EXHIBIT M

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Date: April 17, 2015
Re: Psychological report, PEOPLE v. LARRY POHLSCHNEIDER
From: Kamala London, Ph.D.

I am a developmental psychologist. I specialize in children's forensic memory and suggestibility. Specifically, my expertise is in factors that promote and distort children's reports of child maltreatment. I have been asked by counsel of Larry Pohlschneider to present the basis for the child sexual abuse accommodation syndrome (CSAAS) and to discuss the scientific validity of the testimony presented by Dr. Ray H. Carlson.

MATERIALS REVIEWED

I have reviewed the following documents:

1. Description of the material from trial counsel's file
2. Court of appeal opinion affirming the Larry Pohlschneider conviction
3. Court of appeal opinion affirming the Albert Harris conviction
4. Clerk's transcript, which includes the transcript of the police interviews with the children.
5. Summary of Pohlschneider trial transcript
6. Clerk's trial transcript in Pohlschneider's trial
7. Reporter's trial transcript in Pohlschneider's trial

EDUCATIONAL BACKGROUND AND PROFESSIONAL EXPERIENCE

I have my doctorate in developmental psychology. I currently am an associate professor of Psychology at the University of Toledo. I specialize in research in the field of forensic developmental psychology. My specific area of research is in autobiographical memory and suggestibility in children.

In 1993, I received a bachelor's of arts degree with a double major in psychology and political science with honors from Grand Valley State University in Allendale, Michigan. In 1997, I received my master's degree in

experimental psychology with a minor in statistics from the University of Wyoming in Laramie, Wyoming. In 2001, I received my Ph.D. in developmental psychology with a minor in statistics, also earned at the University of Wyoming. I graduated with honors in both psychology and statistics. From 2001 until July 2005, I was a post-doctoral fellow at the Johns Hopkins University School of Medicine, Division of Child and Adolescent Psychiatry in Baltimore, Maryland. The focus of my post-doctoral training was in forensic developmental psychology.

I am a member of the American Psychological Association, the American Psychological Society, the American Psychology and Law Society, the Society for Research in Child Development, the American Psychological Association's Division 37 – Child, Youth and Family, and Division 37's subsection on Child Maltreatment. I served as the editor of the Division 37 publications *The Review* and *The Advocate.*

I have received research grants, the National Institute of Health T32 Fellowship, and competitive dissertation grant awards from the American Psychological Association and the American Psychology and Law Society. I have presented my research at numerous national and international professional conferences and invited colloquia. I was one of approximately a dozen international scholars invited to attend a 2003 National Institute of Health funded week-long conference on disclosure of child sexual abuse held in Stockholm, Sweden. I was one of the lead speakers at the conference. I have authored or co-authored two books and over 25 articles or chapters on autobiographical memory development and on statistics including the March 2005 article which appeared in Psychology, Public Policy and the Law, issue 11, pages 194-226, entitled *Children's Disclosure Of Sexual Abuse: What Does The Research Tell Us About The Ways Children Tell?*

I have provided consultation for a number of court cases throughout the United States in Alabama, Maryland, Colorado, Minnesota, Florida, Washington D.C., North Carolina, New Jersey, Ohio, Indiana, Massachusetts, Florida, Nevada, California, Iowa, Utah, Missouri, Texas, Illinois, Wisconsin, Louisiana, New Hampshire, and New York. Additionally, I have been qualified as an expert and have testified in military court (Ft. Knox, Kentucky). Abroad, I have consulted on cases in Australia, New Zealand and and Indonesia.

I have been asked in these cases to evaluate features occurring in particular interviews of children to identify those that have been demonstrated, through empirical research, to compromise children's ability to make accurate reports and cause children to report as true events that never occurred. I also have given testimony about the scientific research regarding how maltreated children generally tell others about abuse.

The cases on which I have worked have involved very young children (as young as age 2) to adults. In some of the cases, I acted as an expert consultant but did not give testimony for various reasons (e.g., the case was resolved without going to trial or my opinion was not favorable to the client). In other cases, I was qualified as an expert and provided testimony.

CHILD SEXUAL ABUSE ACCOMODATION SYNDRONE

My expertise in this area is outlined above and contained in my curriculum vitae; it is also based upon my review of the scientific literature in this field since the mid 1990's.

Dr. Maggie Bruck of Johns Hopkins Medical School (my mentor during my four year fellowship in forensic developmental psychology at Johns Hopkins) first wrote about these issues in 1995 with Stephen Ceci (Cornell University distinguished faculty member) in *Jeopardy in the Courtroom: A scientific analysis of children's testimony.* The next significant addition to this line of argument appeared in 1998 (Bruck, Ceci & Hembrooke, 1998), in *American Psychologist,* the flagship journal of the American Psychological Association.

In March 2005, the most comprehensive article on the scientific evaluation of (CSAAS) appeared in a peer-reviewed journal that focuses on psychology and the law *Children's Disclosure Of Sexual Abuse: What Does The Research Tell Us About The Ways Children Tell?* Psychology, Public Policy & The Law, 11: 194-226 (London, Bruck, Ceci & Shuman, 2005). This work reviews the research in the field and includes our critiques of the field as a whole as well as of the individual studies. This 2005 paper contains our summary of the general conclusions that can be made from this literature. In the present report, I summarize some of the findings from our 2005 review of the literature but focus on publications that were available in the year 2001 or earlier.

Some professionals have asserted that children's initial accusations of abuse are frequently recanted, but with additional support, their disclosures will be re-instated. The most popular embodiment of this model was proposed by Roland Summit (1983) and was termed the Child Sexual Abuse Accommodation Syndrome (CSAAS).

Because CSAAS models were not based on empirical data but on clinical intuitions and unsystematically collected observations, we reviewed the literature to determine its empirical support (London, Bruck, Ceci, & Shuman, 2005). I will review some of the findings from our 2005 paper but, again, I will focus on studies that were available by 2001.

Studies of children undergoing abuse assessment reveal low rates of denial and recantation.

We identified 17 studies (all published by the year 2001) that examined rates of denial and recantation by children who actually have sustained sexual abuse, in fact, asked directly about being abused when they were assessed or treated at clinics. All of these studies were available by the year 2001 (and many of them had been previously reviewed by Bruck and colleagues).

The rates of denial at assessment interviews were highly variable (4% to 76%) as were the rates of recantation (4%-27%). I have appended to this report information from the studies from children undergoing abuse assessment in Table 1.

We found that the methodological adequacy of each study (as indicated by their sampling procedures, validation of sexual abuse) was related to denial and recantation rates, with the highest rates being associated with the weakest studies (e.g. Sorenson & Snow, 1991). For the 6 methodologically superior studies, the average rate of denial was only 14% and the average rate of recantation was only 9%. (For an in depth discussion of the methodological strengths and weaknesses of the studies, see London et al., 2005, 2008.)

Thus, sexually abused children **do not** usually deny or recant the details of their abuse. In other words, children who actually have been sexually abused will tell, and few will recant, if they are asked in an interview conducted by unbiased interviewers using proper interviewing techniques and not suggestive questions. (See, my Declaration and Report re Police Interviews submitted in this case.) The studies published subsequent to the year 2001 are consistent with these earlier studies (see London et al., 2008, for a review).

Note, non-abused children can show the same patterns that were proposed in CSAAS- namely they may deny abuse and reluctantly disclose abuse when pressured by adults. Therefore, denial and recantation can also typify cases where no abuse occurred.

If an expert had been called as a witness in this case in January 2001, the expert could have provided the above testimony. The existing studies indicate that children who actually have sustained sexual abuse seldom deny that they have been abused if asked directly if they have been abused; children who have truthfully accused a family member of abuse rarely recant that accusation.

SCIENTIFIC ACCEPTABILITY OF DR. RAY CARLSON'S TESTIMONY

Dr. Ray Carlson's testimony was not based on an unbiased summary of the scientific literature. Rather, his testimony was based on clinical beliefs. He did not cite any scientific literature outside of that by Roland Summit. And, even then, he ignores Summit's follow-up publication (Summit, 1992) that cautioned against the misuse of CSAAS.

Below, I provide several example quotations from Dr. Carlson's testimony and then proffer what an expert on CSAAS would have testified had the defense counsel consulted with an expert.

On page 33 of the trial transcript, Dr. Carlson was asked if he was "...familiar with something called Child Sexual Abuse Accommodation Syndrome?" Dr. Carlson replied "...that that particular term was first applied back in about 1982. A fellow by the name of Dr. Sumner (sic) wrote an article in a journal, I believe it was a Journal of Family Therapy or Family Therapy and Social Work." Dr. Carlson goes on to say that "And basically what Dr. Sumner (sic) did in that article was to flesh out a particular kind of syndrome which he had frequently observed..." (p. 33).

In fact, the publication to which Dr. Carlson referred was published in the journal *Child Abuse and Neglect* in 1983 by Roland *Summit* (not Sumner). Importantly, Summit published a second article on CSAAS in 1992 that Dr. Carlson ignores. Dr. Carlson fails to point out that Summit clarified in his 1992 paper that CSAAS was completely based on his clinical intuition among Summit's adult female population of women seeking psychiatric services by him.

Summit's purpose in writing his 1983 article was not to provide a diagnostic tool to determine whether a person had suffered abuse as a child. He explained, "The purpose of this paper, then, is to provide a vehicle for more therapeutic response to legitimate victims of child sexual abuse and to invite more active, more effective clinical advocacy for the child within the family and within the system of child protection and criminal justice." (pp. 179-180)

In his original article, Summit (1983) stated that the *Child Sexual Abuse Accommodation Syndrome* model was based on an empirical foundation: "This study draws in part from statistically validated assumptions regarding prevalence, age, relationships and role characteristics of child sexual abuse and in part from correlations and observations that have emerged as self-evident within an extended network of child abuse treatment programs and self-help organizations" (p. 180).

Despite this claim, however, the 1983 paper contained no data and seemed to be predicated solely on clinical intuition and unsystematic observation. Almost a decade later, Summit (1992, p. 156) clarified, "It should be understood without apology that the CSAAS is a clinical opinion, not a scientific instrument." Summit entitled his 1992 paper "Abuse of the Child Sexual Abuse Accommodation Syndrome. CSAAS, then, was one clinician's opinion. Even Summit (1992) said CSAAS has been misused by clinicians.

Next, Dr. Carlson testified that it was his experience that going back and forth, where a child makes allegations, then denies allegations, then makes allegations is something he has seen happen many times.

On p. 37 of the transcript, Dr. Carlson was asked:

> Q: To take that a step further, to take retraction a step further, is it also common for child victims of molest to, and I call it flip-flopping. They will -- they go back and forth? They say, "Yes, this happened." "No, this□didn't happen." "Yes, it happened." "No, it didn't□happen." Is that a common occurrence?□
>
> A: I don't know the percentages, but it certainly is something that I have seen happen many times.□

Had an expert on CSAAS been called by the defense counsel, the expert would have testified that the scientific literature *does not* support the notion that children undergoing abuse assessment frequently show this "flip—flopping" of disclosures, denials, and recantations. There is no scientific literature to support these statements. In fact, the scientific literature shows that denial and recantation *occurs in a minority* of sexual abuse cases.

Dr. Carlson said he was unaware of the percentage of cases where this "flip-flopping" occurs. As reviewed above, the literature published by the year 2001 reveals the percentages of recantations are quite low- the vast majority of studies find recantation happens in fewer than 10% of cases.

Dr. Carlson was asked the following (p. 41):

> Q: Let me put it this way. In the case of in-house continual sexual abuse, are you saying that some facets of this syndrome will always appear?
>
> A: I would say it is safe to say that some aspects of it will always be there, yeah.

There is no scientific justification to say that "some aspects" of CSAAS will "always be there." The notion that some aspect of CSAAS will be present in *all sexual abuse cases* was never put forth by Summit and certainly is not supported by the contemporary scientific literature (nor by the literature available in 2001). Dr. Carlson did not testify about the scientific literature that shows that recantation rarely occurs among children who actually experienced sexual abuse.

Furthermore, Dr. Carson's testimony about "flip-flopping" disclosures is misleading because this pattern of halting disclosures also characterizes those of children who make false allegations. At the beginning they may simply assent to leading suggestive techniques, but with time and encouragement expand and embellish their narratives. Thus Dr. Carlson's testimony about disclosures and recantations is not based on a firm overview of the scientific literature on children's memory and development.

Dr. Carlson also offers the opinion that a history of sexual abuse would affect children's disclosures of sexual abuse. This notion is related to CSAAS in that Dr. Carlson is arguing that prior abuse makes children more vulnerable to "accomodating" the perpetrator and therefore not coming forward to make a disclosure.

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Q: Now Doctor, in your experience would it be uncommon for a child, who has been the victim of one perpetrator, to become the victim of another perpetrator?

A: It is very common.

Q: And why is that very common?

A: Well part of it has to do with the fact that the have already learned how to accommodate those kinds of advances. And when you begin to adjust to a situation, it's familiar to you. You know how to deal with it. You might say you know how to survive it, in a sense.

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Q: And would it be fair to say, then, that these children who have been previously abused, sexually molested, become easy targets for new perpetrators?"

A: Very often do. Not all the time, but it is very common.

There is no scientific literature on this issue. I have reviewed the literature on disclosure extensively, and I am unaware of any studies that have attempted to predict current disclosure rates acording to past victimization rate.

To summarize, had experts in the field (including Drs. Maggie Bruck, Stephen Ceci, Phillip Esplin, James Wood) been contacted to consult as an expert or called as a witness in the trial of this matter in January of 2001, such experts would have directed counsel to the plethora of materials available to him that substantially undercuts the scientific reliability of CSAAS, the propositions of Dr. Carlson, and specifically the unreliability of CSAAS as a predictor of disclosure patterns of child sexual abuse victims.

Dr. Carlson made a number of claims that did not have a valid scientific foundation. Counsel at the original trial apparently did not call an expert witness and, therefore, the unsupported claims of Dr. Carlson went unchallenged.

SUMMARY OF TESTIMONY THAT COULD HAVE BEEN PROVIDED IN THE YEAR 2001 ON CSAAS

1. CSAAS is not a scientific instrument but rather a clinical opinion of psychiatrist Roland Summit.
2. Summit (1992) published a follow up to his 1983 paper where he cautioned practitioners against the "abuse" of CSAAS.
3. The concept of CSAAS assumes that abuse did occur; it is a misuse of CSAAS to attempt to use it for diagnostic purposes.
4. Non-abused children can show the same patterns that were proposed in CSAAS- namely they may deny abuse and reluctantly disclose abuse when pressured by adults. Therefore, denial and recantation can also typify cases where no abuse occurred.
5. Studies published by the year 2001 fail to support the notion that abused children usually show a syndrome-like cluster of behaviors.
6. Denial and recantation occur in a marked minority of cases and rarely occur if the child actually has been abused and has made the initial accusation in response to questions posed by an unbiased interviewer using proper interviewing methods.
7. I am unaware of a single study that has examined disclosure rates according to prior abuse.

Had an expert been called as a witness in the year 2001, the expert (e.g., Drs. Maggie Bruck, Stephen Ceci, Phillip Esplin, James Wood) could have testified to all of the above.

TABLE OF AUTHORITIES

Bruck, M., Ceci, S.J., & Hembrooke, H. (1998). Reliability and credibility of young children's reports: From research to policy and practice. American Psychologist, 53, 136-151.

Ceci, S.J., & Bruck, M. (1995). *Jeopardy in the courtroom: A scientific analysis of children's testimony.* Washington, DC: American Psychological Association.

London, K., Bruck, M., Wright, D.B., & Ceci, S.J. (2008). How children report sexual abuse to others: Findings and methodological issues. *Memory, 16,* 29-47. Reprinted in E. Geraerts & M. Jelicic (Eds.) (2008), *Memory and Trauma,* Psychology Press.

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Sorensen, T., & Snow, B. (1991). How children tell: The process of disclosure of child sexual abuse. *Child Welfare, 70,* 3-15.

Summit, R.C. (1983). The child sexual abuse accommodation syndrome. *Child Abuse & Neglect, 7,* 177-193.

Summit, R. (1992). Abuse of the Child Sexual Abuse Accommodation Syndrome. *Journal of Child Sexual Abuse, 1,* 153-163.

Table 1. Disclosure and Recantation Rates from Child Clinic Studies

Study	N	Ages –mean (range)	Disclosing	Recantations	# SSI Citations	Type of interview
Gonzales et al. (1993)	63	(2-12)	24%	27.0%	9	Therapy
Sorenson & Snow (1991)	116	Mode = 6-9 (3-17)	25%	22.0%	70	Therapy
Lawson & Chaffin (1992)	28	M=7.00	43%	N/A	31	Social worker
Carnes et al (2001)	147	M=6.00 (2-17)	45%	N/A	not listed	CSA Team
Wood et al. (1996)	55	M=5.70 (6-11)	49%	N/A	2	CSA Team
Bybee & Mowbray (1993)	106	M=5.60 (2-11)	58%	11.0%	5	DPS and therapy records
Cantlon et al., 1996	1535	Mode=4.00 (2-17)	61%	N/A	3	CSA Team
Gries et al. (1996)	96	M=8.30 (3-17)	64%	15.0%	2	CSA Clinic
Stroud et al. (2000)	1043	M=8.40 (2-18)	65%	N/A	1	CSA Clinic
Gordon & Jaudes (1996)[1]	141	M=6.40 (3-14)	74 [2]	N/A	4	CSA Team
DiPietro et al. (1997)	179	M=7.50 (1.4-22)	76%* (47%)	N/A	4	CSA Team
Dubowitz et al. (1992)	132	M=6.00 (<12)	83%* (59%)	N/A	22	CSA Clinic
Elliott & Briere (1994)	399	M=11.03 (8-15)	85%* (57%)	9.0%	31	Clinician
DeVoe & Faller (1999)	76	M=6.80 (5-10)	87%* (62%)	N/A	7	Soc. Worker

Keary & Fitzpatrick 1994)	251	Mode=6-10	91%* (50%)	N/A	16	CSA Team
Bradley & Wood (1996)	234	M=10.00 (1-18)	96%*	4.0%	16	DPS
Faller & Henry (2000)	323	M=11.70 (3-21)		6.5%	1	DPS/Police