

## Seminar 4 Syndrome Evidence and Junk Science Attacking Child Sexual Abuse Accommodation Syndrome Evidence

In this seminar we are going to talk about Junk Science.

What is junk science? Well everybody has a different idea, but the hallmarks of junk science are two things, causism and hyper-claiming. What is causism, c-a-u-s-i-sm, causism is inferring a cause when no causal relationship actually exists. For example, it was one time believed that because the child had erythema of the vestibule, sex abuse has happened here. That's implying a cause, sex abuse, for the symptom, erythema of the vestibule. Scientific research has now show that a majority of non abused female children have erythema.

Let's give a simpler example. Person #1 is pregnant. An examination reveals Person #1 is a woman. Person #2 is a woman, therefore she must be pregnant. Pretty silly isn't it. That is junk science.

Causism implies a cause, when no causal relationship necessarily exists. In our medical example, we now see in the newer research that claims such as these have been thoroughly researched and the causistic or the junk science underpinnings of some of those claims have come to light.

What is hyper-claiming? Hyper-claiming is going too far with data. For example, probably one of the best examples of hyper-claiming is the child sexual abuse accommodation syndrome. Roland Summit saw a number of children about whom allegations of sexual abuse have been made and he noticed similarities. He noticed that the children often seemed helpless, he noticed that the children often seemed to retract statements of allegations that they have made, he noticed a variety of symptoms that you would expect in children who were quite anxious.

Dr. Summitt said that his experience caused him to believe that if children exhibited these symptoms, it showed that sexual abuse had happened. He later denied that this was his intention. Because of this population he believed you can generalize that these symptoms indicates sexual abuse has happened. This is hyper-claiming. This is generalizing from two small a sample.

Junk Scientists do not know the importance of numbers, namely lots and lots of people in a sample from which we can generalize. Junk Scientists don't understand the issue of base rates. They fail to learn that all of these kinds of symptoms or signs actually occur in the general population. They don't know the difference between incidents and prevalence. This lack of knowledge of scientific standards is hallmarks of the junk scientist. They are there to make a claim.

The junk scientists gets an idea about what's happened and then works very hard to get data to support that idea. That's called pursuing a single hypothesis. They ignore all data to the contrary. They are driving down one road.

The child sexual abuse accommodation syndrome is a classic example of junk science. All roads lead to the conclusion that the allegations are true. These are the hallmarks of junk science.

There is more information about junk science in a book that my co-author Dr. Campbell and I wrote for judges, it's called the Benchbook in Behavioral Science. We spent a great deal of time trying to educate judges as to how to determine what is good science and what is bad science. Causism, hyper-claiming and then if you want to get a little bit more in to detail, validity and reliability.

There are many examples of Junk Science being used by the child advocacy movement. We are going to use Child Sexual Abuse Accommodation Syndrome to demonstrate to you how to approach this type of evidence.

Over the last two decades we have read transcripts of trials and watched how different lawyers have unsuccessfully struggled to handle Child Sexual Abuse Accommodation Syndrome. Let me tell you of my own experience.

About 15 years ago I hired one of the most qualified expert witnesses in the country. He had been the chair of the ethics committee of the American Psychological Association. The ethics committee defines the standard of care for Psychologist. His committee addressed the issues of junk science in the mental health field.

The prosecution called an MFCC. When the witness stated that she was going to tell the jury about the Child Sexual Abuse Accommodation Syndrome, all of the juror's grabbed for their notepads and pencils. It was obvious they believed that they were going to finally get the key to deciding the case. The prosecution witness even cried during her testimony. I looked over and saw two jurors with tears in their eyes.

Next, my top gun expert testified. He testified about causism, hyper-claiming, validity and reliability, The hallmarks of good science. He testified about the lack of scientific research supporting Dr. Summitt's Child Sexual Abuse Accommodation Syndrome. As a prior Chemical Engineer I completely understood his testimony and its significance. The problem was the jury was not made up of 12 scientists. The jurors all appeared that they were going to sleep.

The DA's approach on cross examination was simple:

Question: Do children that have been molested, sometimes retract?

Answer: Yes

Question: Do children that have been molested, sometimes delay reporting?

Answer: Yes

Question: Do children that have been molested, sometimes accommodate the adult's that molested them?

Answer: Yes

And on and on through each element of Child Sexual Abuse Accommodation Syndrome.

I debriefed the jury following the verdict. The juror's impression was that my expert was very smart and very scientific but he had admitted to everything that Roland Summit had said. If it is true, why are you calling it "junk". Why are you making such a big deal about it. What difference does that make. The defense had won the "junk science" battle but the DA won the war for the hearts and minds of the jury.

After more than a decade of getting beat up by Child Sexual Abuse Accommodation Syndrome, I had a 15 second epiphany. I was working with an expert witness on attacking a police interview of a child witness. The officer was asking only questions that would prove that molestation had occurred. The officer failed to ask any question on the issue that the allegations might be false. Further, the officer ignored all statement by the minor that indicated that nothing had occurred. We were trying to figure out how to explain to a jury it was not just leading questions that were suggestive. The entire interview was highly suggestive because it was a "Confirmatory Bias Interview". A confirmatory bias interview is dangerous because it is not an investigation for the truth. It begins with the belief that the truth is already known and only looks for data supporting that view.

Child Sexual Abuse Accommodation Syndrome is a "confirmatory bias model". The question was could we show that in a visual presentation without relying on technical scientific jargon. Could we show with a visual presentation that a "confirmatory bias model" or "advocacy model" was highly dangerous. We wanted it as understandable for the juror with a six grade education, as the juror with a PhD. The solution came fast once we defined the problem as a "confirmatory bias model".

We are going to demonstrate to you how this can be done. We are going to use testimony from a trial where the expert witness was Dr. Urquaza. We have been up against Dr. Urquaza many times in Northern California. He was later the expert witness for the prosecution in the Michael Jackson case. We have paraphrased some of the answers and deleted some of the issues that are not needed for this demonstration. The transcript of Dr. Urquaza can be found on our web site that we will talk about later.

The first step in attacking the junk science known as Child Sexual Abuse Accommodation Syndrome is to anticipate how the prosecution expert will counter attack. The counter attack is always the same. They rely upon another area of junk science. The bogus claims that only a 2-6 percent of the allegations of child sexual molestation are false. There are two methods to counter the junk science of the percentage of false allegations. First, we have developed a system for disproving that false assertion and to expose the junk science on which it is based. However, do to the length of this seminar; we will save that method of another seminar. The second method

is simple. We have developed a motion in limine to exclude opinion testimony on what percentage of allegations of sexual molestation are false. This motion in limine is based on the fact that the opinion is improper and irrelevant opinion testimony. We have won this motion every time we have filed it up to this date. At the close of this presentation we will show you where you can get our most up to date motion to exclude this evidence.

OK. We are ready to start. Let's start the demonstration by looking at the prosecution's direct testimony from a Child Sexual Abuse Accommodation Syndrome expert witness. Dr. Randy Rand will play the role of Dr. Urquiza.

Scene 2 – Prosecutions Direct Testimony –

DR RANDY RAND WILL PLAY THE ROLE OF DR URQUIZA  
CARIN JOHNSO WILL PLAY THE ROLE OF THE PROSECUTOR

PROSECUTOR: People call Dr. Anthony Urquiza.

Clerk: Do you swear to tell the truth the whole truth and nothing but the truth so help you God.

URQUIZA: I do.

THE CLERK: Thank you. Please be seated. State your name and spell, your last name for the record.

URQUIZA: Anthony Joseph Urquiza, U-r-q-u-i-z-a.

PROSECUTOR: Good morning, Dr. Urquiza.

URQUIZA: Good morning.

PROSECUTOR: Can you tell the jury what you do for a living?

URQUIZA: Sure. Actually I have a couple of titles. I'm a psychologist licensed in the state of California. I am a member of the socio-clinical faculty in the department of pediatrics at UC Davis Medical Center in Sacramento, California. And last title, I'm director of mental health services for a program called the CAARE Center which is a medical and mental health service program, specifically for children who are sexually abused, physically abused, and neglected in their families.

PROSECUTOR: Is that CAARE Center part of UC Davis?

URQUIZA: It is a part of the department of pediatrics.

PROSECUTOR: Would you describe what you do in your present occupation? What kind of things you do?

URQUIZA: A few things. I, as a psychologist -- I have historically conducted therapy, done therapy. Again, my area of expertise is child abuse, so I've done therapy with children who have been abused. I stopped doing that probably about three years ago. Prior to that time, I had seen several thousand children in therapy. I continue to do psychological evaluations of families and children. I conduct research as I'm faculty. That's part of the mission of the university is to do research in some area, my area being child abuse is the area I do research and have been doing research on child abuse for the past twenty years. And last thing I do -- almost the last thing I do is teaching. I teach in conferences. I don't teach a classroom setting. I teach -- we have an internship program where we teach people to be social workers and psychologists. I teach at seminars, workshops, training that we do. And then the very last one is some administration where, as director, I have responsibility to manage some budgets, personnel, those types of things.

PROSECUTOR: Okay. Would you describe your educational background including any internships you've done?

URQUIZA: Sure. I have three degrees, all from the University of Washington in Seattle. I have undergraduate degree in child development. I have a master's degree in clinical psychology. And doctorate degree in psychology, or Ph.D. in psychology.

PROSECUTOR: And would you tell the jury what internships you've been a part of or you've completed?

URQUIZA: As a part of the education in the United States to be a psychologist and to be licensed, you have to have an internship. I had an internship that was approved by the American Psychological Association at primary children's medical center which is in Salt Lake City, Utah, probably 1987, 1988, about that time.

PROSECUTOR: Okay. Can you describe for the jury specifically what teaching experience you've held?

URQUIZA: Sure. Well, the beginning teaching experience I had was as a preschool teacher back in the seventies. I was a preschool teacher for a couple of years. As a graduate student at the University of Washington, I taught several classes related to child development and child abuse and problems -- emotional and psychological problems that children and families have. I held for about a year and a half, teaching position or faculty position at San Diego State University in the department of family studies. And then I assumed my current position as faculty in pediatrics in January of 1990. So about thirteen, fourteen years ago.

PROSECUTOR: Okay. Would you describe your training and experience as it relates to any expertise in the field of child sexual abuse and/or child sexual assault accommodation syndrome?

URQUIZA: I entered graduate school with the expectation that my career decision was going to be as faculty, someone who taught, did research, and had a clinical expertise in child abuse. So I started graduate school in 1983, and so all of my training, really, has been specifically geared to that so through graduate school, I was very focused on seeing clients who had a history of abuse and research and teaching. Since graduate school, since I received my degree, I regularly participate in conferences and trainings, and at my level now I often give trainings at conferences, so I often present at workshops and conferences nationally, and I'm usually in a position to teach courses, I do that on a regular basis. The typical pattern is for me to attend a conference, usually it's one I'm presenting at, and while I'm there I go to workshops and training for my own continuing education.

PROSECUTOR: Can you describe any clinical or research experience that you have?

URQUIZA: Clinical experience is I started seeing clients in 1983 when, in undergraduate school, at that time under somebody else's supervision. Now, as a licensed psychologist, I don't need that supervision. And so from about 1988, while I received my license in 1990. So 1990 until currently, I have been seeing children in either therapy or evaluations on a regular basis. I now supervise both faculty -- sorry -- psychologists and social workers. I supervise intern -- psychology interns, and also supervise six supervisors. We have a staff of about fifty people, and I have six clinical supervisors. So I'm their direct supervisor. So a lot of my clinical responsibilities currently are involving supervision rather than providing direct services. With regard to research experience, again, that started in 1983. My areas of research have been primarily related to what are the effects of child abuse, either sexual abuse or physical abuse, on a child. And secondarily, what are the strategies that we can adopt to ameliorate or alleviate a lot of the problems kids have. What happens with the kids psychologically or who's been abused and probably over the last eight years, what can we do to return them to as best mental health state as we can. So to alleviate mental health states they have incurred as a result of their abuses.

PROSECUTOR: Can you tell the jury if you've authored papers related to the subject matter or closely related?

URQUIZA: I have.

PROSECUTOR: Can you give us a ballpark, how many or what topics, you've covered?

URQUIZA: Articles that have been published, I don't really keep track. I'd estimate maybe thirty-five or so; of presentations, probably a few hundred presentations at conferences or workshops over the last twenty years.

PROSECUTOR: Can you give me a little insight into what kind of groups you've presented to over the years?

URQUIZA: Sure. American Psychological Association; American Society on the Abuse of Children; the California Department of Education; numerous community child abuse

prevention organizations or national child abuse prevention organizations. There's an international society on the abuse of children. I've presented for them in several countries. The National Institute of Mental Health, the Center for Disease Control, the National Science Foundation. There's a few others but those are some of the primary organizations that I've presented to.

PROSECUTOR: Okay. Have you had occasion to produce any types of professional videos?

URQUIZA: I have.

PROSECUTOR: And can you tell me a little bit about that?

URQUIZA: Again, I think I said earlier that probably around eight years ago, I started shifting from what are the effects of abuse to how can we treat children who have been abused? And there's a part of that developed and adapted a child treatment program and currently involved in disseminating -- training other organizations how to use that program. And concurrent with that has been the development of about five training videos. I say "about" because we're still working on one. Currently, I think there are three that are English, two in Spanish, and we're just finishing up the third one in Spanish.

PROSECUTOR: And can you describe for the jury any honors you've received?

URQUIZA: I've received honors for work that I've done related to child abuse, from the American Professional Society on the Abuse of Children. I used to be one of the Board of Directors and now advisory board from the Department of Education for the Danforth Compton Fellowship. It's a national program related to ethnic minorities who achieve academic excellence and a few others.

PROSECUTOR: And have you had occasion to receive various grants?

URQUIZA: Grants? I have.

PROSECUTOR: Can you give me an estimate of the total dollar amount of grants that you obtained?

URQUIZA: I don't think I can do that other than it's a few million dollars, but I couldn't tell you how many, exactly how much.

PROSECUTOR: Okay. Do you serve on any advisory boards?

URQUIZA: I do.

PROSECUTOR: Can you just name a few?

URQUIZA: APSAC American Professional Society on the abuse of Children; California Department of Social Services -- California Department of Social Services related specifically to adoptions. I'm currently, in Sacramento County, on the advisory board for the Department of Mental Health Sacramento County Department of Mental health, and also the Victims Compensation Program, which, essentially, oversees a large amount of mental health services throughout the state of California, providing funds for children who have a history of being abused and neglected.

PROSECUTOR: Can you describe any affiliations that you hold, professional affiliations?

URQUIZA: APSAC. There are a few others, the international version of --not APSAC but there's a CAPSAC, which is the state version of APSAC. There's the international child abuse organization and, again, a couple of others. But I don't have a copy of my C.V. in front of me. So my memory might not be complete.

PROSECUTOR: Okay. Are you familiar with a theory called Child Sexual Abuse Accommodation Syndrome?

URQUIZA: I am.

PROSECUTOR: Can you describe how it's you're familiar with that concept?

URQUIZA: My recollection is that I read that article when it was first published in 1983. The purpose of that article is to provide a description of what commonly occurs with a child who has been sexually abused. So since that time, I have been involved in training, related to teaching people about what happens with kids who have been sexually abused and a lot of the foundational research that has gone into to support the Child Abuse Accommodation Syndrome. I currently teach psychology interns and social work interns about sexual abuse by explaining Child Abuse Accommodation Syndrome.

PROSECUTOR: And in the thousand or so kids that you have personally treated have you had occasion to utilize the theories of Child Sexual Abuse Accommodation Syndrome?

URQUIZA: Yes, I have. The Child Sexual Abuse Accommodation Syndrome is really developed to educate people, to inform them about what happens, and so I think that information that is contained within the accommodation syndrome has been very helpful to me and something, certainly, I have seen repeatedly in children I've evaluated or treated. It is foundational to my understanding about what happens to kids who have been sexually abused.

PROSECUTOR: Have you ever qualified in court in the state of California as an expert in Child Sexual Abuse Accommodation Syndrome?

URQUIZA: I have.

PROSECUTOR: How many times have you so qualified?

URQUIZA: Maybe eighty, eighty-five times would be an estimate. Including in the Michael Jackson case.

PROSECUTOR: And have you ever qualified as an expert in child sexual abuse?

URQUIZA: Yes. I have testified a few hundred times in juvenile court where I have been asked by the judge to address a specific issue, often to evaluate either a child or an adult, and then to report back to the Court.

PROSECUTOR: Your Honor, I'd offer Dr. Urquiza as an expert in Child Abuse Accommodation Syndrome and child sexual abuse.

JUDGE: He is accepted as an expert.

PROSECUTOR: Dr. Urquiza, What is C.S.A A.S.?

URQUIZA: That phrase comes from the title in an article by Dr. Summit. The purpose of that article, was specifically for people who would be doing therapy with children who had been sexually abused. And the purpose was to educate them, to dispel any misunderstandings or distortions or misperceptions that they had about what commonly occurred with a child who had been sexually abused, and to provide them with a framework to understand what, the research said about what happened with sexual abuse. It's still being used for that same purpose.

PROSECUTOR: Can you talk about some of the myths or misunderstandings that it's directed towards dispelling?

URQUIZA: Yes. One of the myths was we know that very few children are sexually abused by a stranger. Sometimes it happens, but most children are sexually abused by someone with whom they have an ongoing relationship. One of the misperceptions, if a child is sexually abused, she'll run and tell mommy, daddy, teacher. Again, we know from research sometimes it happens, but it is much more typical for there to be some strategy placed upon the child to be quiet, sometimes throughout their whole childhood. Sometimes kids sexually abused don't disclose until adulthood.

PROSECUTOR: Are there any myths associated with how a child presents, in effect, when they disclose sexual abuse?

URQUIZA: The common expectation is that if you're going to talk or disclose being sexually abused, you will be crying, distraught. In fact there appears to be a lot of evidence to support the fact that kids, accommodate, or get used to the experience of being sexually abused. I don't want to say they become normalized -- but they're not as traumatized or those feelings aren't as acute. As a result, when they make the disclosure,

it's usual for kids to make it in a somewhat matter-of-fact or detached way, they don't look acutely distraught and crying. Clearly, there are kids who disclose and are distressed. I think what Dr. Summit is trying to present is that child who makes that disclosure and they're not crying and upset; is not atypical.

PROSECUTOR: Let's talk a little bit about the theories that Dr. Summit announced in his paper. Is the first, called secrecy?

URQUIZA: Yes.

PROSECUTOR: And would you describe for the jury what Dr. Summit meant when he talked about the concept of secrecy in his paper?

URQUIZA: In order to understand secrecy, it's important to understand the context in which sexual abuse happens. It occurs in a relationship. Usually children are sexually abused by somebody they know. That's important because children tell us there's been some strategy imposed upon them to keep them quiet about the abuse, hence the term "secrecy". The strategy can be lots of different things. It can be an overt threat. It can be, "if you tell, then you'll go to jail" or "I'll kill you" or "I'll kill your mom or dad or you". Dr. Summit says in his uses an example "you'll go to an orphanage", "your parents will get divorced". Some type of coercive strategy imposed upon the child to keep them quiet about the victimization.

PROSECUTOR: Did Dr. Summit discuss things that are other than direct threats. Kids also tell us that they are bribed and provided special gifts. It doesn't necessarily have to be an overt threat. What I often explain to parents and children who come to therapy is clearly if a child is being threatened, then a smart thing to do if you're that child would be to comply if the person who's threatening is bigger and stronger. But sometimes it can be a covert threat. If you see somebody beat up your mom and that person comes into your bedroom at night and wants to do something, then you know you should comply. Kids often feel like they could get in trouble if they were to disclose, and it's a topic that is not easy to talk about. Kids keep the secret about kids being abused because they're embarrassed, disgusted, or ashamed of what they've participated in.

PROSECUTOR: And is the next theory called helplessness?

URQUIZA: Yes.

PROSECUTOR: Would you describe for the jury what Dr. Summit meant when he talked about helplessness?

URQUIZA: Sure. Essentially, the misperception is if you're a child and somebody approaches you, with some overture to sexual abuse, you'll be able to do something about it, protect yourself, fend them off, prevent yourself from being sexually abused. Dr. Summit points out the fact that, that's not reasonable. In the face of a perpetrator who was bigger, stronger, smarter, more worldly, has more experiences, a child is not able to

ensure their own sexual safety. They're not able to do anything to protect themselves, so Dr. Summit talks about the fact they're relatively helpless or vulnerable and relatively powerless.

PROSECUTOR: Does Dr. Summit discuss kids being less able to protect their sexual safety?

URQUIZA: Yes. Kids are relatively powerless when there's somebody who's in a position of authority or somebody bigger, stronger, and they are subordinate or submissive or weaker position than that person.

PROSECUTOR: Does Dr. Summit talk about the causes of helplessness in the context of a known assailant or unknown assailant?

URQUIZA: There's a context to the abusive relationship. Children abused by somebody with whom they have an ongoing relationship and that person is bigger and stronger and inherently has more control over their life. If those two things are happening – acquaintance -- means there's ongoing contact and the person is bigger, stronger, more authoritarian, that really serves to reinforce the strategies that are imposed upon kids. That is, if you're threatened to be quiet and you have ongoing contact with somebody who is both bigger, stronger, more powerful, and who has access to you, then that reinforces the notion that it's a really good idea for you to be quiet about the abuse.

PROSECUTOR: Does Dr. Summit talk about abuse takes place in the context of a loving relationship, whether that makes the child even more vulnerable?

URQUIZA: That would be a situation where a child would be perhaps most helpless because if the perpetrator is somebody who's bigger, stronger, and in their family, then they have a fair amount of control over what the child does or says or to be able to reinforce any type of threat that was made. And so even though the child may care about or may even love the person with whom they're being abused, that doesn't negate the accommodation syndrome. It's not uncommon for kids to love the person that is abusing them, and to be sexually abused by that person.

PROSECUTOR: Is there anything discussed in Dr. Summit's article about whether helplessness is exaggerated or increased when the caretaker is someone who has a substance abuse problem?

URQUIZA: We know from research that children who have a caregiver who is in some way incapacitated are at greater risk to be sexually abused. An example I often use is a mother who is an alcoholic, may do a relatively poor job of supervising the child, may fraternize with people who have problems or are somewhat unseemly, so the child would have more contact with someone like that. And so if there is some incapacity in the ability of the care-giving environment, like a mom or dad or baby-sitter, that would put the child at greater risk, make the child more vulnerable or more helpless.

PROSECUTOR: Is there another topic in Dr. Summit's paper called entrapment in accommodation?

URQUIZA: There are five parts to the accommodation syndrome. The third one is entrapment and accommodation.

PROSECUTOR: Would you describe for the jury what Dr. Summit meant by that?

URQUIZA: Entrapment and accommodation, the entrapment part is pretty simple. If the child is sexually abused and can't do anything to stop it, that's helplessness, and can't tell anybody, that's the secrecy. They're trapped. Summit goes on to talk about how a child copes with or adjusts with or deals with experiences that they are forced to endure. He goes on to speak about some of the coping strategies that kids go through, to be able to manage the unpleasant feelings that he experiences as a result of being abused.

PROSECUTOR: Can you describe that a little bit?

URQUIZA: One of the things that happens with kids when they're sexually abused, there are a lot of unpleasant feelings like being ashamed, a sense of humiliation, or disgust, sometimes fear, sometimes even confusion, not being old enough or appreciating what's happening to them. These are difficult feelings for them to experience and to tolerate. And what we're finding in the mental health field, for kids who are sexually abused, especially kids who are sexually abused at least a few times, they become somewhat numbed to those feelings because it's too difficult to tolerate them. We've seen that in other types of people who experience traumatic events, and the most common, frequent one is veterans where they have a numbing of the feelings that they have relating to the experiences that were too difficult for them to bear at the time. Even twenty years later, they still have some numbing. And so this process of accommodation really is this experience of trying to maybe compartmentalize a lot of the feelings that they have about the victimization experiences.

PROSECUTOR: You talked a little bit about the concept of entrapment. Is it a "myth" that a child who's being sexually abused would not want to go back and see the person who's abusing them?

URQUIZA: I think it's something that is not easily understood by people. If you're being sexually abused why would you go back over their house? Why would you want to spend time? Why would you appear to enjoy time with that person? It's common for kids to have a relationship outside of victimization with the perpetrator, and as a result, it's common for kids to like the person who's abusing them, especially if that person is somebody who they care about, spend time with, do fun things with. Sometimes if you're being sexually abused by mother, father, or big brother, it's common for kids to love that person because they need to love caregivers. That's what we do in families.

PROSECUTOR: And is there a fourth theory from Dr. Summit, called delayed unconvincing disclosure?

URQUIZA: There is.

PROSECUTOR: Would you describe what Dr. Summit meant by that concept?

URQUIZA: Sure. Delayed disclosure is quite simple, that if -- the misperception is that if you are sexually abused, you'll tell somebody right away. Sometimes that happens. Sometimes kids are approached, they're sexually abused, and immediately go and tell somebody. That actually happens a minority of times. The research shows that it is quite common for kids to have a delay in time from when they are first sexually abused to when they disclose that they have been sexually abused. What that means is a couple of things: the strategy that was imposed upon them to keep it a secret, must be pretty effective if they can keep kids quiet about their sexual abuse for a significant period of time. So the idea that kids will tell right away is really not a common thing. It is really uncommon that kids tell right away. The third part of the accommodation syndrome is "delayed and unconvincing disclosure". The best way to describe this is to think of sexual abuse as a process that is really hard to talk about. Victimization is difficult. And if you are a child, who perhaps was threatened or perhaps felt embarrassed or humiliated about the experiences you participated in, it's really hard to put yourself in a position to tell somebody about that. And so what we found is that kids who go through this process of disclosure are often somewhat vague in providing some information. If they're responded to positively or supportively, they may say more, and as time goes on, they may tell more about their victimization experience over different iterations. They also may make some minor mistakes about disclosure. If you have somebody that says five or four different times, they're not exactly alike every single time, then they may look unconvincing. That is, Dr. Summit was talking about the fact that this process which we now have research to support, this process of disclosure may ultimately look like the child was not telling the truth or was unconvincing in their description of what happened to them because their disclosures are not identical every single time.

PROSECUTOR: Is the concept of consistency taken into consideration in that disclosure process by Dr. Summit?

URQUIZA: I think that's part of the process. The child may not be completely consistent, may not be able to articulate clearly the first time what happened. It may take a couple of times before a child is able to provide some kind of description about what happened to them in their victimization.

PROSECUTOR: What studies, if any, were relied upon with regard to the proposition that a child might not disclose immediately about sexual abuse?

URQUIZA: Well, there are actually about four or five studies. The one that I usually use is by Elliott Briar or Briar Elliott. They found, basically, about three quarters of kids failed to disclose the first twelve months from when they were abused. Essentially, two things: We shouldn't expect that kids will disclose right away although some kids do. Some kids have some significant delay by the time they're able to disclose.

PROSECUTOR: And is it also fair to say some kids never disclose?

URQUIZA: That's a reasonable assumption to make. In research that I have done with adults, there were a fair number of adults who never disclosed in their childhood, so if you were to say there are children who never disclose -- understanding that when they hit eighteen, they're no longer children -- I would agree with that. There may well be, and probably are, people who never disclose throughout their entire lifetime.

PROSECUTOR: Okay. And the last theory that Dr. Summit talks about something called retraction?

URQUIZA: Yes.

PROSECUTOR: Would you briefly talk a little bit about that?

URQUIZA: Sure. Again, we're talking about children who have been sexually abused, and what he found was there are a small percentage of children who have been sexually abused, who made a disclosure, who then took back the allegation of the abuse. Summit goes on to talk about some of the reasons why a child who was abused would take back the allegation. He essentially, points to the child having access to the perpetrator, presumably the perpetrator reinforces the threats or coercion, so the child keeps quiet. Sometimes other things like pressures put on by the family about the abuse for a variety of reasons, results in the child retracting allegations of abuse.

PROSECUTOR: Okay. Did Dr. Summit write a second article about nine, ten years later called "Abuse of the Child, Sexual Abuse Accommodation?"

URQUIZA: Yes. It was either 1990 or '92, somewhere around there.

PROSECUTOR: And what was the premise of that second article?

URQUIZA: He felt at that time that there was some misuse of the Child Sexual Abuse Accommodation Syndrome. He felt people were using the Child Sexual Abuse Accommodation Syndrome as a way to diagnose child abuse. If you have these five things, then you're sexually abused. And he was arguing that that would be an improper use of the Child Abuse Accommodation Syndrome because it's not the place of mental health professionals to say whether a particular person is a perpetrator or not, or a particular child has been sexually abused. That's a criminal issue and a jury issue. So he was arguing if anybody is using that that purpose, is inappropriate. This is not a diagnosis. It's really an educational tool to explain what happens with sexual abuse. The other thing that he was trying to explain is, that there's a lot of discussion about what the definition of a syndrome is. Because it is called Child Sexual Abuse Accommodation Syndrome people often equate syndrome with diagnosis or medical condition, and there has been a lot of arguments or discussion about whether Child Abuse Accommodation Syndrome is really a syndrome or not. I actually think it is, in my opinion, but his

position is that he wishes we would not use the term “syndrome” because it detracts from the overall idea, which is just to explain what happens with kids who have been sexually abused. He says in the follow-up, it would have been probably better if he had called it Child Sexual Abuse Accommodation Pattern because that would have avoided the controversy with the term “syndrome”.

PROSECUTOR: So the premise of the second article was to suggest that perhaps “syndrome” wasn't an appropriate word to use; that “Pattern” is the word he would have rather used?

URQUIZA: Correct.

PROSECUTOR: And that C.S.A.A.S. is not something to be used for purposes of diagnosing or saying whether a child has, in fact, been abused?

URQUIZA: Correct.

PROSECUTOR: It is, instead, a tool used to dispel myths and to look at some things that typically might be associated with behaviors of the child sexual abuse victim?

URQUIZA: I think that was its initial purpose, to dispel myths and misperceptions for therapists. I think in its current use in the courts, it's use is to essentially do the same thing: to dispel myths or misunderstandings that the jury may have about sexual abuse.

PROSECUTOR: During the course of your personal work with about a thousand or so kids, have you specifically worked with kids who were victims of sexual abuse?

URQUIZA: I have.

PROSECUTOR: And were those sort of victims that you could ascertain as known victims of sexual abuse, if you will?

URQUIZA: For the most part, yes.

PROSECUTOR: And in working with that large number of children over the years, have you been able to personally observe some of the theories that were announced in Dr. Summit's papers?

URQUIZA: For clinical purposes, I think Dr. Summit's article has done a very good job of initially providing me with an understanding or foundation of what happens with sexual abuse, and so I use that for that purpose and now I use it for training also. I also use it to try to explain to parents who come in with their child with questions like: “why didn't they tell me sooner”, or “how could this have happened to my child”? So it provides me with the framework to try to explain to parents about some of the dynamics that occur with sexual abuse and why it is that a child would have difficulty describing or disclosing victimization.

PROSECUTOR: And in treating a thousand or so kids, have you formed a personal opinion about whether you agree with the theories that Dr. Summit has put forward?

URQUIZA: I have.

PROSECUTOR: What is your opinion?

URQUIZA: It's consistent with what I see in children who have been abused. I think probably more importantly, my opinion is that the research supports the concept of the Child Sexual Abuse Accommodation Syndrome by Dr. Summit.

PROSECUTOR: I have no further questions.

### Scene 3 Comments Explaining Defense

You have now had an opportunity to see what you are facing when a Child Sexual Abuse Expert Testifies. We can assure you that if not countered properly, this testimony has a profound impact on the jury. Days later at the close of the trial the jury is read Jury Instruction CALJIC 10.64 which state:

“Evidence has been presented to you concerning child sexual abuse accommodation syndrome. This evidence is not received and must not be considered by you as proof that the alleged victim's molestation claim is true. Child sexual abuse accommodation syndrome research is based upon an approach that is completely different from that which you must take to this case. The syndrome research begins with the assumption that a molestation has occurred, and seeks to describe and explain common reactions of children to that experience. As distinguished from that research approach, you are to presume the defendant innocent. The People have the burden of proving guilt beyond a reasonable doubt. You should consider the evidence concerning the syndrome and its effect only for the limited purpose of showing, if it does, that the alleged victim's reactions, as demonstrated by the evidence, are not inconsistent with her having been molested.”

What do you think goes through a juror's mind when they hear one to two hours of testimony about a syndrome? What do you think goes through the minds of a juror when they hear that this is a “pattern of reactions” that children who have been molested demonstrate? Do you think they understand “You should consider the evidence concerning the syndrome and its effect only for the limited purpose of showing, if it does, that the alleged victim's reactions, as demonstrated by the evidence, are not inconsistent with her having been molested.”

We have debriefed many juries and the fact of the matter is that jurors don't get the jury instruction. Instead they are swept away in the emotion of the prosecution expert's testimony. The juror's use the child sexual abuse accommodation syndrome to find that a molestation did in fact occur. That is the danger of not countering this junk science.

We have developed a set of visual aids to teach the jury that Child Sexual Abuse Accommodation Syndrome is not only junk science but is DANGEROUS. By the end of the trial we want the jury to associate the name Child Sexual Abuse Accommodation Syndrome with bias, one sided, unfair, dangerous, and as an attempt to mislead the jury. In other words we want the prosecution to wish they had never introduced this piece of junk science

Dr. Lorandos is one of the leading experts in the nation on junk science. He has written numerous articles on books on the subject. He has written a judges bench book entitled Benchbook in the Behavioral Sciences published by Carolina Press . The thrust of the book is to explain what is junk science in the mental health arena and how to correctly apply Daubert / Kelley Fry. The problem is that in People v. Bledsoe (1984) 36 Cal. 3d 236 , the California Supreme Court held that Child Sexual Abuse Accommodation Syndrome does not have to comply with either Daubert or Kelly/Frye.

If Dr. Lorandos was testifying for you or someone with his credentials, you might want to consider a two prong attack on CSAAS.

Prong One: The jury could be taught the concepts of causism, hyperclaiming, incidents, prevalence, validity, reliability, and statistics such as “standard deviations.” This would be a scientific approach to countering child sexual abuse accommodation syndrome.

Prong Two: The jury is presented with a visual demonstration with minimal reliance on scientific jargon. They are taught the concepts not in an abstract way but in a visual manner. If you don't have a Lorandos as your expert to testify on your behalf, this second prong alone will do.

To conduct the cross examination you will need to create a series of “model boards” with mylar overlays.

Here is an example of one of a series of five.

You also need to create a series of “Child Sexual Abuse Accommodation Quotes” also on display boards. We will provide you will Microsoft Publisher Files that you can use to create these display boards.

I recommend that they be approximately 30 “ by 24”. The large “model boards” will not be used for cross examination. They will be saved for the defense expert.

An artist display case can be used to help you carry the boards. I found these cases at Arron Brother's Art Mart but most art supply stores carry them.

Here is a trial strategy that you need to use. You are going to be confronting the prosecution expert with quotes from the Article – Child Sexual Abuse Accommodation Syndrome. The expert will not be able to find the quotes and the presentation will bog

down and loose its snap. What you do is that you present a copy of the article to the prosecution expert to use and have all of the quotes in boxes so that they are easy to find while on the stand. A copy of the article with the red boxes around the important quotes will be provided to you in Adobe PDF format.

The “model boards” can be modified to address the issues in your case. For example they might be modified based upon whether your case involves a parent that is being accused during a divorce case or if the client is a non parent that is being accused. The charts are designed to show the jury that CSAAS is a confirmatory bias model and to teach them why such a model is DANGEROUS.

If you have a large color printer, you can make changes with each case.

If you don't have a large format color printer, I recommend that you take your Microsoft Publisher file to Kinko's. They have the printer and it accepts Microsoft Publisher.

You will also need a second set of the “model boards” but this time about 8 ½ by 11 inches pieces of paper.

During the cross examination of the prosecution expert witness, you will use the small 8 ½ by 11 “model boards” to guide your questioning of the prosecution expert. The prosecution expert will not see the large model boards, they are being saved for your experts presentation. A copy of 8 ½ by 11 inch model boards will be provided to you.

During the cross examination of the prosecution expert you will use the large display boards for the jury to see quotes form CSAAS.

The idea will be to get the prosecution expert to agree to as many details form your display boards as possible and to keep him from going off track into false claims of percentages.

The prosecution expert is in fact being used to set the stage for your expert's testimony.

Here is how it goes.

I will be playing the role of myself. Again Dr. Randy Rand will again be playing the role of Dr. Urqueza.

Scene 4 Cross Examination of Prosecution Expert

CLANCY: Good morning Dr. Urquiza.

URQUIZA: Good morning.

CLANCY: We've met before?

URQUIZA: Yes.

CLANCY: . I'd like to go over what it is that you're doing at this time, starting with the treatment. You indicated that you were no longer doing treatment; is that correct?

URQUIZA: That's correct.

CLANCY: And you had not been doing that for three years?

URQUIZA: Approximately.

CLANCY: In the last year that you were doing treatment, how much of your time was spent per week giving treatment?

URQUIZA: Rough estimate, perhaps f i v e to ten hours a week.

CLANCY: How long have you been operating at the level of maybe five hours to ten hours a week?

URQUIZA: I don't know that I could tell you that. A few years. Most of my career has been carrying, roughly, a full-time caseload until we had a significant increase on our staff about six years ago.

CLANCY: So six years ago is when you started decreasing the amount of treatment that you were doing; is that correct?

URQUIZA: Roughly.

CLANCY: And then over a period of three years – six years ago to three years ago, you went down to zero; is that correct?

URQUIZA: About three years ago, I stopped doing treatment therapy.

CLANCY: Now, you talked about also doing working on boards or advisory boards. How much of your time, say per week or per month, do you spend working on advisory boards?

URQUIZA: Probably not very many; probably not more than two or three hours a week. Most of the boards are national organizations so they meet quarterly or twice a year or once a year. And so if you average, on a weekly basis, how much time I'm involved, it's not a lot.

CLANCY: Do you do interviews of children where abuse is suspected?

URQUIZA: Not usually. Usually, the children that we see, some method has been used to determine whether the child has been abused already.

CLANCY: Do you, at the request of the district attorney's office or the police, conduct interviews of children where abuse is suspected and then turn your results over to the police, say?

URQUIZA: No, that's not something I do.

CLANCY: Have you done that in the last five years?

URQUIZA: No. It's not something I do. I don't do evidentiary interviews or evaluations whether abuse has occurred.

CLANCY: So you don't do evaluation interviews to determine if abuse has occurred, correct?

URQUIZA: Correct.

CLANCY: Now, how many times have you testified concerning Child Sexual Abuse Accommodation Syndrome?

URQUIZA: I would estimate 75 to 85 times would be a rough estimate.

CLANCY: Would those be in criminal cases?

URQUIZA: Those would be criminal cases.

CLANCY: And would those normally be for the prosecution?

URQUIZA: Most of the time, yes.

CLANCY: Have you ever testified for the defense?

URQUIZA: I have.

CLANCY: And approximately how many times?

URQUIZA: About three times.

CLANCY: And you're paid for your time, correct?

URQUIZA: Correct.

CLANCY: And you're paid one seventy-five an hour?

URQUIZA: One seventy-five an hour.

CLANCY: What's an average amount that you get paid when you take on one of these cases such as you did?

URQUIZA: It's purely on an hourly basis, depending upon the time I have. So if I am testifying, I come from Sacramento, about an hour and fifteen minutes, an hour and a half from Sacramento to here. So let's say two and a half hours. And depends how long I take, so if I take two hours of time here, then four and a half hours might be, I don't know, 7, \$800, if my math is good. My math is not that good, but \$175 per hour for the time I'm involved in the case.

CLANCY: Now, when one does an evaluation isn't it important for that evaluator to be unbiased?

URQUIZA: Usually, yes.

CLANCY: Isn't it important for you to not be an advocate for one side or the other but really do a fair evaluation?

URQUIZA: Those are not mutually exclusive. I think it's important to be unbiased. I think of myself as an advocate for the child and family. One of the things that I think I advocate for most strongly is a healthy relationship and a safe relationship, but within that context, certainly I usually advocate, as I believe, that children should be raised by their parents in a healthy way.

CLANCY: What is a "confirmatory bias model"?

URQUIZA: Confirmatory bias model, it's more of a statistical term really meaning, bias or err that may result from someone having a predisposed opinion about the outcome. So if you have a preliminary opinion about an outcome going into something, you may be more likely to find that than if you had a completely neutral opinion.

CLANCY: Is that sometimes referred to as a single-hypothesis model?

URQUIZA: It could be.

CLANCY: And -- well, let me -- do you have a copy of Child Sexual Abuse Accommodation Syndrome?

URQUIZA: I do not.

CLANCY: Well, we have one made for you.

URQUIZA: This is your copy?

CLANCY: Taking a look at the document that's been given to you, is that a copy of "Child Sexual Abuse, Child Abuse Accommodation Syndrome"?

URQUIZA: Yes. A copy of the article that Dr. Summit wrote in 1983, yes.

CLANCY: I would like to go through some of the quotations that are contained in that article. I've blown these quotes up and put them on boards. I would like to go through the first board and read the first quote: "Acceptance and validation are crucial to the psychological survival of the victim". Is that a quote from Child Abuse Accommodation Syndrome?

URQUIZA: Yes.

CLANCY: Validation means letting the child know that they're being heard, correct?

URQUIZA: I think that's a reasonable explanation of validation in this context, that they're being heard, being understood, being supported.

CLANCY: So Summit is promoting acceptance and validation, right?

URQUIZA: I would agree with that, yes.

CLANCY: Let's go to the next one. "The validation of the child's perception of reality, acceptance by adult caregivers, and even the emotional survival of the child may all depend on the knowledge and skill of the clinical advocate."

URQUIZA: Right.

CLANCY: So he's talking about a clinical advocate, not an evaluator?

URQUIZA: He's talking about somebody who would be supportive and advocating for the child.

CLANCY: He's talking about individuals coming in and testifying and advocating for the child, right?

URQUIZA: I'm not sure that he's necessarily talking about that. I mean, if you remember from my prior testimony, we have an assumption that the child has been sexually abused because the Child Abuse Accommodation Syndrome describes what happens as a result of being sexually abused. So what we're talking about is advocating for a child who has been sexually abused. Not presuming that maybe the child has been or hasn't been. We're providing advocacy for a child who has been sexually abused.

CLANCY: So Summit starts with the position that the child he is talking about in the article has, in fact, been sexually abused?

URQUIZA: That's the assumption, and then he describes what commonly occurs.

CLANCY: Okay. "Clinical experience and the expert testimony can provide advocacy for the child?" That's a quote from the Child Abuse Accommodation Syndrome?

URQUIZA: Yes, it is.

CLANCY: And again, he refers to providing advocacy, correct?

URQUIZA: Correct.

CLANCY: Next quote, is this accurate? "They need an adult clinical advocate to translate the child's words into an adult acceptable language."

URQUIZA: That's from Dr. Summit's article.

CLANCY: And again, he's talking about an advocate?

URQUIZA: An advocate for a child who has been sexually abused, yes.

CLANCY: Let's go to the next quote. Is this an accurate quote? "Without a consistent therapeutic affirmation of innocence, the victim tends to become filled with self-condemnation and self-hatred for somehow inviting and allowing the sexual assault?" So you have to keep supporting the child in their story so they don't feel that it's their fault?

URQUIZA: Correct. That you would support the victim so they don't feel it's their fault.

CLANCY: Let's go to the next one: "As an advocate for the child, both in therapy and in court, it's necessary to recognize no matter what the circumstances, the child had no choice but to submit quietly and keep the secret." That's an accurate quote from Child Abuse Accommodation Syndrome, isn't it?

URQUIZA: That's correct.

CLANCY: And he's talking about advocating, not just in therapy but in court, correct?

URQUIZA: Correct.

CLANCY: Let's go down to the next one: "The more illogical and incredible the initiation scene might seem to adults, the more likely it is that the child's plaintive description is valid." That's an accurate quote, isn't it?

URQUIZA: That's correct.

CLANCY: So, if what the child says is illogical and incredible, it's more likely that it's valid?

URQUIZA: That's what his statement is. That's what it says.

CLANCY: He's advocating that no matter what the child says, you're supposed to believe it, isn't he?

URQUIZA: What we're talking about is a child who has been sexually abused and sometimes situations arise where the circumstances of their victimization may not seem logical or may not seem critical. And so I believe what Dr. Summit is saying, even in those situations where they're illogical or incredible, for a child who has been sexually abused he thinks it's important to recognize the validity of their experience.

CLANCY: Let's look at the next quote: "Unless there is expert advocacy for the child in the criminal court, the child is likely to be abandoned as the helpless custodian of a self-incriminating secret which no responsible adult can believe." Isn't Dr. Summit asking the reader to be an advocate in the courtroom.

URQUIZA: Right.

CLANCY: Let's look at the next quote on page 188: "The psychiatrist or other counseling specialist has a crucial role in early detection, treatment intervention and expert courtroom advocacy. The specialist must help mobilize skeptical caretakers into a position of belief, acceptance, support and protection of the child." So he's advocating this theory from the time of earliest detection, isn't he?

URQUIZA: Right. As soon as a child who has been abused is identified and treated and even to the point of supporting them if the case goes to court, that it would be important to provide a sense of belief, of acceptance, and support and protection of that child.

CLANCY: So he's advocating believe the child, isn't he?

URQUIZA: He is advocating the belief that they are sexually abused.

CLANCY: He's advocating believe the child?

URQUIZA: Right. And I think what I said earlier, we're starting from the assumption that this describes what happens with a child who has been abused. He's advocating that we should support the child's assertions or statements or disclosures.

CLANCY: Next quote: "Unless there's a special support for the child and immediate intervention to force responsibility on the father, the girl will follow the normal course and retract her complaint. The girl admits she made up the story." That's a direct quote?

URQUIZA: Yes.

CLANCY: So he's basically saying when they retract the story, the retraction is false?

URQUIZA: With a child who has been sexually abused, yes.

CLANCY: The next quote: "The clinician with an understanding of the child sexual abuse accommodation syndrome offers the child a right to parity with adults in the struggle for credibility and advocacy". That's a direct quote, isn't it?

URQUIZA: That is correct.

CLANCY: So he's encouraging people to be advocates on credibility, correct?

URQUIZA: And again, assuming that the child has been abused which is what accommodation syndrome is about, then he is advocating for their credibility; that people believe that they have been abused and advocate for them.

CLANCY: So he's advocating using this -- a courtroom to advocate for credibility?

URQUIZA: I think you could use it -- if your perception is the accommodation syndrome should be used to make a determination about whether the child is abused or not -- which I previously said I don't agree with -- then I think that issue of credibility would have one interpretation. That is, we're looking to see if they're credible, if they're telling the truth or not telling the truth. But here we're talking about the fact that we've assumed the child has been abused. Child sexual abuse accommodation syndrome is all about what has happened with a child who's been abused. In that case, we're providing support or credibility for the child in their disclosure.

CLANCY: The last quote, "it has become a maxim among child sexual abuse intervention counselors and investigators that children never fabricate the kind of explicit sexual manipulations they divulge in complaints and interrogations." That's a quote from the Child Abuse Accommodation Syndrome in 1983?

URQUIZA: Right. That's a quote from the Child Abuse Accommodation Syndrome. That was taken from Elmer Dean Muldoon, an article in 1979, "Incest: Confronting the Silent Crime," Minnesota Program for Victims of Sexual Assault.

CLANCY: He incorporated it into his article?

URQUIZA: That is correct.

CLANCY: Near the conclusion section, correct?

URQUIZA: It is in the second to the last page of text.

CLANCY: Isn't it true that the Child Sexual Abuse Accommodation Syndrome is an advocacy model?

URQUIZA: I would agree with that. It advocates for some characteristics with children who have been sexually abused.

CLANCY: Have you taught CPS workers?

URQUIZA: I have, yes.

CLANCY: CPS workers do investigations for court, correct?

URQUIZA: That's correct.

CLANCY: Have you talked to them about Child Abuse Accommodation Syndrome?

URQUIZA: I have talked about child abuse and talked about accommodation syndrome as a part of that and some of the characteristics of accommodation syndrome as a part of that.

CLANCY: Secrecy was the first of the five categories that Roland Summit talked about correct?

URQUIZA: That's correct.

CLANCY: Now, if a child fabricates an allegation of molestation, they can say that it occurred right now, it's happening right now, he's touching me right now, or it happened sometime in the past, correct? Those are the only two choices?

URQUIZA: That's correct.

CLANCY: And if they say it happened right now, the witness would be able to look and see it, correct?

URQUIZA: Sure.

CLANCY: So if they say it happened a month ago, six months ago, a year ago, that would give the appearance that they have kept a secret for six months or a year, wouldn't it?

URQUIZA: It could give that appearance.

CLANCY: And Dr. Roland Summit never talked about that in the article, did he?

URQUIZA: Dr. Summit did not talk about false allegations in his article.

CLANCY: Now, an investigator might ask a child in a suggestive way "did he tell you to keep a secret". That can happen, can't it?

URQUIZA: It could happen, yes.

CLANCY: Does Roland Summit talk about how that questioning might be an explanation for secrecy?

URQUIZA: Again, that issue of suggestibility or that the allegation was false was not a part of Dr. Summit's focus or intent in talking about the Child Sexual Abuse Accommodation Syndrome.

CLANCY: You talked about helplessness?

URQUIZA: Yes.

CLANCY: You talked about how children being molested are helpless, right?

URQUIZA: Helpless, vulnerable, relatively powerless.

CLANCY: Isn't it true that all children are helpless, whether or not they've ever been molested?

URQUIZA: That characteristic is, consistent with many children who are younger or smaller or in some ways less powerful than others.

CLANCY: Now, he also talked about "entrapment"?

URQUIZA: Yes.

CLANCY: And he talks about how children accommodate to abuse due to an imbalance of power, would that be fair to say?

URQUIZA: Generally because of the circumstances that they're in.

CLANCY: Children can also accommodate an adult who wants to falsely accuse someone, can't they?

URQUIZA: I'm not sure I understand.

CLANCY: Domestic case, husband and wife fighting over custody, can't a parent have an influence on a child's statement?

URQUIZA: Certainly a parent could have an influence on a child's statements.

CLANCY: And if the child went along with a false accusation, that would be accommodating that parent, right?

URQUIZA: I think you could use the word "accommodating." But I think he is being quite unique in talking about accommodating as related to symptoms or mental health problems or sources of coping that a child who has been sexually abused would engage as a result of their abusive experience.

CLANCY: Well, being raised in a family that has an alcoholic in it, would children accommodate that?

URQUIZA: There would be some element of learning how to cope with an experience or modify the way in which you live your life or think or feel if you came from a family where one or both parents were alcoholics.

CLANCY: The same is true if you came from a family where there was violence, isn't it?

URQUIZA: I think there's an element of learning how to cope or adapt to violence if you have somebody who is just a violent person. If there's an issue of domestic violence, kids learn to make adaptations or changes in the style in which they think or feel, based upon a lot of different types of dominant themes, particularly aggressive ones.

CLANCY: And Roland Summit never talked about, in a false allegation case, how children might accommodate, did he?

URQUIZA: No, he didn't. Dr. Summit's article was not about false allegations. It was, quite simply, about what commonly occurs with a child who has been sexually abused.

CLANCY: Number four, delayed conflict and unconvincing disclosure. That was one of his four areas?

URQUIZA: That was the fourth.

CLANCY: He talked about children can delay because they're embarrassed, right?

URQUIZA: That could be one reason, yes.

CLANCY: A delay can also be because, in a false allegation case, they point to a time in the past, and it happens six months ago, a year ago, giving the appearance of a delay even though there wasn't?

URQUIZA: An appearance of a delay, I would argue isn't applicable to the accommodation syndrome. The accommodation syndrome is about children who have been sexually abused. So you can't have a delay in disclosure about being sexually abused if you haven't been sexually abused.

CLANCY: It would give the appearance of one?

URQUIZA: If you made a false allegation about something that happened in the past, you could have that.

CLANCY: Summit also talks about “incredible stories”. Isn’t it true that “incredible stories” can be the result of false allegations?

URQUIZA: It is possible that if you were going to make up a story, you're going to have a false allegation of abuse, it is quite possible that that story could be incredible.

CLANCY: Did Roland Summit write about how an “incredible story” could be caused by a false allegation?

URQUIZA: Dr. Summit wrote an article about what commonly occurs to children that have been sexually abused. It was not his intention to write about false allegations.

CLANCY: It was a single-hypothesis article?

URQUIZA: He wasn't using it to make a determination about whether the child was abused or not. He wasn't using it with regard to a hypothesis. Actually, I think his 1990 article goes specifically to that point – and when he uses the term "pattern," he's not making a determination about whether the child is abused. He's describing the pattern of behavior that sexually abused children exhibit.

CLANCY: And these patterns can exist in false allegations cases also, right?

URQUIZA: Well, I would argue and perhaps agree with you to some degree. There are certain characteristics that are consistent with kids that have not been abused. But I would disagree with the basic position of that question because the accommodation syndrome is used to provide a description of a child who has been sexually abused. So if they have not been sexually abused, then there is no issue of secrecy. What would secrecy be about if you have not been sexually abused? What would you delay in disclosing about if there was no abuse to have a disclosure about? I mean the question you're asking me sort of leads to the issue of using accommodation syndrome as a means to make a determination whether somebody is abused or not.

CLANCY: He indicated under the section called delayed conflict and unconvincing -- that the inconsistencies may be caused by the trauma of the abuse, correct?

URQUIZA: That would be one of the reasons, yes.

CLANCY: But he never talked about how inconsistencies can be caused by the allegation being false?

URQUIZA: Dr. Summit's article was not about false allegations. It was about describing what commonly happened with a child who was abused.

CLANCY: And the fifth section was called retraction, correct?

URQUIZA: Correct.

CLANCY: He wrote about children can retract stories of abuse to preserve the family?

URQUIZA: That would be one of the reasons.

CLANCY: Isn't it also true that a retraction can be true? In other words, they retract a false allegation?

URQUIZA: That could be the case, but that wouldn't be consistent with accommodation syndrome. It is possible that a child can make an allegation that is not true and retract that allegation which would then be true. That could be the case. But that wouldn't be an applicable part of the accommodation syndrome because, again, we're dealing with the assumption that the child has been abused.

CLANCY: Roland Summit came out with an article years later saying C.S.A.A.S. was being misused, right?

URQUIZA: Correct.

CLANCY: Do you see any danger in teaching -- whether it's a jury or the police or CPS workers -- Child Sexual Abuse Accommodation Syndrome without, at the same time, teaching them the flip side having to do with false allegations?

URQUIZA: Well, my understanding of what Child Abuse Accommodation Syndrome is as presented by Dr. Summit has been fairly well supported. I don't see a danger of presenting to any group -- whether it's law enforcement, social workers, teachers or members of a jury -- what research has to say about what happened with kids who have been sexually abused. It's my opinion that people in the community, their perception of what sexual abuse is and how kids respond, is usually taken from newspaper accounts, magazines, sort of sensationalistic television stories, not what research has to say. And so I don't see the danger of providing information about what research has to show about sexual abuse.

CLANCY: You don't see a danger of them not seeing both sides of the story?

URQUIZA: To the best of the knowledge that we have with regard to what research has to say, I don't know that there is a different side of the story. I'm presenting to you what research has to say about child sexual abuse, the effects of child sexual abuse. If there's another side of the story, then I don't know what that is. I don't know quite what would be the example. If the other side of the story would be most children are sexually abused by strangers, I think it would be dangerous if you had somebody come and say most children are sexually abused by strangers, because that's not what the research shows. It

shows somebody they have an acquaintance with. That's what I said, and that's what the research supports.

CLANCY: Nowhere in the Child Abuse Accommodation Syndrome, which uses the word "advocacy" over and over and over again, does it discuss issues of false allegations. Correct?

URQUIZA: That's correct. That was not Dr. Summit's intention and that wasn't the focus of the article.

MR. CLANCY: I have no further questions.

#### Scene 5 Comments to Explain What Defense has Accomplished

What has been accomplished during the cross examination of the prosecution expert?

First, the prosecution expert has been forced in front of the jury to discuss "false allegations".

Secondly, in every case that I have used this method the prosecution expert has repeated had to explain to me over and over and over that Dr. Summit was not concerned with false allegations. Child Sexual Abuse Accommodation Syndrome was not concerned with false allegations. Child Sexual Abuse Accommodation Syndrome did not discuss that each element of Child Sexual Abuse Accommodation Syndrome can also appear in false allegation cases because Summit was not concerned with false allegations.

Every time I have done this the prosecution expert gets upset with me that he keeps having to repeat over and over that Dr. Summitt didn't address false allegations. **NOW LOOK AT THE IMPACT OF THAT TESTIMONY AND SEE WHAT IMPACT IT HAS AS COMPARED TO SAYING THE SAME THING WITH A JURY INSTRUCTION.**

Jury Instruction CALJIC 10.64 which state:

"Evidence has been presented to you concerning child sexual abuse accommodation syndrome. This evidence is not received and must not be considered by you as proof that the alleged victim's molestation claim is true. Child sexual abuse accommodation syndrome research is based upon an approach that is completely different from that which you must take to this case. The syndrome research begins with the assumption that a molestation has occurred, and seeks to describe and explain common reactions of children to that experience. As distinguished from that research approach, you are to presume the defendant innocent. The People have the burden of proving guilt beyond a reasonable doubt.

You should consider the evidence concerning the syndrome and its effect only for the limited purpose of showing, if it does, that the alleged victim's reactions, as demonstrated by the evidence, are not inconsistent with her having been molested.

THE JURY WILL NOW UNDERSTAND THAT INSTRUCTION WHEN IT IS READ AT THE END OF THE TRIAL.

But the jurors have learned a lot more.

Third: The jurors have learned about causation, hyperclaiming, incidents v. prevalence, validity, and reliability without the scientific terms even being used. They have learned on a common sense level that all jurors can understand. They have learned on a visual level rather than with scientific jargon.

The jurors are starting to learn why Child Sexual Abuse Accommodation Syndrome is dangerous. They are learning that CSAAS is a totally one sided model. We are later going to teach them one scientific term, Confirmatory Bias Model. The basic theory to quote an old saying "All Road Lead to Rome".

Fourth: the prosecution expert witness has been forced to agree to all or most of the elements that the defense expert witness will be testifying to next. This enhances the credibility of the defense expert.

Fifth: the advocacy quotes that were shown on the display boards have exposed the Child Sexual Abuse Accommodation Syndrome for what it is. A non scientific advocacy model that is not designed to search for the truth.

Now, let's see how all these parts are put together. In the next courtroom reenactment, Dr. Lorandos is going to play the part of the defense expert witness. He was not the expert in the case that we are using as the model for this skit and the questions and answers are not his. In fact they are from the same trial that the questions and answers of Dr. Urquaza are taken. I am certain that Dr. Lorandos would have handled the testimony with a more scientific presentation. However, there are few qualified experts on junk science available to testify in your cases. We wanted you to see what the testimony would appear like using a local defense expert.

THE COURT: The record will indicate that all members of the jury are present, the alternates and the attorneys and the Defendant are present.

MR. CLANCY: Call Dr. LOCAL y LOCAL.

THE COURT: Okay. Dr. LOCAL,

THE CLERK: Do you swear to tell the truth, the whole truth and nothing but the truth.

Dr LOCAL: I do.

THE COURT: All right. Go ahead.

Q. Dr. LOCAL, what kind of doctor are you?

A. I'm a forensic psychologist.

Q. And can you tell us briefly what your educational history is. I am referring to schooling.

A. Yes. I received a bachelors degree, California State University of Los Angeles.

Q. In what?

A. In psychology and sociology. It was in 1969. In 1971 I earned a masters degree in social work from the University of California at Berkeley, and in 1987 I earned my doctorate degree in psychology from the University of San Francisco.

Q. Can you give us a brief overview of your work history, please.

A. Primarily I devoted my entire career to a variety of services for children and families.

Q. Are you in private practice at this time?

A. Yes.

Q. Before going into private practice, did you work for some organizations?

A. Yes.

Q. And can you tell us what those were.

A. Let's see, I worked for Santa Clara County Department of Mental Health. I worked for Marin County Community Mental Health Child and Adolescent Outpatient Services. Actually, I've been in private practice all along, and I worked for county agencies part time.

Q. Okay. Were you ever a court evaluator?

A. Yes. I have been appointed as a court evaluator for conducting custody evaluations for performing special master work.

Q. As part of that work, are you involved in doing evaluations in custody cases where allegations of abuse have been made?

A. Yes.

Q. How many years have you been working in the mental health field?

A. Since like my masters degree in Berkeley in 1971, so my first license was in 1973, so over 30 years.

Q. Have you done control research?

A. I have conducted research yes, control groups.

Q. So do you understand the principles of scientific research?

A. Yes.

Q. Have you worked for the national center for missing and exploited children?

A. Yes.

Q. What kind of work do you do for them?

A. I get called in by them to conduct interventions with recovered, abducted children, and called to do the family reunification intervention when these kids are picked up.

Q. Are you on the board of commissioners for the oral examination for psychology in the state of California?

A. Yes, I was until they stopped the oral boards for licensure.

Q. Now, have you developed an area in the field of forensic, working in forensic cases.

A. Yes.

Q. And in that field, have you dealt with the issues of child abuse?

A. Yes.

Q. How many years have you worked in that field?

A. I have been involved in working child abuse really my entire career.

Q. Is the Child Sexual Abuse Accommodation Syndrome a subset within the field of child abuse?

A. Yes, well, it's a category of terms of the knowledge base and the science having to do with child sex abuse.

Q. So people who are knowledge – if you wanted to talk to people who know about Child Sexual Abuse Accommodation Syndrome, you would talk to people who are in the field of child sexual abuse?

A. Yes.

Q. Have you worked your entire career in the area of child sexual abuse?

A. Yes.

Q. Now, when did you first learn or where were you when you first encountered the Child Sexual Abuse Accommodation Syndrome?

A. I was working for Marin County Community Mental Health Child and Adolescent Outpatient Services in the early '80's.

Q. Have you followed the literature of having to do with the critiquing of Child Sexual Abuse Accommodation Syndrome?

A. Yes, I have.

Q. Have you read any of the empirical research having to do with Child Sexual Abuse Accommodation Syndrome?

A. Yes, I have.

Q. Have you testified before concerning the Child Sexual Abuse Accommodation Syndrome?

A. Yes.

MR. CLANCY: Now, I would move that he be accepted as an expert in Child Sexual Abuse Accommodation Syndrome, Your Honor.

THE COURT: He is accepted as an expert in Child Sexual Abuse Accommodation Syndrome.

MR. CLANCY: Thank you.

BY MR. CLANCY:

Q. What is your opinion about the Child Sexual Abuse Accommodation Syndrome?

A. Well, that it's a dangerous theory because it is a powerful suggestibility process. It uses a confirmatory bias model.

Q. Can you explain what a confirmatory bias model is.

A. Yes. Confirmatory bias is the hallmark behavior of interviewer bias and it's a basically; a one sided model. It's based on one sided assumptions.

Q. Has the Child Sexual Abuse Accommodation Syndrome been rejected by the scientific community?

A. Yes, it has.

Q. Who within the scientific community has rejected it?

A. It's been rejected by the American Psychiatric Association, the American Psychological Association, the American Psychological Society, a host of 40 or 50 prominent researchers in the field, Conte, Berliner, Cece, Bruck, Poole, Lamb, and many more.

Q. Are these some of the top researchers in the field of psychology in the nation?

A. Yes, they are.

Q. Has some research come out even just recently from Stephen Cece?

A. Yes. Dr. CeCe at Cornell University just published a piece of research looking at the Accommodation Syndrome assumptions.

Q. Now, who is Steven CeCe?

A. Steven Cece is the head of the psychology department at Cornell. He's internationally renowned for his expertise work and his research in the field of suggestibility and memory and child abuse.

Q. Does the Child Sexual Abuse Accommodation Syndrome teach one set of definitions to be applied to a number of symptoms or events?

A. Yes, it does.

Q. Is there any danger in teaching one set of definitions when there's more than one set of definitions?

A. Yes.

Q. Have you come up with a bit of a humorous example of the danger of only knowing one definition?

A. Yes. I have an example.

Q. Can you please give it to us.

A. Sure. If we have two college students sitting across from one another at the library, one is a girl and the other is a boy, the girl is from England, the boy is an American, and the girl asks the boy for a rubber and the college boy starts to get excited and is about to get himself in a whole lot of trouble because he doesn't realize that in England a rubber is an eraser.

Q. So you can get in trouble if you only know one definition to a word that has more than one definition.

A. Yes.

Q. Have you developed a set of charts that demonstrate that the Child Sexual Abuse Accommodation Syndrome is a confirmatory bias model?

A. Yes.

Q. Now, are these charts that you developed to explain what a confirmatory bias model is?

A. Yes.

Q. Showing you the first chart, can you explain what that chart represents.

A. Well, it's an assumption that children are told to keep secret children that have been molested, and that the secrets have some significance as an indicator of abuse.

Q. Okay. Is this representing Roland Summit's theory of this first element of secrecy?

A. Yes.

Q. And is the arrow pointed over molestation the representation of one point of view or one side?

A. Yes, the assumptions having to do with molestation.

Q. Now, the title is changed to Forensic Factors. What does the word forensic mean?

A. Forensic refers to the legal arena and it refers to a scientific framework methodology, you know, investigating using hypotheses testing, looking for alternative explanations.

Q. Okay. In forensic work, are there alternative hypothesis such as a molestation did occur and another hypothesis that a molestation did not occur?

A. Yes. That is correct.

Q. Is this what representation of the arrow pointing to the left is referring to?

A. Yes.

Q. The alternative hypothesis?

A. It's referring to the alternative examples and considerations.

Q. Have you listened to some ideas about different things that could point to the other side of the equation?

A. Yes.

Q. Can you pick out a couple of them and explain what you mean.

A. Well, if it's a false allegation if it didn't happen, then it's not secrecy. The idea of secrecy is a time level between an event and a report of an event.

Q. How about number four?

A. Number four, the idea of secrecy, children can get exposed to this idea of secrecy and suggestive by this interview.

Q. Is this a complete list or are these just a few?

A. No, those are just a few.

Q. Now, helplessness, is this a representation, graphic representation

A. Yes.

Q. Of Roland Summit's theory of helplessness?

A. Yes.

Q. And on the notations to the right pointing in the direction of molestation, are there some of the ideas that he put forward in the Child Sexual Abuse Accommodation Syndrome?

A. Yes.

Q. Can you briefly go over what those are.

A. The assumption is that in respect to molestation, the children are helpless or that because children are helpless they're more vulnerable to molestation and to being manipulated. Summit's assumption is that children can't resist adult sexual advances. It's considered a myth now, but one idea was that children think that adults will not believe them, and the position of Dr. Summit in the accommodation model is to teach

other professionals to advocate for children or to help make others believe, believe the child.

Q. Is this more of a forensic model or scientific model?

A. Yes.

Q. Can you explain what's on the left-hand side or pick a couple.

A. Well, an alternative assumption is helplessness is common in all children, that just because a child is helpless doesn't mean that they were abused and that children have an expectation of assistance from authority.

Q: Is this a forensic model?

A: Yes. A forensic model is designed to find the truth without a bias, to use multiple evaluation techniques.

Q. Well, let's go on to the next chart.

A. Okay.

Q. Okay. Let's go to the next chart, entrapment. Does this at all represent the theories of Roland Summit on entrapment?

A. Yes. It's the assumption that children accommodate abuse due to the power imbalance between children and adults.

Q. And does that show a one-sided view or confirmatory bias model?

A. Yes. And the problem with the assumption is it's not something that you can observe or can be measured.

Q. Looking at a forensic model or balanced model, does this represent a balanced model?

A. Yes.

Q. Can you – you don't have to go over all of them, just pick one or two out on the other side for demonstration purposes.

A. That children tend to accommodate an interviewer's bias. In an interview by anybody, parents, teacher, children will accommodate a bias and that interviewer bias will have a powerful effect on children's statements. Children naturally seek to preserve relationships, children want to please adults, children are sensitive to the agenda of an interviewer.

Q. Okay. Is this a visual depiction of the Child Sexual Abuse Accommodation Syndrome element referred to as delayed and conflict and unconvincing?

A. Yes. These are – so these are reasons for or ideas or assumptions about why say that the report of a child might be delayed. Accommodation Syndrome thinks that delay is caused by a child or children being embarrassed to tell, that children do not report abuse to preserve and protect the family unit. That denial, denial is caused by a child's inner reluctance to tell. The assumption here is also that all allegations are true so there

are delayed reports, conflicted, unconvincing, inconsistent reports that those all indicate abuse occurred.

Q. Is this a forensic model?

A. Yes.

Q. Can you pick a couple of them out and explain.

A. Sure. An alternative explanation, there will always be an appearance of a delay in a false allegation case. Otherwise the child would have to say he was being molested right at that moment. One of the reasons for a denial in a false allegation case is just that. It is false.

Q. Can an incredible non believable allegation be because they're not real?

A. Because they're not real, yes. If it's not credible it might not be real. That would appear to be the most logical explanation.

Q. The last element, retraction. Is this a visual representation of Roland Summit's theories on retraction?

A. Yes. His idea is that all children's reports are true, and that children do not lie, and that if children retract that, that the retraction is an indication of abuse.

Q. Do they advocate preventing retraction?

A. Yes, they advocate preventing retraction, they advocate isolating children from people who may not believe that abuse occurred.

Q. Is this a forensic model of the same factor?

A. Yes.

Q. What is the first one?

A. The retraction – an alternative explanation for retraction is that a retraction could be true. There may never have been a molestation. Adults should listen to and evaluate retractions. Basically adults should be looking for the truth and considering all alternative explanations.

Q. Let me ask, between all five of these boards that are up here, a forensic model doesn't tell you to ignore what Roland Summit has said, does it?

A. Absolute not, no. However, you need to have a balance unbiased method of looking at these factors which Dr. Summit failed to do in his article.

Q. Thank you. I've got just a few more questions. Does the American Academy of Child and Adolescent Psychology come out with a policy statement concerning whether to use a confirmatory bias as a forensic model?

A. Yes. They came out with a policy statement suggesting that it is important to always consider the possibility of false allegations. They stated that multiple evaluations techniques should be used and not to rely just on the child's account.

Q. Has the California State Department of Social Services, the people in charge of protecting children, come out with a policy statement on whether to use a forensic or confirmatory bias?

A. Yes, they do state that it's very important to always consider the possibility of a false allegations, that they found that false allegations occur among children and adolescents who make very, very convincing reports out of boredom to gain attention, vindictiveness to cover up their own sexual acting out, and these also occur in the context at a higher rate than the general population in the context of looking at divorce in families.

Q. Now, does Child Sexual Abuse Accommodation Syndrome violate the scientific standards of specificity and sensitivity?

A. Yes.

Q. Can you explain what that means?

A. Yes. Diagnostic sensitivity and diagnostic specificity are basic standards of science that need to be met. Sensitivity means that the method detects all or most acts of acts molestation. Diagnostic specificity refers to the same assessment, the same instrument to be able to accurately characterize those children that have not been abused – as not having been abused.

Q. Let me ask you this, one that is sensitivity, is it the more sensitive tests the more likely it is that they won't miss anyone?

A. Yes. The highly sensitive test diagnosis everyone with the disorder.

Q. Okay. What percentage of the children in the United States using the sensitivity of Child Sexual Abuse Accommodation Syndrome behaviors are consistent with having been molested?

A. All children in the world would be found to have been molested using the Child Sexual Abuse Accommodation Model. It has no ability to detect those that have not been molested. That is what is referred to as Specificity.

Q. Did Roland Summit come out with a second article about the misuse of Child Sexual Abuse Accommodation Syndrome?

A. Yes, he did. In 1992 he published an article. He didn't intend for it to be used forensically. He meant for it to be used only clinically.

Q. Are there any empirical studies supporting Child Sexual Abuse Accommodation Syndrome?

A. No, there are none.

Q. Are there empirical studies which have studied the dangers of Child Abuse Accommodation Syndrome?

A. Yes, there have.

Q. Do you understand that at the end of the trial, the judge will read a jury instruction that tells the jurors that they are not to use Child Sexual Abuse Accommodation Syndrome for purposes of determining whether molest occurred or did not occur?

A. Yes, I understand.

Q. Have there been studies what effect this information has on a fact finding body even if they have been warned not to use the information to determine if a molestation occurred?

A. Yes, there's a piece of research.

Q. What is that research?

A. The authors are Covera, Penrod, Vordeta and Levy, and the research involved using this Accommodation Syndrome testimony on research subjects and measuring the effects. The effects were that the subject became more inaccurately – well, they made the wrong decisions because of exposure to this confirmatory bias model. In other words their accuracy rate for determining the truth went down rather than up.

Q. Were the subjects told not to use it in making their determination of whether the molest occurred or not occurred and did they use it anyway?

A. Yes, that's correct.

Q. Is that the problem with teaching one definition to a symptom or a event

A. Yes.

Q. Is the Child Sexual Abuse Accommodation Syndrome an advocacy model?

A. Yes. It's – yes, it's considered an advocacy model.

Q. I am not going to go through each because the jury has already been shown them. But did you prepare a set of charts which gave quotes directly from the Child Sexual Abuse Accommodation Syndrome to demonstrate that it was an advocacy model?

A. Yes.

Q. What is the first recorded case in which a confirmatory bias model was used?

A. Well, the first case in the history of American juris prudence was the Salem Witch trials which children testified.

Q. In that model, were all the symptoms that anyone exhibited found to be symptoms of a witch?

A. Yes.

Q. Were there any symptoms found not to be symptoms of a witch?

A. I don't believe so.

Q. Was the Child Sexual Abuse Accommodation Syndrome the model used in the McMartin case?

A. Yes, it was.

Q. And did Roland Summit train the individuals who did the interviews and the investigation in the McMartin case?

A. Yes, he trained them and he was also involved in that case.

THE COURT: Why don't you explain what the McMartin case was.

THE WITNESS: The McMartin case was a preschool – a preschool case. It's a situation where a mentally disturbed mother of a two and a half year old child claimed that her child had been molested. In the process of the investigation of this one child, the district attorney's office informed the police department that they really needed to have more evidence. So letters went out to more than 200 parents or families saying that a molestation event may have occurred at the McMartin preschool and your child may have been molested. They named some of the possible kind of molest events. And pretty soon in a short period of time 360 children came forward to claim that they had been molested. It turned out to be a hysteria. None of the allegations were ever shown to be true.

Q. Did Keith McFarland do the interviews of those children?

A. Yes.

Q. Was Keith McFarland a student of Roland Summit, the author of the Child Sexual Abuse Accommodation Syndrome?

A. Yes.

Q. Does the empirical research shown that being exposed to the Child Sexual Abuse Accommodation Syndrome decreases the trainees ability to make reliable evaluations?

A. Yes, because it's a disclosure based model.

MR. CLANCY: Okay. I have no further questions. Thank you.

Scene 7 Comments Handling Prosecution Rebuttal Blue Background

This training seminar is trying to handle a very complex presentation. We would like to have a skit on how the prosecution would cross examine the expert for the defense but there is not enough time. Instead we will summarize the various attacks.

We have now successfully won the war on the scientific battle. The prosecution cannot prove that Child Sexual Abuse Accommodation Syndrome is not a confirmatory bias model. They will not even try. They will resort to the same line of questioning as before.

So Dr. you agree that children who have been molested will retract their statements.

So Dr. you agree that children who have been molested will delay reporting.

So Dr. you agree that children who have been molested will have inconsistent statements.

Your expert's response will also be.... Yes, that happens in both true and false allegations of child molestation.

Since that form of attack does not work they will resort to the standards:

Isn't it true that you usually testify for the defense?

Isn't it true doctor that you are being paid?

Isn't it true Dr. that unlike Dr. Urquza you haven't been published by APSAC?

Isn't it true doctor that you haven't treated as many children for molestation as Dr. Uquaza.

Isn't it true that you previously testified to ..... (followed by a quote taken out of context.)

Isn't it true that ...etc, etc.

These are the standard rebuttal questions. Just give them the standard answers.

The final hiding place for those whose position is "scientifically bankrupt" is the "slime" attack on your expert.

Isn't it true Dr. that Hustler magazine wrote an article about you?

Isn't it true that you were not qualified to testify one time? (1 out of 200 times with a former DA as the judge.)

Isn't it true that a porno newspaper called you the expert for the defense?

Isn't it true that you were the expert witness for Ted Bundy? Hitler? Atilla the Hun?

Isn't it true that 25 years ago your spouse called 911 on you? (More time was spent investigating my expert than was spent investigation the case.)

Isn't it true that you teach defense attorney how to get child molesters off?

Isn't it true that you are not a child advocate?

Isn't it true that ... etc.

When you are scientifically bankrupt, this is where the DA's go every time.

The California DA's Association keeps files on defense experts witnesses. If you expert has testified in the past, he or she will know what type of slime questions they will be asked. Make sure to debrief your expert on earlier slime attacks so that you can be ready. Make appropriate motions in limine and defuse any remaining slime issues by addressing those issues with your expert witness in front of the jury first.

My last thought on this issue is whether to "counter slime" the prosecution expert. I have been sorely tempted in the past but I think that the better method is to take them on in a scientific manner. What do they say? If you wrestle in the mud, your going to get muddy?

Scene 8 Commentary – Explain What Was Accomplished – Blue Background

Well, now that you have seen our visual method, what do you think?

Here is what we were trying to accomplish.

First and foremost we want the juror's to understand that Child Sexual Abuse Accommodation Syndrome is a "confirmatory bias model" and "Junk Science". We want them to see that it is an "all roads lead to Rome" model. Not only does it not help in the search for the truth, it gets in the way of determining the truth.

We want them to see Child Sexual Abuse Accommodation Syndrome is a dangerous and designed to mislead juries.

We have accomplished that. Now let's hit them over the head with it. During closing argument you might say to the jury:

"If you had a son, a brother, a father, a husband, or a loved one that was falsely accused of child molestation, would you want someone trained in Child Sexual Abuse Accommodation Syndrome conducting the investigation or would you want someone that is trained as an evaluator." You must emphasize that their job is to search for the truth. They are not advocates.

Now that the jury clearly understands what a confirmatory bias model is and why it is dangerous, you need during closing argument to expand on that understanding and show that the prosecutions entire case was built on a confirmatory bias model.

What else in the case was done on a confirmatory bias model.

Start with the CPS interview of the child. They were not concerned with asking questions that would expose that the allegations were false. They just kept asking for more and more incidents of molestation. Did he do anything else? How many time? How many weeks? Where did he touch? Any where else?

Next look at whether the police interview was a confirmatory bias interview. The jury has now seen where a confirmatory bias model is dangerous. It is not a search for the truth.

Next you can look at the medical testimony and the use of the "unscientific term" – "consistent with".

Each stage of the prosecutions case must be examined to see if it was truly a "confirmatory bias" model. If it was, the jury now know the danger of such a model. Use the term "one sided" interchangeably with 'confirmatory bias model'. Juror don't like to have been tricked or manipulated. You might want to point out how they all picked up their pencils and took notes when they heard the term "child sexual abuse accommodation syndrome." You might want to point out how they were being manipulated and mis-informed.

I would close out this area of your closing with the following type of statement:

”If you had a son, a brother, a father, a husband, or a loved one that was falsely accused of child molestation, would you want someone trained in Child Sexual Abuse Accommodation Syndrome conducting the investigation or would you want someone that is trained as an evaluator.” You must emphasize that their job is to search for the truth. They are not advocates.

#### Scene 9 Ending – More Resources

We have developed more resources to assist you in defending against junk science and false allegations of sexual molestation.

In the area of Junk Science I recommend that you look at the resources on my web site at [www.pshchlaw.net](http://www.pshchlaw.net).

Earlier we said we would show you where you can get our motions on excluding the junk science claims that only a small percentage of allegations of sexual molestation are false. We have a short clip to show you were to get this motion and other motions concerning cases involving child molestation allegations.

#### California Motions CSAAS.avi

If you log on and have problems, please don't call us. Send an email to the tech support listed on the page.

Now, lets take a moment and show you a resource that we have developed to share transcript of prosecution experts in cases involving allegations of molestation. If you want a copy of the transcript of Dr Urqeza that we used for this skit, this is how you can get it.

#### ProsecutionExpertTestimony.avi

Mr. Clancy and I hope that this presentation will assist you in counter the junk science of Child Sexual Abuse Accomodation Syndrome. This is the fourth seminar in our series of six seminars on Defending Against False Allegations of Sexual Molestation. Now to attack the junk science of the percentage of allegations that are false is not part of our original six part series. Maybe when we are done with the original six we will do one on that issue. If we do, you will be able to find it on our web site where all six seminars are available.