" category: therapy for the child, confrontation of the child by the professional, confrontation of the child by the accused, unsupervised visits for the child with the accused, supervised visits for the child with the accused, and a change of child custody to the accused. Respondents could specify more than one intervention.

The question about criteria for determining coaching was as follows: "Taking the case involving a coached child that stands out most in your mind, how did you know the child was coached?" To develop a coding system for the criteria question, the responses were read by the author and a research assistant, and a series of response categories was developed. Twenty-five responses were coded by the author and the research assistant to determine inter-rater reliability, which was 87.9%. In addition, together the research assistant and the author reviewed difficult to code responses to decide how to code them. If the respondent's answer fits more than one criterion, the first one indicated was coded.

Procedure

This study was deemed exempt from human subjects review by the University of Michigan's Behavioral Health Institutional Review Board. Respondents were told, however, their participation was entirely voluntary.

Completing the questionnaire took 10–15 minutes and was administered at the beginning of the session and turned in. All responses were anonymous. We were unable to gather exact numbers of participants who attended all the sessions, but based upon the number of handouts distributed and/or the number who signed up for the session, the general response rate was more than 70%.

Initial comparisons among the six data collection sites were conducted; there were no statistically significant differences on whether individuals had worked on a case with a coached child, the number of such cases, who coached, and in what contexts. Some cell sizes on the intervention question were too small to compute χ^2 . With regard to demographic variables, the only significant difference by site was in the highest level of education. In addition, responses from conference presentations versus workshops were compared, and no significant differences were found, again except with regard to educational level. Data from all six sites, therefore, were combined, yielding a total of 192 respondents; descriptive statistics and some bi-variate analyses were computed for this report.

Results

Of the 192 respondents to the survey, 189 provided responses to the statement, "I have worked on a case where I thought a child was coached." Of these 79.7% responded yes, 7.3% no, and 11.5% were unsure (three respondents, 1.5%, left this question blank). The mean number of coached cases respondents had worked on was 12.3 ($SD = 52$). However, the bar chart in [Figure 1](#) provides a clearer picture of respondents' reports.

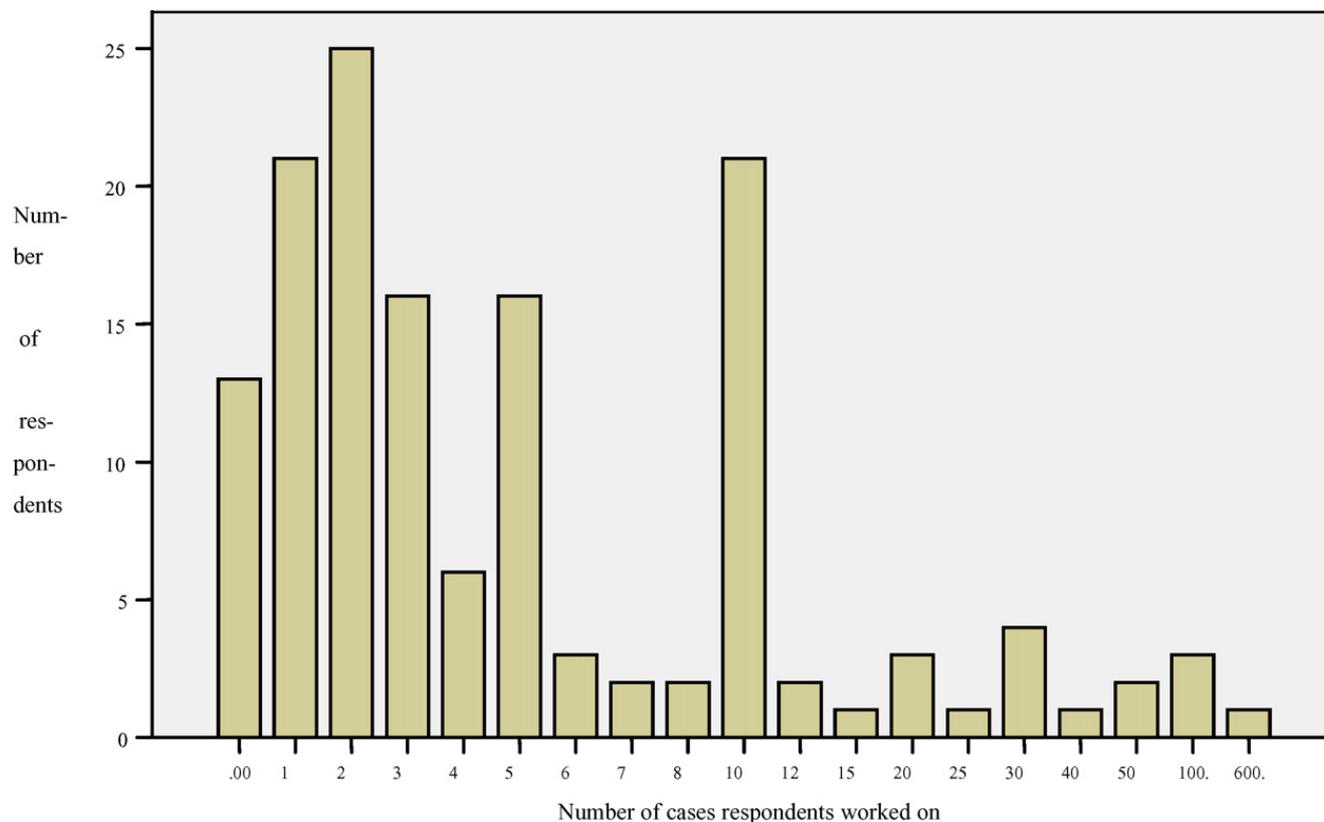


Figure 1. Number of cases respondents worked on with coached children.

The median number of coached cases worked on was three and the modal number two. Two-thirds of respondents had seen 5 or fewer cases of coaching; 27.3% of the 143 people providing responses to this question reported they had worked on 10 or more cases. One respondent reported seeing 600 cases, and the three respondents each reported seeing 100 coached cases. There was a positive correlation between number of years working with children and number of coached cases reported ($r = .23$, $p = .005$).

Respondents were asked to indicate the common culprits for coaching by rank ordering the types of adults at risk of coaching. Most respondents provided a first ($N = 176$; 92%) and a second ($N = 159$; 83%) ranking. Despite media concerns about coaching and programming by CPS and law enforcement, these professionals were rarely endorsed as coaches (seven in the first and second ranked categories). In Table 1 are the frequencies for mothers, fathers, and relatives for first and second rankings.

As demonstrated in Table 1, mothers were overwhelmingly selected as the most likely to coach children, and fathers are the overwhelming second choice. Relatives are a distant third for both first and second rankings.

Table 2 provides the distribution for the first and second ranked types of cases or contexts deemed at risk of coaching. As can be seen in Table 2, child custody cases were considered the most likely to involve coaching; 75% of respondents ranked such cases first. An unanticipated finding was that respondents also ranked coaching in physical abuse cases as important. Because a category, sexual abuse, would have been redundant with some of the others (custody, daycare cases, multi-victim), it was not designated as a separate category; 18 respondents, however, wrote in sexual abuse as either first or second ranked.

Table 1
Respondents' frequencies of first and second rankings on coaching

Persons who coach	First ranked (<i>N</i> = 192) (%)	Second ranked (<i>N</i> = 192) (%)
Mothers	78.6	8.9
Fathers	7.8	62.0
Relatives	4.2	7.8
Other	1.0	4.2
Missing	8.3	17.2
Total	100	100

Table 2
Types of cases at risk of coaching

Types of cases	First ranked (<i>N</i> = 192) (%)	Second ranked (<i>N</i> = 192) (%)
Custody	75.5	7.8
Daycare	1.6	5.2
Multi-victim	2.6	14.1
Neglect	1.6	9.4
Physical abuse	6.8	33.3
Sexual abuse	3.6	5.7
Missing	8.3	23.4
Total	100	100

What would respondents do if they thought a child had been coached?

Table 3 shows the most frequently endorsed interventions, if the respondent thought the child had been coached. Therapy was checked most often by 69.8% of respondents, followed by confrontation of the child by the professional, and then supervised visits with the accused. Infrequently endorsed strategies were changing custody, unsupervised visits with the accused, and allowing the accused to confront the child. Women professionals (78%) were more likely to endorse therapy than men (54%) ($p = .007$); women (26%) were less likely to support confronting the child than men (58%) ($p = .02$); and women (3%) were also less likely than men (15%) to endorse a change of custody ($p = .01$).

Finally, professionals were asked an open-ended question about what criteria they used to determine that the child was coached by thinking of a coached case that stood out in their experience. Of the 192 respondents, 157 (82%) provided responses (Table 4). Most responses related to the child's account.

Table 3
Interventions to be used in coaching cases (*N* = 192)

Intervention	Checked (%)	Unsure (%)
Therapy	69.8	1.0
Confrontation by professional	41.1	2.6
Confrontation by accused	7.8	1.0
Supervised visits	34.4	2.1
Unsupervised visits	2.6	2.1
Change of custody	5.7	1.6

Table 4
Criteria used to determine that the child had been coached

	Criteria	Frequency	Percent
Adult derived	Adult not persuasive/convincing	2	1.0
	Adult says he/she coached child	5	2.6
Child derived	Child not persuasive/convincing	49	25.5
	Child says coached	42	21.9
	Child's statement lacks detail	21	10.9
	Child inconsistent/recants	15	7.8
Other source	Other evidence inconsistent with allegation	10	5.2
	Other	13	6.8
Missing		35	18.2
Total		192	100

About a quarter of respondents thought coaching was signaled by the lack of persuasiveness of the child's account, followed in frequency by the child actually stating that he/she had been coached (21.9%). The next two reasons were failure by the child to provide detail and recantations or inconsistencies in the child's account. Less than 4% of respondents reported using parents' statements to make determinations about coached cases.

Discussion

The findings provide support for the view that most professionals who participated in this study believe that they have worked on child abuse cases in which the child was coached. Almost 80% of respondents indicated they had worked on such a case. For most, the number of coached cases was small, five or fewer, but more than a fourth of respondents who answered this question indicated they had worked on a score or more of cases involving a coached child, and four respondents reported 100 or more. Close to 80% of respondents perceived women as the adults who coach children, and 75% indicated that custody cases as their first choice of the type of case where coaching occurs. Most respondents (69.8%) recommended child therapy as the remedy for coaching. These professionals most commonly relied on characteristics of the child's account of abuse to decide that the child had been coached.

Arguably, the workshops and conferences attended by participants in this study attract professionals supportive of children. At conferences attended by professionals who question children's allegations, for example, attorneys who defend those accused (e.g., *National Association of Criminal Defense Lawyers*) or persons accused of sex crimes (e.g., *Schultz, 1989*), the proportions reporting large numbers of coached cases likely would be higher.

Reports from most respondents that they had seen fairly small numbers of coached cases are consistent with the research, which suggests that false allegations of sexual abuse by children, caused by coaching or other dynamics, are uncommon (e.g., *Jones & McGraw, 1987; Oates et al., 2000; Trocmé & Bala, 2005*). The perception of respondents that mothers are the parents who coach, however, is not supported by existing research (*Bala & Schuman, 2000; Thoennes & Tjaden, 1990; Trocmé & Bala, 2005*).

That respondents endorse custody cases as the type of case where coaching occurs is consistent with popular belief and some writings (e.g., Ehrenberg & Elterman, 1995; Gardner, 1987, 1989, 1992, 1995). This finding is also consistent with the view of Canadian child protection workers who report false allegation rates in custody disputes at three times the overall rate (Trocmé & Bala, 2005). An earlier, smaller US study, however, raises some questions about the perceptions of child protection workers in custody cases. McGraw and Smith (1992) demonstrated a predisposition by child protective services workers to consider custody cases false, even when there was evidence of abuse. These researchers re-examined 18 reports to protective services involving custody disputes. Only two of the cases were substantiated after child protection investigation. Relying only upon the information from the child protection report and investigation, the researchers determined that eight should have been substantiated, two had insufficient information to make a determination, five were classified as unsubstantiated suspicion, two as fictitious by adult, and one as fictitious by a child.

Moreover, some researchers have questioned the accuracy of the perception that abuse allegations in custody cases, particularly sexual abuse allegations, are more likely to be false. Thoennes and Tjaden (1990) compared the proportion of substantiated reports by child protective services with their data from a case record review of sexual abuse allegations in custody disputes. Drawing from a universe of 9,000 disputed custody cases in 12 domestic relations courts, Thoennes and Tjaden determined that 169 involved allegations of sexual abuse, less than 2% of the 9,000 cases examined. Of the 169 allegations, the researchers classified 50% as “likely (sexual abuse),” based upon material in the case files. They reference three child protection data sources that demonstrate equivalent substantiation rates to their own, a study of sexual abuse cases reported to Cuyahoga County (Cleveland, Ohio) child protective services between January 1983 and November 1984 (Solomon, 1986, cited in Thoennes & Tjaden), a study of 576 sexual abuse cases reported in Denver County (Colorado) in 1983 (Jones & McGraw, 1987), and another Denver study conducted by Thoennes, Cosby, and Pearson in 1986 (Thoennes & Tjaden, 1990). Thoennes and Tjaden use these comparisons to conclude that false allegations of sexual abuse are not more common in custody disputes (p. 161).

Similarly, in an Australian Family Court study (Brown, Frederico, Hewitt, & Sheehan, 2000), the percentage of false child abuse cases was 9%, the same as the percentage of false cases reported to the child abuse registry. These authors also cite another Australian study in a different Family Court, which focused specifically on sexual abuse allegations, with a comparable equivalence in percentages of false cases (Hume, 1997, cited in Brown et al.).

The perceptions that mothers are responsible for coaching, that custody cases are at the greatest risk of false allegations, and that these false allegations derive from collusion between the mother and the child are central components of the Parental Alienation Syndrome (PAS), a theory formulated by Gardner (Gardner, 1987, 1989, 1992, 1995). Gardner believed that, although most reports of incest were true, the vast majority of incest cases when parents are divorced or divorcing were false. He asserted that mothers in divorce/custody cases were vindictive and calculating, engaging in a series of exclusionary maneuvers to prevent hapless fathers from having access to their children. He stated that falsely claiming sexual abuse and securing the child’s collusion in this false allegation as the “ultimate weapon” in this exclusionary process.

Although Gardner’s theory of PAS has been questioned because he provides no supporting data (Faller, 1998; Myers, 1997) and PAS is inconsistent with other research findings (e.g., Johnston, 2003; Johnston & Kelly, 2004; Neustein & Goetting, 1999), the results of my study suggest that PAS has currency among child abuse professionals. Their responses indicate they have accepted Gardner’s opinion rather than the

research and arguments that challenge his view. The findings from this study suggest that children alleging abuse, perhaps particularly sexual abuse, when there is also marital dissolution may be in jeopardy of being labeled coached children.

Nevertheless, respondents infrequently endorsed changing custody to the accused abuser, Gardner's preferred intervention (Gardner, 1992). Rather they most frequently endorsed treatment for the coached child, followed by confrontation of the child by the professional and then supervised visits with the accused parent. In addition, the overwhelming majority of respondents did not site the mother's presentation as the criterion for determining the child had been coached, a criterion relied on heavily in PAS. Rather most respondents relied upon characteristics of the child's account in their decision about coaching.

Limitations

This study has a number of limitations. First, the data were derived from convenience samples of persons who attended professional conferences and workshops on child maltreatment. A second and related limitation is that these particular professionals cannot be regarded as representative of the spectrum of child abuse professionals. Third, the study is limited by the brevity of the survey. Fourth, most of the professionals who attended these conferences and workshops were from the US. Their perceptions and beliefs may not apply to professionals from other parts of the world. Finally, this is a pilot study with findings that are suggestive of the need for additional research into professionals' perceptions of children's accounts of abuse.

Conclusion

When child abuse professionals must address a child's allegation of abuse, they should appreciate that it is uncommon for the allegation to derive from coaching. Although this study indicates that most respondents believe they have worked on a small number of coached cases, the vast majority of respondents nevertheless think that mothers are the most likely to coach and that they do this coaching in the context of divorce/custody disputes, beliefs that can be challenged empirically. The solutions they support for situations of coaching are fairly benign, the most commonly endorsed being treatment for the coached child.

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