Child Sexual Abuse Examinations: Proposed Guidelines for a Standard of Care

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A review of the literature regarding child sexual abuse examinations is presented and a proposal for a more objective and stringent standard of care is made. Current limitations in sexual abuse examinations include examiner bias, faulty procedures or diagnostic materials, and varied or conflicting roles of the judicial, social service, and mental health systems. Examiners in such cases should have adequate and specific training, be a neutral party appointed by the court, record the proceedings, and have access not only to the alleged victim, but also to the accused and to other parties during the examination.

Sexual abuse of children has been a growing national concern for the past several decades. Numerous books and articles have been written on the subject, and extensive campaigns have been launched in an effort to stem what some have referred to as a problem verging on mass hysteria.[1] Sexual abuse of children is a serious problem that impacts its victims in many different ways.[2]

Numbers depicting the actual incidence and prevalence of sexual abuse are notoriously elusive. One problem in this area is defining sexual abuse.[3] Definitions in the literature range from exhibitionism to forcible rape. Another difficulty arises in the investigator's attempt to expose the abuse to view. For obvious reasons, people involved in sexual abuse of children are not likely to volunteer this information to a researcher, so most research concerning the prevalence of sexual abuse uses retrospective accounts of victims and officially reported cases. Whether or not reported cases actually reflect the true numbers is not an area of agreement among professionals. Support is forwarded on both sides of the issue as to whether sexual abuse is under- or over-diagnosed.[4] Finkelhor[5] noted that 15 percent of female and six percent of male survey respondents reported having been sexually abused. Although the true frequency of child sex abuse in the population is not known, the most reli-

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able estimates range from about 10 to 20 percent.[6-8]

One area of agreement for professionals is that the number of child sex abuse *allegations* is increasing at an alarming rate. In 1991, an estimated 2,694,000 children were reported to Child Protective Services agencies as victims of any form of child abuse or neglect. Of these, approximately 15 percent, or 404,100, were sexual abuse cases. These numbers represent a 40 percent increase since 1985.[9] The numbers for 1992 are even higher with an estimated 2,936,000 reported cases of any form of abuse and 17 percent, or 499,120, being sexual abuse cases.[10] There is also growing evidence that a substantial portion of these allegations are either unsubstantiated (not enough evidence to support the allegations), or false (allegations which were honestly made but not true and intentionally false allegations). Of the nearly 2.7 million reported cases for 1991, an average of only 39 percent were substantiated following an investigation.[11]

Whatever the reason for the dramatic increase in the number of alleged cases, the resultant flooding of our judicial system with sex abuse cases is having a noted impact. The high rate of state intervention in abuse cases is meant to protect endangered children. Unfortunately, just the opposite occurs as those children in desperate need of protection and assistance are lost in an overcrowded and flooded system. Recent legislation also makes it possible in many states for an adult to press charges of sexual abuse based on formerly repressed memories for incidents that happened decades ago, an issue that has spurred much controversy.[12] To the degree that overreporting of child sexual abuse occurs, even more parents, families, and children fall victim to the courts.[13]

Current Limitations and Problems

Examiner Bias People may become examiners in sex abuse cases for a number of different reasons. A common theme for many people who decide to do these types of evaluations is child advocacy; they want to be able to do something for children. As noble as this may appear, it has the potential for introducing biases into the system. For example, it is not uncommon to hear from those who set themselves up as child advocates that children never lie and that false accusations would therefore be extremely rare.[14] All too often the assumption going into the evaluation is that the accused is guilty, even before gathering any kind of information other than the accusation itself. This reverses the constitutional mandate that innocence of the accused is to be assumed.

Wideman[15] suggests that "the greatest problem in criminal investigations today is that investigators *assume* something happened and then set out to prove themselves right" (p. 36). This seems to be particularly true in cases of sexual abuse of children where emotions run high and the natural inclination of most outsiders is to favor the child.[16] Several writers have mentioned the danger of examinations done by case workers who have typically received little train-

ing.[8, 17, 18] Often the examiner wants to believe that the abuse took place and then filters out facts from the case that are consistent with the preconceived conclusions. Virtually any behavior or "sign" in the child is taken as evidence that abuse has occurred even when the indicators used are probably no more than general indicators of childhood stress or, in some cases, normal childhood.[19] The usual outcome for such an approach to child abuse cases leads the child and evaluator alike to believe that abuse has indeed occurred, obscuring the chance for a more objective examination.[18, 20, 21] Conversely, some evaluators may be predisposed against believing that claims of sexual abuse are valid.[22]

Even the titles chosen for examiners in child sexual abuse cases suggest bias. Many of them call themselves "validators" or "corroborators." A quick look in any standard English dictionary reveals that the meaning of both of these terms has the feeling of proving something or gathering evidence in support of some conclusion. These terms should be abandoned in favor of more neutral and objective terms like "examiners" or "evaluators."

Faulty Procedures

Suggestive and Leading Interviews The way that children are interviewed in sexual abuse cases has a high potential for introducing error and reducing the reliability of the child's statements. Analysis of the taped interviews with children in the now famous McMartin Preschool case in California shows many incidences of coercion, manipulation, and pressure to lead the children to make statements about abuse.[23] After the verdict was given in this case, the jurors stated that it was the leading nature of the questions posed to the children that swayed their decision.[24] A growing body of research concerning suggestibility of children and specifically of child witnesses is emerging.[25] While the McMartin case is an admittedly extreme example, basic principles of social psychology support the idea that when questioned numerous times by adults who are convinced that abuse has occurred, children conform their reports to the expectations of the adult.[26] Children in sexual abuse cases are often subjected to intense, repeated, and highly suggestive and leading questioning by persons the children perceive to be in authority.

Use of Questionable Materials for Diagnosis The use of aids such as dolls, drawings, props, or other materials in the context of a sexual abuse evaluation is controversial. Some propose that the use of such materials is a useful and necessary adjunct to an interview[27, 28] while others come down squarely on the issue that they are suggestive and should not be used.[18] Of the items that could be used as aids in an examination, the largest body of research centers around anatomically correct dolls. Some opponents to the use of these dolls have leveled the complaint that the dolls are far from anatomically "correct" in that the breasts and genitals of the dolls are disproportionately large and exaggerated.[8] Because of this type of opposition, ana-

tomically "detailed" or merely "anatomical" have become preferred terms in reference to these dolls. Recent research, however, has shown that through extrapolation of the measurements of 17 sets of these dolls to adult human proportions, no exaggeration of the sizes of genitalia or breasts is apparent.[29]

A more salient problem with the anatomical dolls seems to be the lack of norms available and their suspected suggestibility. Very little agreement exists among professionals as to the meaning of a child's behavior with anatomical dolls.[30] A few studies are now starting to accumulate based on differences between abused and nonabused children in their behavior with the anatomical dolls, but these differ widely in their methodology, selection of subjects, and conclusions. For example, August and Forman[31] found that abused children display more sexually oriented behavior with dolls when alone but less when with an adult than a nonabused sample. However, their "abused" sample consists of "children who were referred for evaluation of possible intrafamilial sexual abuse" (p. 41). McIver, Wakefield, and Underwager [cited in 8] on the other hand used verified sexual abuse cases in their sample against a control group and found no differences. Everson and Boat[32] provide a summary of studies done in this area. Suggestibility, modeling, and lack of standardized design or procedure are other complaints that have been made against the dolls. Clearly, more stringent research in this area is needed to establish norms before anatomical dolls can be used as a diagnostic tool.

Multiple Roles and Goals Any child sexual abuse case involves the interface of three very different systems—judicial, social service, and mental health. All of these systems have a different role to play in the child sexual abuse case with very different objectives. Pogge and Stone[33] outline the possible conflicts that may arise in the interaction of these three systems in the handling of a case. The main role of the social service system is to protect the child from abuse. The legal system focuses on providing justice to all involved parties. The mental health system is concerned with treatment of the identified patient, whether it be the victim or the perpetrator. Any of these three systems may be called on to perform investigations or evaluations to determine the truth of an allegation. This is where mixing the differing objectives of the three systems may obscure what must be an objective and impartial investigation.

Mental health professionals are often faced with the conflict of roles between investigation and healing. They are not detectives, but are often put into that role when asked to do evaluations and to make some statement about the truth or falsehood of an allegation based on their expertise in human behavior. A professional who is called on to perform a sexual abuse examination must remember that the first principle of investigation is independence both in the evaluator's not being aligned with any particular party involved and in freedom from biases regarding the allegation. It

is vitally important to separate the roles of treatment, investigation, and advocacy.[17,18,26] For this reason, a child's therapist should not be the one to conduct an examination to determine the truth of an allegation. Therapists should remain centered on their objective which is to heal, while investigators must be concerned with gaining uncontaminated data. This is impossible if the interview is conducted in a suggestive and therapeutic way. Mixing the goals of therapy, investigation, and advocacy tends to confound all three.

A Proposed Standard of Care

The Examiner Because of the complex and sensitive nature of child sexual abuse cases, those who conduct examinations in this area must receive adequate specialized training. This training must provide basic knowledge of child development and the special considerations of interviewing children who have very different cognitive, memory, linguistic, and social abilities from those of adults.[34] Other fundamental topics to be mastered include childhood sexuality, historical trends of sex abuse, and basic social psychology. A more specific literature focusing on issues of the child as a witness, suggestibility, and sexual abuse evaluations is arising and should be familiar to the examiner.[25,35]

The issue of examiner bias was discussed previously. The type of training and specialized knowledge suggested above will help to alleviate some of the bias problem. Another approach to limiting the effects of examiner bias is to have the court appoint the examiner. This helps to ensure that the examiner is somewhat distanced from the case emotionally and has no particular financial ties to either party involved. This also gives the court some control in making sure that a competent and trained examiner is appointed. In no case should the examiner be the child's therapist.[36]

While it would be ideal to have competent and trained examiners at every phase of the investigation, disclosure by a child of sexual abuse is most often unexpected and with some trusted person rather than with an impartial examiner. We have very little control over the circumstances under which disclosures of abuse take place. Our focus as trained professionals should be on what happens after that original disclosure, during the course of an evaluation.

The Process A lack of any standardized approach to child sex abuse examinations is in part responsible for the difficulties that plague the field today. Rogers[37] has proposed that "a standard in the field for a protocol for child sex abuse evaluations, based on a solid empirical and experiential foundation is sorely needed" (p. 59). Guidelines like those proposed by the American Academy of Child and Adolescent Psychiatry are beginning to emerge, providing a starting point for a standard approach to such evaluations.[36] The evaluation of a child who is suspected to have been sexually abused is a complex and multifaceted task. All too often, important parts of the process are omitted, resulting in an incomplete assessment at best and unnecessary curtailment of rights in many cases.

Recording of Interviews Often, the first official interview of a child concerning an allegation of sexual abuse is with someone who does not record the interview. This presents a situation in which the interviewer often paraphrases or attributes statements to children when the statements were actually those of the interviewer.[26] For those involved in the case who are not in the initial interview, a videotaped recording is essential to know with any degree of certainty what went on in the interview. Some of the advantages provided by documenting every interaction with the child on videotape are: (1) It preserves the integrity of the interview. (2) It decreases the need for additional interviews, which have a learning effect on the child and increase costs. (3) It preserves direct quotes of the child in context while demonstrating the affect of the child during the interview. (4) It serves as a control device to keep interviewers honest by providing a means of training and feedback from other professionals. (Incidentally, this is one of the main areas of resistance against the use of videotaping). (5) Videotapes of interviews with the child may be used to confront the accused. (6) When done correctly it can help to alleviate suspicion of the investigative process and provide a source of validation for the accuracy of the interview. (7) It may be used as a therapeutic device following the investigation. (8) It enables the legal profession to observe part of the process by which case workers and professionals make their decisions.

Occasionally, resources will not permit video recording of all investigative interviews. Additionally, it is important to safeguard against the possible risks of obtaining such information. Videos could be used to harass or intimidate the child in the context of cross-examination. They may also fall into the hands of those who have little or no regard for the sensitive and confidential nature of their content. Also, some viewers may see the child's testimony as being more credible because it is on the videotape.[36] Other than that, there is no reason why interviews done in connection with a child sexual abuse examination cannot be videotaped or at least audiotaped. Advantages of using such outweigh the possible negatives. Many experts in the field agree that this should be an integral part of a competent examination.[15, 17, 38–40]

Medical or Physical Examinations The approach commonly used in physical abuse examinations gave rise to the model used in sexual abuse examinations. In physical abuse cases, a medical doctor is often the one to make a definitive diagnosis based on objective physical criteria that can be fairly explicitly outlined.[41] Physical exams have become a routine part of sexual abuse examinations as well and often the physician's findings are taken as conclusive evidence that abuse has occurred. Some doctors are even instructed to always report their findings as "consistent with the history of sexual abuse" whether or not there are actual physical findings, presumedly lowering the chance that abuse will be discounted if it has indeed occurred.[42] A problem with this approach is that physical findings are rare in sexual abuse

cases, and that many positive findings are ambiguous and inconclusive about sexual abuse, resulting in significant errors in diagnosis.[43] Muram,[44] for example, found that in a sample of girls determined to be abused by Child Protective Services, 54 percent had either normal or nonspecific physical findings. Another 45 percent had findings that were defined as specific to sexual abuse that included a hymenal opening of greater than one centimeter. Elsewhere it was shown that any opening over four millimeters is highly associated with sexual abuse.[45] In only one percent of the sample was definitive evidence (sperm) discovered.

Other types of sexual abuse not involving penetration or ejaculation are essentially invisible to medical examinations. The hit rates for medical examinations in diagnosing sexual abuse appear to be just about what one would expect from chance or worse.[43, 44] For this reason, medical or physical examinations should be limited to obtaining evidence that has already been reported in the initial complaint.[46] Additionally, physicians chosen to perform such examinations should possess specialized experience and training, and should understand the possible ramifications of forensic examinations.[36]

Gathering Collateral Information One often overlooked part of an evaluation is a complete psychosocial family history including attitudes about nudity and sex or other ways the child may have gained information about sex such as sexually explicit videos.[17] An examiner should carefully review reports, documents, personal communications, or other types of evidence and be aware of biases in these evidences (for example, a report from a therapeutic agency or therapist). A healthy skepticism should be the stance of the examiner, adhering firmly to the objective of determining the truth about the case. The examiner should also request that any physical evidence referred to be produced, such as pornographic pictures or videotapes, arrest records, etc. Anything associated with the case and those involved in the case can be a potential source of information to the examiner.

Interviewing the Child As mentioned earlier, interviewing children is a specialized task requiring specialized experience and training. The special considerations of interviewing children should be continually a concern of the examiner in a sexual abuse case. Timeliness is another important general consideration in interviewing suspected victims.[47] The sooner an examiner is able to interview the parties involved, the less other influences are brought to bear on the interviewee. This is especially true for cases in which therapy is to take place. Investigative examinations should be conducted, if possible, before the person to be interviewed enters therapy.

The actual format or procedure for interviewing the child in a sexual abuse case has been proposed by a number of sources, and often each organization or institution accustomed to doing these interviews will have its own protocol.[18, 38, 39, 46, 48–51]

One important thing to remember when interviewing the child is the afore-

mentioned issue of suggestibility. The interviewer should take every precaution to minimize verbal and nonverbal cues to the child. A conscientious examiner will make every effort to remain detached and rational with a fair degree of skepticism throughout the procedure. The child should be interviewed alone whenever possible. If more than one adult is involved in the interview, confusion may arise as differing agendas will prompt different lines of questioning. The entire proceedings should always be videotaped or at least audiotaped.

Hypnotic interviews are suspect because of the possibility of increased suggestibility and the unsettled issue of memory distortion.[52, 53] Erdelyi,[54] for example, suggests that what some have identified as recovered or enhanced memory under hypnosis may actually be paramnesia or confabulation. Whitehouse *et al.*[53] showed that while hypnotized subjects are more confident about their reported memories, they are not more accurate than control subjects.

The first step once the interview has begun is one of rapport building and introductions. The examiner should make the child feel comfortable enough to allow for disclosure while maintaining professionalism. At this point the purposes for the interview are explained, although the child is typically already aware of why he or she is being interviewed. During this phase of the interview an informal assessment of the child's verbal and cognitive abilities can aid the progression of the interview. Another important aspect of this part of the interview is finding out to what information the child has been exposed. A fairly direct question like, "Has anyone told you what to say here today?" can be very revealing. This question should always be followed up with, "What were you told to say?" if the child's answer is affirmative. The child may have been told by a caretaker to tell the truth about what happened, or on the other hand the child may have been carefully coached as to the details of the alleged incident.

Most professionals in this area agree also that a discussion of truth and deception is necessary early on in the interview. Although this does not guarantee that the child will tell the truth, at least the examiner is reiterating the importance of frank honesty in the interview. Also, the courts will be more wary about the child's testimony and the interview if this important issue is left out.

Many children will have idiosyncratic terms for body parts and functions. This is especially true of genitalia, breasts, buttocks, and anus. While it is true that the investigator should be aware of which terms are used by the child, many ways of obtaining such information are overtly suggestive and may draw undue attention to sexual content. Usually, parents or other caretakers can provide this information prior to the interview. Those terms that the child mentions in the free narrative part of the interview can be clarified through direct questioning if the examiner is unsure of their meaning.

The main material of the interview should be gained by encouraging free narrative from the child. This is best

accomplished by using nondirective, open-ended questions. Generally, the child knows why he or she has been brought to the interview and will begin to talk about the alleged abuse without significant prompting. If the child is tangential or avoidant of the topic, the interviewer may direct the child to the issue of sexual abuse without being suggestive with an open invitation to narrative such as, "I understand that you have some concerns about what has been happening at home (school, etc.); tell me about that." Important things to listen for in the child's narrative include the details of the abuse (who, where, when, how often, etc.), the child's feelings about sexual contacts, presence of secrets or threats and coercion, the child's feelings toward the accused, and the general affect of the child (is this disturbing to the child). Because of the limited cognitive and linguistic abilities of the child, clarifying questions are often necessary. Again, clarifying questions should not be leading or suggestive, nor should they contain any information provided by another source.

Some sort of a validity assessment should be performed on the child's statements (this is another important reason to document the interview on videotape). Often, this is done by noting consistencies and inconsistencies in the child's account, especially as it fits or fails to fit with what the investigator knows about the case. Age appropriateness of responses should also be a consideration, as well as the affective reaction of the child to what is being described. More formal assessments of children's statements are currently being developed such as the Criteria-based Content Analysis (CBCA) and the Statement Validity Assessment (SVA).[18, 36, 55, 56] These are semistandardized instruments that have shown some promise in assessing the credibility of children's statements and may be useful for differentiating fabricated versus legitimate sexual abuse allegations. More research is needed in this area.

Interviewing Others In addition to the child, an evaluator should ask to see the accused, the child's caretaker(s), and any other significant others (siblings, babysitters, etc.) who may have relevance to the case.[36, 57] Even if this is not possible, one should make this request and then document the request. Accessibility to all parties is an important part of a thorough investigation.

Often, the interview with the presenting adult (usually a mother or other caretaker) precedes the interview with the child. In this interview it is important to determine whether any unusual or "red flag" circumstances exist (such as an ongoing divorce or custody battle). This interview should be very specific about the nature of the complaint and how the complainant came to understand or suspect that abuse had occurred. The circumstances and context under which disclosure or discovery first took place must be clarified. The interview with the first reporter of the abuse is likely to be the least swayed by confounding factors; however, the interviewer should also be aware of any other sources of information the first reporter may have had that are likely to have

been incorporated into the account of the original incident. As in the interview with the child, free narrative accounts tend to be the most valid and useful.

Making a decision about the truthfulness of a sexual abuse allegation based solely on examination of the child is like a court convicting a person of a crime after hearing only the arguments of the prosecution. An interview with the accused is essential not only to hear the other side of the story, but to give the accused a chance to directly answer the allegations. The four preconditions mentioned by Finkelhor[5] may be useful in the assessment of the accused. Some have advocated interviewing the accused alone as well as in the presence of the child and/or presenting adult.[46] This tactic may reveal much about family dynamics and may also reveal whether the allegations have been inflated or exaggerated. It could also show much about how the child feels about the accused. If an examiner does not have access to the accused, he or she should be very hesitant to make any conclusions about whether or not the abuse has indeed occurred.

Significant others can be a valuable source of cross validation and information to the investigator about the individuals involved in the case. This is also a chance to clarify hearsay information with the original source. For example, the presenting adult may say something like, "she told the babysitter . . ." Whenever resources allow, the examiner should then find out from the babysitter, in this case, what was actually said.

Psychological Testing Little is written about psychological testing of the parties involved in sex abuse cases. The literature is inconclusive about what a psychological profile looks like for the typical victim or the typical perpetrator. This may be one reason that some states like California prevent the courts from ordering psychological tests for parties involved in sex abuse cases.[37] Still, testing may provide useful information about intellectual level, impulsiveness, adjustment, and overall level of functioning of the different parties that may be very illuminating in the context of the case. Some researchers have found the Rorschach inkblot test to be useful in identifying sexually abused girls against a control group.[58] Further research of this type is needed.

Summary and Conclusions

Examinations in child sexual abuse cases are complex and vulnerable to many sources of error due to the highly sensitive and emotional nature of the allegations. Examiners should use caution to be sure that bias and suggestibility are minimized at every phase of the evaluation, maintaining a stance of neutrality and healthy skepticism until all of the data are in. Examiners in sexual abuse cases should have adequate training and experience in working with children in general and sexual abuse in particular. Examiners of such cases should be court appointed partially to reduce the risk of bias or dual role conflicts, but also to ensure that the examiner will have access to all parties involved in the allegation. As a minimum requirement, the examiner should evaluate not only

the child, but the accused and the child's caretaker as well. If such contact is not possible, the examiner should at least document that an attempt was made. All such examinations and interviews should be documented on videotape or at least on audiotape.

Some may be concerned about the expense of such an approach to conducting sexual abuse examinations. Many public agencies lack the funds for adequate investigations. As we struggle to remedy this inconvenience, it would do us well to remember the tremendous cost to children, individuals, families, and society of allowing inadequate or biased investigations to take place. The relative costs of this versus other approaches are yet to be spelled out in hard numbers.

The position of the examiner is not to be a therapist or child advocate, but one to arrive at objective conclusions based on unbiased data. As sexual abuse examinations become more objective and less biased or emotionally charged, the system for dealing with such allegations will function more cleanly and will better serve the purpose for which it was intended.

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