

## VALIDITY AND CREDIBILITY OF A CHILD'S TESTIMONY OF SEXUAL ABUSE: A CASE REPORT

Argo Antonina <sup>1</sup>,Averna Letizia <sup>1</sup>, Triolo Valentina <sup>1</sup>,  
Francomano Antonio <sup>2</sup>, Zerbo Stefania <sup>1</sup>

### SUMMARY

The allegation by a child victim of sexual abuse is, in many cases, the most important evidence of wrongdoing, especially in absence of medical or physical evidence or confessions of guilt. The Rorschach inkblot test is a projective personality assessment technique used to evaluate child witnesses.

We report a case of three girls allegedly abused by the father, in which the psychometric evaluation with the Rorschach test did not give credibility to the testimony of the children. When interrogating a minor, it is very difficult to distinguish between a true and a lie. Indeed, many different elements can affect the dialogue, such as the child's age, the events being discussed, interrogation environment, factors linked to the interviewer, etc. Therefore, it is possible errors of evaluation, misunderstandings or confusion happen frequently.

The aim of this case report is to highlight that employment of methodologies and criteria recognised by the scientific community could simplify the acquisition and assessment of information from a minor.

### Introduction

Sexual acts, sexually motivated behaviours, or sexual exploitation involving children are all different aspects of sexual abuse on children. These can include: oral, anal, or genital penile penetration; anal or genital digital or other penetration; genital contact with no intrusion; fondling of breasts or buttocks of a child; indecent exposure; inadequate or inappropriate supervision of voluntary sexual activities of a child; use of children in prostitution and/or in pornographic activities (1, 2, 3).

Sexual abuse can produce many kinds of physical consequences such as lacerations, fractures, genital mutilation, unwanted pregnancies, sexual dysfunctions, and sexually transmitted diseases. Especially in the case of sexually transmitted diseases (STDs), legal and ethical issues are involved, mainly regarding informed consent about the submission of a diagnosis, and observance of professional secrecy about the partner (4, 5, 6, 7).

The testimony by a child victim of sexual abuse is, in many cases, the most important and often the only evidence of wrongdoing, especially in absence of medical or physical

### Address of the authors

<sup>1</sup> Department of Biopathology, Biotechnology and Forensic Medicine, University of Palermo, Via del Vespro 129, 90127 Palermo, Italy

<sup>2</sup> Department of Biotechnology and Clinical Neurosciences - Section of Psychiatry. University of Palermo, Via La Loggia 1, 90100 Palermo, Italy

**Send correspondence to:** Prof. Antonina Argo, [antonella.argo@libero.it](mailto:antonella.argo@libero.it)

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evidence or confession of guilt. However, many studies have suggested the implementation of policies and standardised procedures to collect physical and biological evidence (8, 9).

Literature extensively underlines the difficulty of assessing whether a child is competent to testify and the validity and credibility of a child's testimony (10, 11, 12). Therefore, it is necessary to ascertain the competency and the ability of the child to testify. Such assessment should include the following aspects: the child's capacity of perception and memory, recognition of people; consistency-continuity of thought; affectivity conditions and ability to report the presence of any psychological symptoms.

Many issues are linked to the evaluation of the testimony and the reliability of an underage victim of presumed episodes or confirmed abuse, also of a sexual nature.

The main concern is the truthfulness of the narrative that is often the most important, or even only evidence brought to court. Few methods are available to assess the credibility of the child, and these currently available tools have not been tested on large populations to evaluate whether they can effectively discriminate between truth, lies and false beliefs in testimonies by children (13, 14).

In order to ensure the reliability of the child's statements, it is important to proceed with the validation of the child's revelation.

There are several validation techniques, distinguished by a greater or a lesser de-

gree of structuring. Mainly, these consist in interviews that the expert carries out with the child.

One of the most common methods in this field is the Rorschach test. The Rorschach technique or inkblot test evaluates the reaction of the test taker to a series of 10 inkblot pictures, trying to understand his or her projective personality.

It is the most widely used projective psychological test that helps to identify emotional problems and mental disorders by assessing the subject's personality structure. The viewing of neutral and ambiguous stimuli during the test will stimulate the projection onto them of the personality of the subject, revealing unconscious conflicts and motivations. Even though there are no age limitations to take the test, the Rorschach test is usually administered to children who are five years old or older.

This test allows the analysis of the main group dynamics of the experiential interpersonal behaviour and the unconscious dynamics. The analysis of interpersonal behaviour is obtained by studying the following variables:

- Leadership;
- Emotional relationship;
- Availability to cooperate.

#### Case report

A., a 16-year-old girl, reported to a friend of her mother that she had been abused by her father in the past. She also referred that her father also abused her younger sisters C. and G. The father was described by the daughter as a possessive and jeal-



**Figure 1:** The exam of the hymen shows on upper quadrants three roundish, incomplete incisures, that not reach the hymen insertion: these signs are not related to sexual abuses.

ous man. The relationship between the mother and father was very strained. A. was seen by a mental health doctor who revealed the absence of signs of sexual abuse. The gynaecological examination did not reveal any signs of sexual abuse (Figure1). A testimony expert applied a collective Rorschach test to all sisters to test the credibility of the testimony.

### Results and Discussion

The Rorschach test was completed with the following results.

The analysis of verbal and non-verbal communications emphasized a more active part in decision-making by G. and A., and a more passive involvement by C. A. is the group leader. T

he analysis also showed immaturity and insecurity in each girl. The father figure is described negatively by all three sisters as a traditional, strict, authoritarian, jealous and possessive man. Based on clinical interviews and psycho-diagnostic investigation, the testimony expert considered the credibility of the testimony to be flawed due to these reasons: A. has a neurotic disturbed personality and she is depressed; instead, the two younger sisters both have an immature personality characterized by a strong suggestibility, a superficial and inadequate critical capability, caused by the absence of a correctly developed moral judgment.

During the cross-examination in the Court, A. claims to have lied and convinced the younger sisters to confirm her allegations, unaware of the real legal consequences for the father.

This case shows – as already widely evidenced in literature – that several problematics are related to the evaluation of the testimony and the reliability of an underage witness, victim of presumed or real abuse, including that of a sexual nature.

Not all claims of physical or sexual abuse are borne of cognitive or emotional distortions giving rise to faulty understandings or pseudo-memories in children; some are simply lies motivated by hope of instrumental gain. Certainly, the revisionist Freudian assumption that allegations of abuse by children can be consistently written off to fantasy (Freud, 1954) is no longer viable. However, the adherence to a flower-era maxim that “children never lie” is equally unreasonable. Children distort and

sometimes completely fabricate reality. Distortions can be an unintentional product of a cognitive developmental capacity, or an unintentional or intentional response to social environmental pressure.

Either way, the result can be a false allegation, ultimately devastating to the accuser, the accused, and the entire family system. Intentional misrepresentations are common with accusations of sexual and physical abuse. Typically, they arise in populations where motivation for false reporting is particularly high. Such populations include parents embroiled in custody or visitation disputes or adolescents – like in our case – who are angry at their parents or stepparents.

Expert evaluation is often controversial, as usually there are no psychological or physical indicators specifically and exclusively correlated with sexual abuse. The testimony of a child is also very problematic because it can be greatly influenced by factors involving either the age of the witness, the event itself, or the circumstances of the interrogation, as well as being potentially conditioned by factors linked to the interviewer.

Hence in all of the assessment phases possible evaluation errors can be made, and misunderstandings or confusion may occur. All these can provoke the dismissal of the accusation or the continuation of the criminal procedure; moreover, in some cases it could be impossible to know with certainty whether sexual abuse occurred or not. It is therefore necessary to proceed with prudence when dealing with this type of accusations.

For these reasons, experts should always employ methodologies and criteria recognised by the scientific community when collecting and evaluating information from a minor.

### References

1. Wolfe DA, Jaffe P, Jetté J, Poisson S. The impact of child abuse in community institutions and organizations: Advancing professional and scientific understanding. *Clinical Psychology: Science and Practice* 2003; 10: 179-191.
2. Argo A, Zagra M. Delitto di violenza sessuale. In: Zagra M, Argo A, Madea B, Procaccianti P, editors. *Medicina legale orientata per problemi*. Milano: Elsevier, 2011. p. 68-72.

3. Hagraas A.M., Moustafa S.M., Barakat H.N., El-Ellemi A.H.: Medico-Legal evaluation of child sexual abuse over a six-year period from 2004 to 2009 in the Suez Canal area, Egypt. *Egyptian Journal of Forensic Sciences* 2011; 1: 58-66.
4. Prestileo T, Argo A, Triolo V, Zerbo S, Procaccianti P: Il consenso informato per l'effettuazione del test per la diagnosi di infezione da HIV: come comportarsi in caso di minori *Le Infezioni in Medicina* 2008; 4: 200-203.
5. Triolo V, Procaccianti S, Argo A, Procaccianti P: Consenso all'atto medico ed autonomia dei «grandi minori»: il caso del test HIV. *Riv. It. Med. Leg* 2010;1: 47:66.
6. Triolo V, Argo A, Zerbo S, Procaccianti P: Legislation and Comparison with Some International Laws. *J Forensic Res* 2010; 1:108
7. Argo A, Zerbo S, Triolo V, Averna L, D'Anna T, Nicosia A, Procaccianti P: Legal aspects of Sexual Transmitted Diseases (abuse, partner notification and prosecution). *Giornale italiano di dermatologia e venereologia* 2012 in press
8. Argo A, Zerbo S, Tumminello FM, Licata R, Procaccianti P: Percorsi di integrazione e modello operativo della rete antiviolenza: esperienza del progetto Daphne. *Riv. It. Med. Leg* 2009; 2: 407-428.
9. Ingemann-Hansen O, Brink O, Sabroe S, Sorensen V, Vesterby Charles A: Legal aspects of sexual violence - Does forensic evidence make a difference?. *Forensic Scienze International* 2008; 98-104.
10. Faller KC, Corwin D, Olafson E. Research on false allegations of sexual abuse. *APSAC ADVISOR* 1993; 6: 1-5.
11. Adam J.A, Kaplan R.A., Starling S.P., Mehta N.H., Finkel M.A., Botash A.S., Kellogg N.D., Shapiro R.A., Guidelines for Medical Care of Children Who may have been sexually abused. *J Pediatr Adolesc Gynecol* 2007; 20: 163-172.
12. Ceci SJ, Brock M. Jeopardy in the courtroom. A scientific analysis of children's testimony, APA, Washington, DC, 1995.
13. Mark S, Millsb M, Brantman A. Assessing the verity of children's allegations of abuse: A psychiatric overview *International Journal of Law and Psychiatry* 2004; 27:249-263.
14. Melissa A, Fabrice C, Paul L. Harris. Trust in Testimony: Children's Use of True and False Statements *Psychological Science*, 2004; 15: 694-698.