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PREVIEW

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**A review of the literature and proposal for best practices for the  
assessment of sexual abuse of children**

**MacDonald, Laura A., Psy.D.**

**Pace University, 1993**

PREVIEW

**U·M·I**

**300 N. Zeeb Rd.  
Ann Arbor, MI 48106**

PREVIEW

**A REVIEW OF THE LITERATURE AND PROPOSAL  
FOR BEST PRACTICES FOR THE ASSESSMENT  
OF SEXUAL ABUSE OF CHILDREN**

by

**Laura A. MacDonald**

**A Doctoral Project Submitted in Partial Fulfillment of the  
Requirements for the Degree of Doctor of Psychology in the  
Department of Psychology at Pace University.**

**NEW YORK**

**1992**

PREVIEW

## ACKNOWLEDGMENTS

Without question, the child deserved not to be molested, but the child also deserves to be believed, to be free from manipulation and exploitation, and to have his or her best interests defined, expressed, advocated and elevated above the interests of the other parties (Bresee, Stearns, Bess, and Packer 1986, p 561).

My thanks to all the friends, family, and mentors who have helped me get to this point.



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## ABSTRACT

Sexual abuse of children is an area that was largely overlooked by both researchers and clinicians until the late 1970's. Currently, the bulk of available literature focuses on retrospective accounts by adults who were sexually victimized as children, research studies which are flawed due to small sample sizes and inconsistent definitions. While psychologists and teachers are among those who are mandated to report abuse, many fail to do so because of their uncertainty that abuse occurred. More attention needs to be paid to victims while they are still children, to better serve this population. The current project addressed the problem of definition of sexual abuse, reviews the literature on assessment techniques, and proposes a working sexual abuse evaluation model for use by clinicians.

## Chapter One: Introduction

In the late 1970's, the women's movement and the child protective movement began to look at the issue of child sexual abuse. Until this time it had been an area that was largely overlooked by researchers and clinicians, in spite of rising interest in other forms of child abuse (Finkelhor, 1984). Although the increased attention to the problem has led to a rise in publications, media focus and treatment groups, the existing research literature continues to be problematic, for a number of reasons. Much of the literature consists of retrospective accounts, which, while helpful in treatment of adults who suffered abuse as children, does little for the diagnosis or treatment of sexual abuse while the victims are still children.

At the present time there is no one group associated with the task of assessing or treating children who have been sexually abused. Mental health professionals, legal professionals and child protective service workers among others, perform sex abuse evaluations. Many of these people are not adequately trained and the tools they use to assess are not standardized. For the researcher or student, the paucity of clear, well defined articles on which to base further research, makes study difficult. For clinicians, these issues take on a different meaning. Without clear

definitions, it is difficult to know how to verify suspected sexual abuse, or to anticipate treatment issues with this population of children.

There are many professional groups that are mandated to report when they suspect that a child is being abused. However, many mandated reporters do not contact child protective services agencies when they have suspicions, many citing uncertainty about whether the abuse occurred as the reason for not reporting (Finkelhor, 1984). This raises several important questions: What do abused children look like? Do they stand out demographically, psychologically and/or physically? Without clear definitions or guidelines, the position of the mandated reporter becomes difficult. The emotional and social upheaval that an accusation of this kind can have on an adult, especially a parent or a teacher can cause a reporter to hesitate rather than risk making a false accusation, resulting in the speculated abuse going unreported. In addition, there are times when the law may differ from a professional's code of ethics, making a decision to report even more difficult.

In order to begin to answer some of the questions that are raised with respect to how to recognize sexually abused children, it is helpful to look at the literature on who is reporting being abused. Research on child sexual abuse indicates that both male and female children are being victimized. Although there are greater problems associated

with discovering the prevalence in males, Finkelhor (1984) looked at several surveys and studies of various populations by different researchers and found that "the true prevalence figure for abuse experiences to boys under 13 or before puberty might be between 2.5 and 5%" (Finkelhor, 1984 p. 155). According to his review of such studies, Finkelhor finds that girls are victimized 2-3 times more than boys. MacFarlane and Waterman (1986) suggest that the true numbers for boys are closer to those of girls, but that they are more likely to go unreported. Their research suggests that "most confirmed pedophiles who abuse many children outside the family prefer young males" (p.10).

Sexual abuse occurs most commonly between the ages of eight and twelve, although many children older and younger than this are victimized. The preschool population seems to be almost completely left out of prevalence studies. Obvious reasons for this include the greater difficulty in spotting these children, their lower verbal skills, and their probable lower contact with agencies and individuals outside of the family unit. However, this should not be seen as evidence that these children are too young to be victimized.

There are several risk factors which will be addressed briefly here. The income level of the family seems to be a factor, girls from families whose income is less than \$10,000, report a greater incidence of abuse than those from

higher income families. In addition, the degree to which families or individuals are isolated has an impact. Those who grew up on farms or reported few friends reported higher rates of abuse. Daughters are more likely to be abused by a boyfriend of the mother's or by a stepfather than by their natural father. Girls whose mothers are remarried are more likely to be abused by a friend of the stepfather than by a friend of the father. Girls who report that their natural mother was absent, distant, ill, or not affectionate are more likely to be victimized than girls whose mothers are present (Finkelhor, 1984).

There does not seem to be much evidence of a connection between physical and sexual abuse in any study. Religion, ethnicity, family size, and crowdedness in the house do not seem to be factors in whether children are likely to be abused (Finkelhor, 1984).

The reporting of sexual abuse is a problem area for many professionals. While the range of mandated reporters is quite large, there is much discrepancy about what constitutes abuse, what to look for when one suspects abuse, and how to classify the abusive act or acts. It becomes difficult therefore, not only to identify the abuse, but to plan and institute the appropriate follow up. Depending on the philosophy of the practitioner, the approach to the case from identification through treatment will differ.

Finkelhor (1984) points to the concern of many authors and

practitioners that cases are not being handled uniformly, that there is conflict among agencies differing in approach and that often cases are mishandled by people who are inadequately trained.

Assessment of child sexual abuse takes many forms and includes many different tools. Although there is quite a bit of disagreement about how to evaluate or interview for suspected abuse, authors do agree that the interviewer needs to be flexible and to have an understanding of what can be expected of children cognitively as well as emotionally at a wide range of ages. Authors (e.g., MacFarlane & Krebs, 1986; Walker, 1990) repeatedly warn that flexibility and patience are the most important tools that interviewers have. The direction of a given interview will depend on the philosophical approach the interviewer takes to issues of sexual abuse. For example, MacFarlane and Waterman (1986) suggest that the person who has a goal of treatment for the child, will differ in their approach from the person whose goal is criminal action against the perpetrator.

The most commonly used tools and techniques are anatomically correct dolls, anatomically correct drawings, projective drawings and interview. The tools used and degree to which an evaluation remains focused or open ended will depend on the focus of the interviewer. For the purposes of a court evaluation, no leading question may be asked of children. Their testimony can be discredited in



the court room if it is suggested that they were "coached" about what to say or "trained" as to the use of the dolls. Overzealous interviewers can suggest to children by their words or actions that they expect them to say or do certain things, and can find admissions of sexual abuse in cases where this is unfounded. It is necessary to develop techniques for gathering information from children and from adults that can be standardized and that takes into account the developmental status of children, cognitively and emotionally in order to limit the number of false claims which come to trial and the number of true claims which are not heard. A standardized approach to the handling of cases may also limit the problems which can occur when people of varying theoretical and professional points of view are involved with the same case.

In the following chapters, issues regarding sexual abuse assessment are raised. The following chapter addresses definitional issues including differing definitions used by various agencies. Chapter three reviews the literature on child sexual abuse assessment and will include a discussion of some of the more commonly used tools. Chapter four considers assessment issues including the asymptomatic child, the relevance of the Post Traumatic Stress Disorder (PTSD) diagnosis for these children, false allegations and the court system. Chapter five proposes a model for a uniform system for evaluating children who may

have been sexually abused, including a discussion of which techniques need to be further investigated, and possibilities for implementing training for investigators. Finally, chapter six discusses the implications these issues have for psychologists, for education and for future research.

PREVIEW

## Chapter Two: Definitional Issues in the Evaluation of Sexual Abuse of Children

Differences in the way sexual abuse and especially incest are handled by professionals stem in part from the fact that sexual abuse is a somewhat different problem depending on whether it is viewed from a psychological, social, or legal standpoint. The focus of varying professional groups differs so that a definition of child sexual abuse helpful to one group may not be to another. For mental health professionals, the result of a positive classification of sexual abuse is often treatment for perpetrator and victim, in contrast to legal professionals whose goal is punishment for the perpetrator (Haugaard and Reppucci, 1988). The harsher penalties associated with a legal classification of sex offender necessitates a more narrow definition with less room for error. The more general a definition of abuse, the wider the range of acts defined as abusive. Haugaard and Reppucci (1988) argue that a single definition of child sexual abuse would probably be too inclusive to be useful to any professional group. They propose instead that clear definitions be established by which one could describe all the necessary information rather than a single, uniform definition.

The research literature in the area of sexual abuse of children tends to neglect the issue of definition. Several

computer generated literature searches in the area of definitional issues were completed, revealing only two articles which attempted to address the issue of definition. The first of these is a survey of professionals and parents, on questions of sexual abuse and interventions (Atteberry-Bennett 1987, and Atteberry-Bennett & Reppucci 1986, in Haugaard and Reppucci, 1988). The second surveyed a group of parents on the variables of a definition of sexual abuse (Finkelhor and Redfield, 1984).

A cursory investigation of the existing literature on sexual abuse in general found that while some referred to specific acts present in a given case, the majority of articles failed to give a clear definition of what they were calling sexual abuse. The result of this is a glut of inconsistent definitions being used in the literature and by professional groups. These definitions lack precision, acts in victims studies are often combined in such a way that all acts appear to have the same implications. By treating all abuses as if they were the same, differences in type and duration of abuse are ignored. These points lead to difficulties in interpretation of case findings and research (MacFarlane and Waterman, 1986) and point to a need for clearer definitions, for research, clinical and legal use.

There is basic agreement in the existing literature that duration, extent, type, consent, and degree of violence and threats involved in the abusive acts, as well as the

relationship and difference in ages between the victim and the perpetrator, and the age of the child at the time of the abuse should all be considerations in a definition of sexual abuse (Feinauer, 1989, Finkelhor, 1990, Terr, 1991). The individual's unique abuse history will factor into the long term effects and should be considered in the development of treatment decisions for both the perpetrator and the victim.

Haugaard & Reppucci (1988) review the definitional analysis of Atteberry-Bennett (1987) and Atteberry-Bennett & Reppucci (1986). In the cited study, the authors surveyed individuals from four professional groups likely to work with sexual abuse cases, including legal professionals, protective service workers, probation and parole workers, and mental health workers. They also included a group of randomly selected parents not in any of these professions. Participants scored forty-eight vignettes on a scale of definitely not sexual abuse, to definitely sexual abuse.

Vignettes varied according to child's age (five, ten and 15), parent/child combination (mother/son or father/daughter), and act (eight different acts ranging from "parent hugs child" to "parent has sexual intercourse" with child, with the remaining acts including contact and noncontact possibilities). Each vignette contains the word "often" in order that all be seen as happening with the same frequency. An example of a vignette might be "A mother

often sleeps in the same bed with her ten-year-old son" (Haugaard & Reppucci, 1988 p. 25).

The Haugaard and Reppucci (1988) study reveals significant differences between groups on many of the variables. However, for all the groups, acts involving fathers and daughters were seen as more abusive than the same acts involving mothers and sons. Ratings of abusiveness also increased with the age of the child. Sexual intercourse was seen by all groups to be the most abusive and hugging, the least, but for all other acts, ratings were mixed.

There was a significant difference between mental health and legal professionals in their ratings of abuse overall. Mental health professionals rated a parent's nudity in front of a five or ten year old child as significantly more abusive than did legal professionals and rated a child of any age sharing a bed with a parent as more abusive than all other groups. All groups rated the act of a parent touching a child's genitals as significantly more abusive than did legal professionals.

Respondents were then asked whether intervention was necessary for each vignette. If they felt it was, they were to rate eight types of interventions from "definitely would" to "definitely would not" recommend. These interventions were; educational counseling, family therapy, therapy for the child, therapy for the adult, investigation by child

protective services, removal of child from the home, removal of the adult from the home, and prosecution of the adult in court.

They found complete agreement that some type of intervention was indicated when the vignette involved sexual intercourse regardless of age or parent/child combination. There was high agreement when the acts were touching the child's genitals or photographing the child in the nude regardless of age or parent/child combination.

Age of the child was a factor when acts involved hugging (higher rates of intervention were recommended with ten and 15 year olds than with five year olds), kissing the child on the lips (from most recommending no intervention with five year olds to a range of 44% to 67% with ten or 15 year olds) and appearing nude in front of the child (75% felt intervention was necessary when the child is five years old compared to 90% when the child is ten or 15).

Parent/child combination was more important than age when considering other acts. While 90% of respondents agreed intervention is indicated when a parent "often enters the bathroom" while a 15 year old child of the opposite sex is bathing, for younger children, this was more dependent on parent/child combination. Twenty-five per cent suggested intervention if the child is five years and the vignette involved a mother and son as compared to 52% when the pair involved a father and daughter. For ten year olds, 79%

recommended intervention for mother/son pairs, and 90% for father/daughter. Father/daughter combinations were also seen as more abusive than mother/son when the act included sleeping with or nudity in front of a five year old child, though to a lesser extent.

The authors looked at the break down of recommendations for intervention by professional group. Mental health workers recommended child, family, and adult therapy more often than did legal professionals. Protective services workers were most in favor of investigation by child protective services, while parents and legal professionals were least in favor of this. While no group favored removal of the child from the home, the parent group was more in favor of this than were the professional groups. Overall removal of the adult was not preferred, but was recommended over removal of the child. This intervention was recommended more often by mental health professionals than by legal professionals or probation and parole workers. Mental health professionals also recommended prosecution of the adult over legal, probation and parole, and parent groups.

The differences seen between groups in conceptualizing degree of abusiveness, can be accounted for in part by examining the recommended interventions proposed by the various groups. Haugaard and Reppucci (1988) suggest that for mental health professionals, accuracy of definition is