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Training, Guidelines, and Use of Anatomically Correct Dolls in the Investigation and Assessment of Children Who May Have Been Sexually Abused

Evelyn Jean Rondeau Thompson

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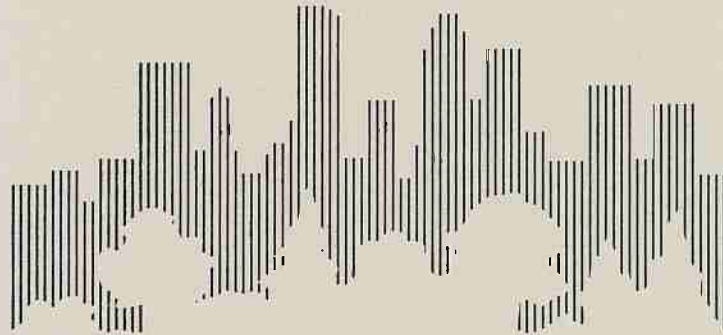
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**MASTERS IN SOCIAL WORK
THESIS**

Evelyn Jean Rondeau Thompson

**Training, Guidelines, and Use of Anatomically
Correct Dolls in the Investigation and
Assessment of Children Who May
Have Been Sexually Abused**

1994

**MSW
Thesis**

Thesis
Thomps

**Training, Guidelines, and Use of Anatomically Correct Dolls
in the Investigation and Assessment of Children
Who May Have Been Sexually Abused**

Research Paper
by
Evelyn Jean Rondeau Thompson

A Thesis Submitted to the Graduate Faculty
of Augsburg College
in Partial Fulfillment of the Requirements
for the Degree of
Master of Social Work

Minneapolis, Minnesota

June, 1994

MASTER OF SOCIAL WORK
AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

CERTIFICATE OF APPROVAL


This is to certify that the Master's thesis of

Evelyn Jean Rondeau Thompson


has been approved by the Examining Committee for the thesis requirements for the Master of Social Work Degree:

Date of Oral Presentation: June 10, 1994


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THESIS FINAL REVISION APPROVAL FORM

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The student named above has passed his/her thesis as required for the thesis component of the Master of Social Work Degree.

Mary L. Williams
Signature of Thesis Advisor

July 6, 1994
Date

DEDICATION

***This thesis is dedicated to Marilyn
who first interested me in the topic.***

Abstract of Thesis

**Training, Guidelines, and use of Anatomically Correct Dolls
in the Investigation and Assessment of Children
Who May Have Been Sexually Abused**

By

Evelyn Jean Rondeau Thompson

June 1994

In the past ten to fifteen years the general knowledge about sexual abuse and the number of persons abused has greatly increased. Many of the victims are young children who may have difficulty verbalizing the incident. As a result, various tools have been developed. One of these is anatomically correct dolls.

The purpose of this research was to explore the use of anatomically correct dolls by child protection workers, law enforcement offices, and psychologists who work with sexually abused children. They were asked if they used the dolls, features of the dolls, training they had, and guidelines that were available to the organization.

Findings indicated that the dolls are widely used in Minnesota and that about half of the users have had training. The majority of those responding indicated a desire for more training and for guidelines in the use of these dolls.

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Training, Guidelines, and Use of Anatomically Correct Dolls in the Investigation and Assessment of Children Who May Have Been Sexually Abused

Chapter I. Introduction

General knowledge about sexual abuse and the number of persons abused has exploded during the last ten years. Many of these people are children who are often too young to tell their stories clearly. The American Humane Society estimates that between 150,000 and 200,000 children are victims of sexual abuse yearly (August & Forman, 1989). There have been medically documented cases of abuse in children as young as three months. Positive physical evidence is found in no more than one third to one half of all the suspected victims. Many of the victims are young children who may have difficulty with verbalizing an incident or describing what has happened.

Tools to aid in the documentation of child sexual abuse

Aids to help the victim in telling the story have been developed; one of these is anatomically correct dolls. These are also often used as forms of evidence in legal situations (White, et al., 1986.). Some of these dolls have included Barbies, genitals sewn on Cabbage Patches, homemade stuffed dolls, and professionally manufactured dolls with detailed anatomical parts (White & Santilli, 1988). The dolls usually are available in families of four (Goodman & Aman, 1990;

Jampole & Weber, 1987; Sivan, et al., 1988; Thompson, 1984; White & Santilli, 1988), which include a mother, father, female child and male child. Some sets include grandparent dolls (Berliner, 1988) and some sets include extra males in the form of both adults and children (White, et al., 1986). Dolls are usually available in white, black, and brown, with straight or curly hair that is stereotypical of the race and all have a variety of body parts. While most have breasts, anuses, vaginas, and penises; some also have mouths, tongues, testicles, and fingers (Berliner, 1988).

Drawings are also used as a diagnostic procedure or identification of a victim. References were made to drawings in several case histories (Burgess, 1978; Burgess & Holmstrom, 1980; Burgess et al., 1981; Sgroi, 1978). Drawings were also mentioned as aids in psychiatric evaluations to help determine the degree of emotional damage done to a child and as a means of determining family dysfunction (Johnston, 1980; Yorukoglu & Kempf, 1980).

Another tool that is used in the identification of sexually abused children is a coloring book named Red Flag, Green Flag (Williams, 1980). The book was developed by the Rape and Crisis Center of Fargo-Moorhead, and was inspired by the "Touch" program of the Illusion Theater Company and the Child Abuse Prevention Project of Hennepin County in Minnesota (Thompson, 1984).

Visual cues as well as manipulation of objects are often easier for children than are manipulation of images. Goodman and Aman (1990) state that dolls permit children to re-enact what has happened and thereby reconstruct memory. Anatomically correct dolls also can

be used to evaluate the level of a child's sexual knowledge, to teach sex education, and as an aid to therapy.

Researcher's interest in the topic

In 1983, this researcher was approached by an attorney to consider the possibility of making the dolls. The plan was for the attorney to handle the legal aspects of the business, a law enforcement officer to handle the sales, and this researcher to handle the construction. Investigation showed that the business would not be profitable for three persons and the proposed business was dropped. However, this researcher developed a construction pattern, made some dolls, and in the spring of 1984, just after a television series on child sexual abuse, sent advertisements about selling the dolls to twenty counties surrounding the Twin Cities. The dolls were made and sold until 1988, and they were incorporated along with a research paper into a learning project for an undergraduate degree at the University of Minnesota.

A research paper written in 1984

In 1984, this researcher wrote an extensive paper on the use of anatomically correct dolls as the supporting project toward graduation from University Without Walls at the University of Minnesota.

Although 102 pieces of literature were reviewed, only five mentioned dolls at all and only three mentioned anatomically correct dolls. Due to that limited amount of printed information, it was decided to interview professionals who worked with children in a variety of capacities to see if they ever identified children who had been

sexually abused and if they used anatomically correct dolls for the identification. The professionals chosen for the interview worked in the areas of child protection/law enforcement, school/health, and therapists/counselors. Another served in the area of prevention through community outreach programs.

The results of the interviews indicated that most professionals did not want to become involved. When asked, "Which group of helping professional do you feel is the most likely to make the identification of sexual abuse?", the answer was almost always a different group than the group to which the interviewee belonged. One school social worker reported that he had 700 children in the school and was primarily responsible for special education scheduling so did not have time to look for subtle signs of sexual abuse. He felt that teachers were more likely to spot the problem.

One school nurse reported that her office did not provide the privacy necessary for children to share that type of information. Another school nurse stated that she did not feel it was her job but that it belonged to the school social worker. One therapist stated that the intake interview forms from her agency did not ask any questions about sexual abuse. She said that her agency was concerned with correcting a child's behavior, not in what caused it. Another therapist said that if sexual abuse was uncovered in treatment and if the therapist felt it was of any importance, the client might be referred elsewhere for treatment, but only if the client requested it.

A set of anatomically correct dolls was taken along when the interviews were being conducted. Although some of the professionals used the dolls routinely for identification of sexual abuse in children,

the majority of the persons interviewed had never seen a set of the dolls and were too embarrassed to look at the dolls' genitals, even when encouraged. That research project suggested that there was a resistance of professionals to acknowledge the possibility or existence of sexual abuse of children.

Research questions

The purpose of this research was to explore the use of anatomically correct dolls by professionals in Minnesota who work with allegations of child sexual abuse. Information was asked regarding the type of agency, program, or service they provided, features of the dolls, training individuals may have had in the use of the dolls, and guidelines for use of the dolls that were available in the organization.

Chapter II. Definition of terms

Anatomically correct dolls

The definition of anatomically correct dolls will be dolls that usually are available in families of four (Goodman & Aman, 1990; Jampole & Weber, 1987; Sivan, et al., 1988; Thompson, 1984; White & Santilli, 1988;) which include a mother, father, female child and male child. Some sets may include grandparent dolls (Berliner, 1988) and some sets include extra males in the form of both adults and children (White, et al., 1986). Dolls are usually available in white, black, and brown, with straight or curly hair that is stereotypical of the race and all have a variety of body parts. While most have breasts, anuses, vaginas, and penises; some also have mouths, navels, tongues, testicles, and fingers (Berliner, 1988)

Child sexual abuse

Child sexual abuse has a wide variety of definitions ranging from very specific, such as completed intercourse with a blood relative, to very vague, such as adult sexual fantasies about a child. Use of the term often depends on the purposes, biases, or academic discipline of the person speaking or writing about the subject. Although all the definitions have their basis in law, the laws vary from state to state. One definition is:

- (i) the employment, use, persuasion, inducement, enticement or coercion of any child to engage in any sexually explicit conduct (or any simulation of such conduct) for the purpose of producing any visual depiction of such conduct or (ii) the rape,

molestation, prostitution, or other form of sexual exploitation of children, or incest with children, under circumstances which indicate the child's health or welfare is harmed or threatened thereby. (Child Abuse Prevention and Treatment Act 42 as Amended by Public Law 98-457, 98th Congress, 9 October 1984; as cited in Pecora, P., Whittaker, J., & Maluccio, A., 1992, p.163).

Training

The term training will be defined as “. . . written or taped instructions, workshops or courses, presentations at professional meetings or . . . discussions with a supervisor or colleague.” (Boat & Everson, 1988c).

Guidelines

Guidelines will be defined as written, typed or video taped instructions for the use of the dolls, obtained either at a training session, by mail, by request, or with the purchase of the dolls.

Chapter III. Literature Review

A research paper written in 1991

A paper was written by this researcher in 1991 asked the question: Do anatomically correct dolls stimulate false reports of sexual abuse in non-abused children? The use of these dolls had been challenged in some courts. Even though the dolls had been used since about 1980, other tools for child assessments, such as drawings had not been challenged in the same way. Doll usage had been challenged in the court systems and sometimes not allowed to be used as it was considered hearsay evidence, a psychological technique, an evaluation, trial preparation, or a demonstrative prop. Court decisions have been inconsistent, from ruling that dolls can prepare a child for court testimony and are acceptable in judicial proceedings to deciding that a child's memory has been contaminated by interviews using the dolls. The largest issue, however, is whether or not information gathered in investigatory interviews can be admitted in court under the hearsay rule. Until the last half of the 1980's, there were very few studies done on the use of anatomically correct dolls that could be used by the courts as guidelines (White, 1988).

White (1988) states that the reason the dolls are being questioned is that as abuse cases mushroomed, dolls suddenly became *the* primary way to conduct an assessment without consideration to the method of presentation of questioning. Another debated issue is whether the dolls are too suggestive or over-stimulating for accurate conclusions to be based on children's

response to the dolls, as in Freud's theory that children have sexual fantasies, particularly when asked about sexual matters (Berliner, 1988, Goodman & Aman, 1990).

Both White, et al. (1986) and Jampole and Weber (1987) reported on studies conducted using anatomically correct dolls with groups of children in which half of them had been sexually abused and half had not been abused. The interviewer was "blind" to any details about the suspected abuse and used non-leading questions (White, et al., 1986).

The results of both research studies showed a difference between the two sets of children. In the first study (White, et al., 1986) two sets of scores were reported; one based on the child's doll play and the other on reports from the parent or medical person who brought the child in for evaluation, and these two ratings were compared after the research. There was a very large difference in responses to the structured interview with the anatomically correct dolls. The non-abused children showed no unusual behavior during the doll interview. Therefore, the conclusion was reached that the anatomically correct dolls do not in themselves produce indicators of abuse. Also shown in one of the studies was that significantly more children who had been abused showed sexual activities with the dolls than did the non-abused children. The researchers also suggested leaving a child alone without an adult in the interview room for a short time as all of the abused children showed more sexualized play with the dolls when an adult was not present in the room. They summarized that anatomically correct dolls are a useful tool in child abuse investigation (Jampole & Weber, 1987).

As stated earlier, critics argue that the anatomically correct dolls stimulate sexual fantasy in children, heighten suggestibility and increase the likelihood of false reports (Goodman & Aman, 1990). Studies done by Sivan, et al. in 1988, Goodman and Aman in 1990, Jampole and Weber in 1987, as well as White, et al. in 1986, which will be explained in greater detail later in this paper, generally showed that anatomically correct dolls are not especially interesting toys for non-abused children. The studies indicate that when given the choice, the novel dolls were found to have marginal attractiveness. Even though the sexual parts of the dolls were inspected by many children, role playing of sexual behavior was not observed. Perhaps the most significant finding, according to the authors, was how little of the non-abused child's time was occupied by the dolls, 25.6%. Thus, any sexually explicit, unusual behaviors observed with young children in interactions with the dolls should be taken very seriously (Sivan, et al., 1990).

Studies comparing abused and non-abused children

White, et al. (1986), Jampole and Weber (1987) and August and Forman (1989) all reported on studies conducted using anatomically correct dolls with groups of children in which half of them had been sexually abused and half had not been abused. White, et al. (1986) used fifty children ages two to five, Jampole and Weber (1987) and used twenty children ages three to eight, and August and Forman (1989) used thirty-two girls ages five to eight. The first study (White, et al., 1986) used seven dolls matched in race and color to the child; two adult males, one adult female, two child males and two child

females. The Jampole and Weber study (1987) used four dolls that were matched to the child by race and color and the August and Forman study (1989) used four dolls with extra clothing but it was not stated whether the dolls were matched to the child racially.

The method used in both both White and colleagues (1986) and Jampole and Weber (1987) consisted of a child entering an almost empty play room with a neutral interviewer and the child being allowed to play freely for ten minutes. At the end of the ten minutes, the interviewer, who had previous training in conducting abuse investigations, would question the child. After the questioning, the child was usually allowed to play freely again for another ten minutes. All of the interview was watched by others through one-way mirrors. The abuse questioning consisted of: 1) identification of the doll by sex and name, 2) name and function of the body parts, both neutral and sexual, 3) knowledge of the term "private parts", 4) abuse evaluation, and 5) elaboration of abuse, if any.

The method used in the August and Forman study (1989) consisted of a fifteen minute rapport building period in which the interviewer talked casually with the child and played with the crayons and paper. Next the interviewer removed the crayons and paper and introduced the dolls, one of whom was partially undressed. The child was given instructions to play with the dolls and left alone for five minutes. Upon the interviewer's return, the child was asked to tell a story about the dolls. Again the child's behavior was watched through a one-way mirror and "rated" at ten-second intervals. The basic guidelines for conducting this type of questioning was that the interviewer was "blind" to any details about the suspected abuse and

interviewer was "blind" to any details about the suspected abuse and that non-leading questions were asked (White, et al., 1986, Jampole & Weber, 1987, August & Forman, 1989).

The results of all three research studies showed a difference between the two sets of children. In the first study (White, et al., 1986) two sets of scores were reported; one based on the child's doll play and the other on reports from the parent or medical person who brought the child in for evaluation. These two ratings were compared after the research. There was a very large difference in response to the structured interview with the anatomically correct dolls. The non-abused children showed no unusual behavior during the doll interview, therefore the conclusion was reached that the anatomically correct dolls do not in themselves produce indicators of abuse.

In the second study (Jampole & Weber, 1987), the research findings indicated that significantly more children who had been abused showed sexual activities with the dolls than did the non-abused children. The researchers also suggested leaving a child alone in the interview room for a short time without an adult, as all of the abused children showed more sexual play at that time too. They summarized that anatomically correct dolls are a useful tool in child abuse investigation.

In the third study (August & Forman, 1989), the results supported the contention that abused and non-abused children respond differently to playing alone with the dolls and being asked to tell a story with them. A sub-group of sexually abused children also responded with more aggression when left alone to play with the dolls. All three studies summarized that anatomically correct dolls are a

useful tool in child abuse investigations but that more research needs to be done.

Reactions of non-abused children to the dolls

Sivan, et al. (1988), conducted a research study with 144 children between the ages of three to eight. The research attempted to answer the following questions; 1) in what ways do children interact with the dolls? 2) are there any differences in the children's interactions that are related to age or gender? 3) are there any differences in the children's interactions related to the presence or absence of an adult professional? 4) does the gender of the adult present affect the child's interactions? 5) for what amount of time do these dolls keep the child's interest and is it related to age or gender?

The children were divided into groups according to age, gender of the child, and gender of the interviewer. Each group was then assigned to play with the dolls under a certain condition for a certain period of time. The conditions varied from what the other toys in the room were, whether the child was alone in the room, whether the child was asked questions related to whether the dolls were clothed or unclothed. The results of the study showed that while the non-abused children clearly noticed the genitalia of the dolls, the dolls did not appear to shock the children and that the majority of the children did not show any explicit sexual play. However, the children did play with the dolls more when the interviewer was female rather than male and the female children played with the dolls more than did the male children (Sivan, et al., 1990).

Glaser and Collins (1989) conducted a study of 91 non-abused children between ages three and six to observe their free, non-directed play in a familiar setting with anatomically correct dolls. They were interested in seeing if the children showed any surprise, discomfort, or avoidance at the presence of genitalia on the dolls. They also wanted to find out if the children became preoccupied with the genitalia during the play session and whether sexualized play occurred, as well as the overall quality of play with the dolls.

After a period of free play in a familiar nursery school setting, the children were encouraged to play with and undress the dolls. Each child was then invited to play a game with the interviewer which included naming the body parts and functions of the dolls. The child again was left to play freely in the room while the sessions were video-recorded and later coded in 52 areas of behaviors and responses. The results of this study showed that while the non-abused children clearly noticed the genitalia of the dolls, the dolls did not appear to traumatize the children and that the majority of the children did not show any explicit sexual play.

Goodman and Aman (1990) also investigated these issues in a research study involving 80 children ages three to five. The children were free from sexual abuse to the best knowledge of parents and researchers. After a social interaction with a male adult, the children were tested under one of four recall conditions; re-enactment with anatomically correct dolls, re-enactment with regular dolls, free recall with visual cues, or free recall without visual cues. All groups of children were asked a variety of specific misleading questions, some that would be associated with abuse because of the belief that false

positive answers would lead to false reports of sexual abuse. The questions were: ‘ “Show me where he touched you,” “Did he keep his clothes on?” “Did he touch your private parts?” and “Did he put anything in your mouth?” ‘ (Goodman & Aman, 1990, pp. 1865).

Both the anatomically correct and the regular dolls as well as the other props aided the five years olds more than the three-year olds in re-telling the event. The anatomically correct dolls did not, however, foster any false reports of abuse. The children did not provide any reports of sexual abuse in free recall despite the presence of anatomically correct dolls and suggestive questioning. The children also showed little in the way of sexual behaviors except to touch the dolls’ genitalia.

Everson and Boat’s 1990 research involved 209 presumably non-abused children from ages two to six. The method of the study was similar to the other studies in that after ten minutes of rapport building with the child, four anatomically correct dolls were laid on a table in front of the child. After a period of free exploration of the dolls, the child was then asked a series of questions about body parts and body functions. Then during another brief period of free play with the unclothed dolls, the interviewer gave the prompt of “Show me what the dolls can do together.” (p. 739). Finally the children were left alone in the room for about five minutes.

The interviews were videotaped for later coding on a variety of clear or suggestive sexual activities during the doll play. The findings indicated that 6% (12) of the 209 children showed behavior clearly depicting sexual intercourse either in the directed or free play session with the dolls. Higher rates of sexualized play were found in the older,

poorer, black, male children. The authors state that the dolls do not appear to be overly suggestive to young, non-abused children but that they do provide implicit permission and perhaps encouragement to reveal a child's knowledge of sexuality.

Forty-five girls, ages nine and ten, were studied by Edwards and Forman (1989) to determine if there was a difference between using anatomically correct dolls, drawings, or verbal descriptions when the children were re-telling a filmed story. A commercially available film named "Girls Beware" (Aims Media, 1979) was used that depicted three situations of girls in danger. After viewing the film, each girl was interviewed and asked her opinion of the film and asked to tell everything she could remember about the film. Subjects had either the dolls, paper and colored markers, or no tools to help them verbalize. Each interview was videotaped for later coding by separate raters.

The study showed that children who had the drawing equipment spent more time in the interview and responded with more correct answers than did the other two interview situations. The authors summarized that it should not be assumed that anatomically correct dolls are always the best method of gaining information about the possibility of sexual abuse but that interview methods should be adjusted to the child's preferred way of communicating.

Boat, Everson, and Holland (1990) conducted a follow-up to previous research by interviewing the mothers of 30 of the children that took part in research using the dolls. That research is reported on later in this paper. This portion of the study was an interview of the mother that was conducted in the child's home by an interviewer

approximately two weeks after the initial exposure to the dolls. The following questions were asked of the mothers: “1) What did your child tell you about the play session with the dolls when it was over? 2) Did your child enjoy the play session? If not, how did your child feel? 3) Has your child said or done anything you think was caused by seeing dolls with their (sexual) parts?” The mothers were also asked to use a short checklist to note whether the child used any specific behaviors more often since the interview with the dolls.

In response to the first question, all of the children made statements after the interview referring generically to the dolls, specifically to the dolls’ sexual parts, and to the puppet show. Increasing reference to the dolls’ sexual parts was seen as the child became older; 10% in the 3-year olds, 60% in the 4-year olds, and 80% in the 5-year olds. In response to the second question, all but one of the mothers reported that their child responded favorably to the interview. A total of 37% (11) of the mothers of the 3 and 4-year olds reported that they heard more sexualized comments from their child since the interview (third question), but none was reported by the mothers of the 5-year olds (Boat, Everson, & Holland, 1990).

The authors of the study state that their observations were limited in their generalizability. While the children generally showed more awareness of sexual body parts after exposure to the anatomically correct dolls, they viewed the child’s direct questions to the mother as a normal aspect of the developing child. While they found that presumably non-abused young children were not traumatized by exposure to the dolls, they did feel that it would be

wise to advise parents of possibly more questions from a child after an interview using the dolls (Boat, Everson, Holland, 1990).

Questions raised about the use of the dolls

An interesting article was a discussion for and against the use of the dolls by two professors of psychiatry from the University of Arizona (Yates & Terr, 1987). Terr believed that if the dolls were used without safeguards, new problems could arise. In her argument against the dolls, Terr referred to them as having “. . . mouths open to reveal large, protruding tongues . . . hands built like mittens with one thumb and four stuck-together fingers.” She goes on to say.

“Strange. They seem to have no clothes, so you can’t even play school with them, set them up for tea, or even undress them to take a bath. There is one, main thing you can see on these dolls-their sex. . . There is just about one game to play with these dolls-‘sex’ ” (pp. 256). She believed that unstructured play and open ended questions were the best way to obtain “clean” information from the child.

Yates stated that anatomically correct dolls should be used for the same reasons that other toys such as puppets, dollhouses, and play dough were used: to help the examiner understand the child and form an opinion. She pointed out that the other toys have not had “scientific studies that tell what to expect from a given child with a given history in a given playroom with a certain examiner.” (pp. 255).

Freeman and Estrada-Mullaney (1988) also stated that “It is best not to call the dolls anatomically correct dolls because they are *not* anatomically complete and are *not* anatomical to scale.”(p. 1) As a response to allegations of this nature, Bays conducted a study in

1990 to see if the genitalia of the dolls are truly distorted. She actually measured the size of the adult dolls and compared them to the average size of humans. Her findings on seventeen sets of dolls indicated that the claim of “grotesque or distorted “ (p. 175) genital proportions does not appear to be justified. The findings also indicated that some of the doll manufacturers could consider enlarging the genitalia and breasts to be in better proportion.

Several authors (Everstine & Everstine, 1989 & Realmuto, Jensen, & Wescoe, 1990) believe that the dolls may be too suggestive for children and strongly advise limited use of them in investigations. Lie and Inman (1991) and White (1988) wrote about use of the dolls in court testimony. Lie and Inman (1991) concluded that more education and training was needed in the use of the dolls and White (1988) stated that for the time being, the courts would have to define the use of the dolls in each situation.

A decision by the California Supreme Court in 1987 reversed a lower court decision to accept testimony based on children’s play with anatomically correct dolls. The Court concluded that the use of the dolls constituted a new scientific method of proof and was admissible in court only if it has been accepted as generally reliable in the scientific community (Yates & Terr, 1987).

In a survey by Conte, Sorenson, Fogarty, and Rosa (1991), a total of 407 professionals from forty different states were sent a questionnaire. The response rate was 52%, making a final sample of 212. The questionnaire consisted of four sections and was ten pages in length. The first section was questions about specific protocols used by the respondent in interviewing children. The second section

consisted of physical, behavior and emotional indicators commonly believed to be indicators of sexual abuse, and the respondent was asked his or her opinion on those items. The third section asked questions concerning children's misrepresentation of real events, and the fourth section asked descriptive information about the respondent.

Because the information gathered from this survey was a great deal broader than the topic of this paper, anatomically correct dolls, only the information applying to the use of the dolls will be summarized. The respondents indicated that 92% of them used anatomically correct dolls as the most frequently used aid in investigating suspected child sexual abuse. Half (50%) stated that other dolls that were not anatomically correct were also used and 66% used anatomically correct drawings, while 87% used free drawings. Puppets were used by 47% , 28% used psychological tests, and 4% used a lie detector test of the child as an evaluation test. There was a long discussion about whether the anatomically correct dolls foster false reporting by the child but it was unclear if this information was the author's opinion or if the information had been returned as comments on the survey. A portion of the opinions was referenced as coming from other authors and other research studies. The authors state: "It is the reliability and validity of professional judgements based on the use of these dolls that are in question." and they conclude that ". . . this [professional] judgement is only one factor of many that form the data base for the final assessment in a child abuse case " (p. 435).

Interviewing methods and use of guidelines

The anatomically correct dolls are used mainly by child protection workers, mental health workers, physicians and law enforcement officers. As these professionals are likely to have differing backgrounds and training in child development, different approaches to interviewing with the dolls might be expected, according to Boat and Everson (1988a).

To determine the uses and interpretations of children's responses in evaluation of child sexual abuse cases, they conducted an extensive survey which appeared to be the most exhaustive study to date into the use of anatomically correct dolls. It was reported in several different journal articles (Boat & Everson, 1988a, 1988b, 1988c).

The study was in three phases and included a questionnaire sent to 689 professionals in the state of North Carolina and 295 (43%) were returned. The percentages returned from other participants were: 92% from child protection workers, 48% from mental health workers, 37% from physicians, and 23% from law enforcement officers. Child protection workers reported using the dolls the most, with physicians using them the least. Approximately one-third of the respondents stated that they would begin using the dolls within the next year. Also included were questions regarding the amount of training received by users of the dolls, features of the dolls, interpretations of sexual behaviors of children when interviewed with the dolls, and interpretations of normal play behavior with the dolls. As a result of this survey, in which 86% of the respondents indicated a need for a standard of usage, the authors developed a set of

guidelines for using the dolls in interviews with children for possible sexual abuse disclosure (Boat & Everson, 1988a). They also have a 30 page booklet for sale for under \$5.00 through the University of North Carolina (Boat & Everson, 1986) which covers interviewing techniques in greater detail than did the journal article.

White and Santilli (1988) reviewed the clinical practices and research data on anatomical dolls by asking the questions of 1) who uses the dolls and what training did they have? 2) what were the characteristics of the dolls? 3) how and when were the dolls presented? 4) what was the professionals' interpretation? 5) what were the non-abused children's responses to the dolls? and 6) what was a comparison of the abused and non-abused children's responses?

They summarized that empirical data are lacking and there are more questions than answers.

. . . Among the factors in need of investigation are the characteristics of the children being interviewed (socioeconomic status, race, type of abuse, culture, emotional status, intellectual abilities); characteristics of the dolls (racial attributions, detail of physical characteristics, number present in the interviewing room); presentation method (structured protocol, free play, dolls alone or presented with other toys); characteristics of interviewer (matching victim's gender with interviewer, training level); characteristics of the interview (individuals present, location); types of questions (non-leading versus leading). (p. 439).

Until the questions can be answered, the authors stated that each interviewer should compare methods, decide if he or she will use the dolls, and be able to defend his or her decision.

In a survey of professionals done by Conte and others (1991), they sent questionnaires to professionals across the country questioning specific protocols used to interview children suspected of having been sexually abused, factors commonly believed to be indicators of sexual abuse, and children's misrepresentation of real events. Ninety-two percent of the respondents indicated that they used anatomically correct dolls and 40% indicated that they followed a written protocol in the process, there were no guidelines for the use of the dolls given in the article.

Although written primarily for law enforcement personnel, the articles by Cagle & Gallagher (1987), Freeman & Estrada-Millaney (1988), and Hertica (1987) are helpful for social workers, as well as anyone interviewing a child to determine possible sexual abuse. The articles focused on suggestions and things to avoid when interviewing children that would produce testimony for possible courtroom use. Advantages and disadvantages for using anatomically correct dolls, as well as other investigative aids, were discussed. One of the articles pointed out unusual psychological issues that the interviewer of children needs to be aware of and covered a list of cautions.

Haugaard & Reppucci (1988) gave a description of anatomical dolls, among other interviewing aids, as a portion of a chapter titled "Evaluating accusations of child sexual abuse" in their book The Sexual Abuse of Children. Included were suggestions for interviewing children, videotaping, confidentiality, language, the use of drawings

and play, and anatomically correct dolls. Most of their information appeared to have been taken from other research and articles, with some from their own experience.

Cunes (1986) states that there is gap in training material and resources related to the use of anatomically correct dolls. In an attempt to fill that gap, the author described attributes of the ideal dolls, guidelines for using the dolls, stages of the interview, and closure techniques. The techniques and interview guidelines were quite similar to the guidelines given by other articles reviewed.

Another article, written by Sink (1988), stated that there have been complaints from professionals in the child abuse field about the evaluation differences between diagnostically relevant and legally relevant information. The goal of a legal investigation is to establish that certain events took place, while the diagnostic evaluation is more concerned with the children's perceptions of their experiences. A model and discussion were offered for psychological evaluations of children from the viewpoint of a psychologist. The evaluation model developed by the author included direct communication by the child, indirect communication, acute traumatic symptomatology (post-traumatic stress), and cumulative stress symptomatology. This article is important for social workers as well as psychologists, as the intended use of the information needs to be taken into consideration by whoever interviews the child.

A booklet of 15 pages of guidelines is available from Case Western Reserve University and was written by White, Strom, Santilli, & Quinn (1987). It is titled Guidelines for Interviewing Preschoolers with Sexually Anatomically Detailed Dolls and is very complete, even

giving sample sentences. There is no charge for the booklet. Another booklet is available from Migima Designs, Inc. and is written by Virginia Friedmann and Marcia Morgan. It is 51 pages in length and costs \$9.95.

APSAC (the American Professional Society on the Abuse of Children) is an organization begun in 1988 and is comprised of professionals across the country working in the field of child abuse. They have begun drafting a set of national guidelines for interviewing children and guidelines for using anatomically correct dolls. A Minnesota chapter was begun last year and Ann Ahlquist of Corner House is the president.

Even with information lacking concerning many of the aspects of the anatomically correct doll interview, several articles have been written on how a doll interview *should* be conducted, (Boat & Everson, 1988; Cunes, 1986; DeLipsey & James, 1988; Shamroy, 1987). The articles were not clear as to origins of the guidelines.

The majority of the articles reviewed for this paper briefly mentioned anatomically correct dolls in a sentence or two when explaining various aids used to determine if sexual abuse had taken place, (Benedek & Schetky, 1987; Berliner & Barbieri, 1984; Cagle & Gallagher, 1987; Colby & Colby, 1987; Faller, 1990; Gothard, 1987; Haugaard & Reppucci, 1988; Hertica, 1987; Jones & Krugman, 1986; LaFontaine, 1990; Mayer, 1983; Renchek, 1989; Risen & McNamara, 1989; Sink, 1987; Walker & Bonner, 1988; Walker, 1988.) Mentions of this nature show that the dolls are an accepted aid to the identification of sexual abuse and no longer a novelty in the examining or interviewing room.

Use of the dolls in the Minneapolis and St. Paul area

In the Twin Cities metropolitan area, Washington, Scott, and Hennepin counties use anatomically correct dolls to interview children for possible sexual abuse. While most of the persons spoken to in the counties have had some training in the use of the dolls, not all have written guidelines and most felt that additional training would always be helpful (Arneson, R., personal communication February 12, 1993; Kandik, K., personal communication February 12, 1993; Lundeen, S., personal communication February 17, 1993).

In Anoka County, all of the sexual abuse investigations are done by the Sheriff's Department rather than child protection. The employee in charge of the investigations (Payne, L. , personal communication February 12, 1993) prefers to use anatomical drawings rather than dolls, as she believes the dolls cause discomfort for children. Her agency, however, does have three sets of the dolls.

Ramsey County does not do child sexual abuse investigations as all of its assessments are referred to Midwest Children's Resource Center (Johnson, E., personal communication February 12, 1993). Midwest Children's Resource Center does the assessments for possible sexual abuse for Ramsey and other counties (Raymaker, J., personal communication February 17, 1993). Anatomically correct dolls are used as one portion of the assessment which may take up to six or eight sessions and involves psychological testing as well as the use of anatomical drawings. Raymaker received her training from Dr. Barbara Boat of the University of North Carolina and received written guidelines from that training. She has also had additional training

from a variety of workshops but feels that more training is always helpful.

As a therapist, M. Mitnick (personal communication February 16, 1993) uses anatomically correct dolls in her practice with children. She has developed a one-day training session for social workers, police officers, city attorneys and therapists. She does not have any guidelines for distribution at this time but is considering developing some. As a "pioneer" in the field of using the dolls, Mitnick received her training through experience.

Corner House does the majority of the sexual abuse assessments for Hennepin County and has done a great deal of training since it opened three years ago.. Ann Ahlquist, the director (personal communication February 17, 1993), states that the staff uses anatomically correct dolls as part of the evaluation if they are appropriate for the situation. She said she has had no formal training for use of the dolls but learned by the "apprenticeship" of experience. She has developed a training program for social workers, child protection workers, police officers, and county attorneys. The course is a 40 hour training program in all phases of psychosocial assessment of children suspected of having been sexually abused. A 300 page resource manual goes with the course which costs \$850.00. An advanced training course is also being developed and a separate course is available for therapists. Ahlquist states that the main problem with using the dolls is in their ineffective and inappropriate use when the developmental stage of the child has not been clarified or the child's level of communication is not clear.

How this research will add to the current field of knowledge

As can be seen by the previous literature review and the interviews with persons working in the field, there are still many questions to be answered about the use of the dolls, the circumstances surrounding their use, and the training of the persons using them. Only one of the articles researched the question about the amount of training users of the dolls had received, although many of articles stated that it was an unanswered question that needed to be addressed in future research. Although there appears to be knowledge available both in the forms of written guidelines and training sessions, most of the literature reviewed and several of the persons interviewed expressed concern for a lack of training and lack of written guidelines. Both the guidelines and the training sessions cannot be helpful if professionals do not know what is available or if they do not make use of them. The current research should be a very welcome addition to the field. However, even though an updated set of guidelines may be helpful at this time, disseminating the knowledge to those in the field that could make use of them may still remain a problem.

Chapter IV. Methodology

Research and questionnaire design

The purpose of this research was to explore the use of anatomically correct dolls by professionals in Minnesota who work with allegations of child sexual abuse. Those agencies were asked a few questions to establish what type of agency they were and whether they worked with sexually abused children. The questionnaires were also coded by number in order to know which form was returned by what agency. They were asked if their agency used anatomically correct dolls, how long they have used them, and in what stage of the investigation they were presented to the child. Next the features of the dolls were questioned, as well as whether they were matched to the child in race. There were some questions about where the dolls were obtained, how often they had been used in the past six months, whether the interviews were video taped, and what has been the agency's experience in working with the dolls. The next group of questions had to do with any training the user of the dolls may have had or would like to have in the future. Finally, the last group of questions concerned written guidelines for the use of the dolls that the agency had or would like to have in the future. There is a sample questionnaire included in the Appendices.

The questionnaire was sent to several child protection workers for a pretest. They were returned without comment after modifications had already been made in the instrument. Some minor modifications were suggested by our class members and the class instructor. All of those changes were incorporated into the

questionnaire. A cover letter was also enclosed explaining the research and stating that completion of the questionnaire would serve as consent.

Sample, rationale, and method

The sample consisted of 89 child protection workers, 54 law enforcement officers, and 94 psychologists. The sample breaks down to one person in each county social service agency in the state. The extra two (Minnesota has 87 counties) were because several counties have offices in two locations. The list was obtained from the Minnesota Department of Human Services. The sample included 54 law enforcement offices, which is 10% of the 539 offices in the state. That list was obtained from the Minnesota Bookstore, located near the capital in St. Paul. There are 926 psychologists in the state, and the questionnaire was sent to 10% of them or 93. The above persons and agencies were picked because it was believed that they would be the most likely to be working with children who may have been sexually abused.

Licensed social workers were ruled out as survey participants because of the large number of them in the state (10,500), and in a 10% sample (1050) was too large to work with and it was believed that many of that number would work as child protection workers. Medical workers were ruled out because it was not possible to obtain a list of names and addresses for less than several hundred dollars.

Data collection procedures

Responses for each question were totaled according to the type of agency or practice and then they were added together on a master sheet. The answers to the written questions were grouped together as best as possible by type of response.

Chapter V. Findings

Of the 237 questionnaires sent, 109 (46%) were returned; 25 (27%) responded from psychologists, 25 (46%) from law enforcement offices, and 59 (66%) from child protection agencies. Of the agencies or practices that marked "other", some of the responses were from people who worked in the following areas: mediation, adult offenders, grief and hospice work, rehabilitation, and medical clinic education. Four questionnaires were not tallied. Three were returned with no questions answered and comments that they no longer practiced or did not use the dolls in the practice. One of the questionnaires was disqualified as it was sent from one agency to a person in another agency.

Fourteen agencies reported that they did not work with sexually abused children and 96 (88%) reported that they did. In response to the question of whether the agency or practice uses anatomically correct dolls; 13 reported that they did at all times, 30 stated at no time, and 57 used them occasionally. One reported that the dolls had been used by their agency or practice for two months, 17 reported 10 years, and one reported 17 years.

In response to the question of what stage of the investigation are the dolls used, three said while video taping, three said to clarify, eight said after disclosure of abuse, and 26 stated in the initial or beginning stages. One response was, "At interview of possible victim if he/she is developmentally old enough to do representational shift." Two agencies or practices had eight dolls in their set, six had two dolls, seven had six dolls, and fifty-seven had four.

To answer the question of what are the features of the dolls; four reported vaginas on the adult females only, 69 reported a vagina on all females, and 71 stated that all males dolls had a penis. Forty-seven reported breasts on both males and females, 55 had navels, 56 had mouth openings, 57 had anal openings on all dolls, and sixty one had pubic hair on the adult dolls. Thirty -five said that their dolls were not matched in race to the child being investigated and 37 said they were. There were many comments to this question, most stating that although they had only white dolls, the great majority of the residents of their county were white and they had never needed dolls of another race.

Thirty-six respondents obtained their dolls from a professional mail order source with others coming from a conference vendor, agency friend, or homemade. One agency reported using the dolls eight times in the past two months, one 20 times in the past six months, nine one or two times in the last six months, and 23 had not used them at all during that time frame. When asked if their interviews were video-taped; six answered sometimes, 19 answered no, and 48 answered yes.

In response to the question of what has been your agency's experience with the dolls; two stated mixed, seven stated negative, and 55 stated positive. Three wrote comments that the dolls helped the child to verbalize, describe, or show what has happened. One wrote, "Children who can make a representative shift can sometimes 'demonstrate' abuse with the dolls better than verbally tell[ing] all [that] happened." Another stated, "More recently positive since we've

received more training.” A different point of view was expressed as, “Negative - behaviors and info is very open to different interpretation.”

To the question of whether the user of the dolls has had any training, one answered some, seven answered no, and 55 answered yes. Twenty -one respondents received this training at seminars or workshops; two said their training in the use of the dolls was one-half hour in length at that workshop Four received their training by video-tape, four by reading, and 17 at Corner House during their sexual abuse intervention training program lasting five days. One stated that training was “one day of interviewing children” and another stated that their training was his or her “first experience along with some demonstrations”. The meaning of these statements was not explained or clarified

Twenty reported that professional standards made the decision in their agency or practice on what training was necessary for use of the dolls and 29 reported that there was no decision made. To the question of whether they would like some training if they have not had any; six answered no and 28 answered yes. Nineteen said they would not like additional training even if they already had some and 45 indicated that they would. Mini-courses were favored as the additional training by 22 and workshops by 45. Five stated that they would like internships with professionals. One written comment stated that it “depends on trainer not type of training”.

Fourteen agencies had written guidelines for use of the dolls while 59 did not have guidelines. Two received these guidelines with the dolls and eight received them in a class. Some written comments of where the guidelines were recieved stated: Corner House,

County's Attorney's Office, B. C. A. [Bureau of Criminal Apprehension], U of No Carolina's Department of Psy [Psychiatry]. In response to the question of whether some guidelines would be desired, 14 answered no and 39 answered yes.

One agency wrote, "We most often use anatomically correct drawings unless we are needing information that is hard to articulate or ask for - ex: to show with the dolls how the touching occurred - positions - motion-etc."

Chapter VI. Analysis

The largest response was from the child protection workers, whose usually have responsibility for the majority of child interviews and assessments for possible sexual abuse. Law enforcement officers often stated that they did investigations in cooperation with child protection workers and some also included the county attorney in the investigations.

The dolls being used in the state appeared, for the most part, to be fully equipped with appropriate body parts. These parts included breasts on all males and females, vaginas on all females, pubic hair on all adults dolls, mouth openings, navels, penises on all males, and anal openings on all dolls.

The answers to the question concerning the dolls being matched in race to the child being investigated was of some concern to the researcher. Many of those who marked yes to the question (37), also wrote that the their county or area of the state had a low minority population. It is assumed, therefore, that if it became necessary to question a minority child in these areas of Minnesota, white dolls would be used.

Of the 78 agencies that stated they used anatomically correct dolls, 56 reported that had had some training, seven that they had not, and 15 did not answer the question. It is a concern that there are possibly 22 agencies in the state using the dolls without any training. While training is available through Corner House and a variety of seminars and workshops, some may not be aware of that fact. It is not known were the seminars and workshops were held but Corner

House is in the Twin Cities and is an expensive course (\$850.00 plus food and lodging for five days and four nights). A suggestion written by one respondent was that regional training was desired. Even though they have had some training, 45 (69%) indicated that they would like some additional training. The type of training most often requested was mini-courses or workshops (74%).

To the questions regarding written guidelines for the use of the dolls, 14 (19%) said that they did have some, 59 (80%) indicated that they did not, and 36 (33%) did not answer the question. Twenty-five percent indicated that they would not like to have written guidelines and 70% said that they would. Some of the respondents indicated yes, they were using the dolls but no they had not had any training, they did not want training, they had no guidelines, and they did not want guidelines. That seems to raise the question of whether they should be using the dolls at all.

The law enforcement officers left many questions unanswered in the survey, while the child protection workers answered most of them. The child protection workers also added many more written comments and explanations. However, the fewest questions answered and the fewest comments came from the psychologists.

The only study comparable to the one done for this paper was published by Boat and Everson in 1988. Their questionnaire was sent to 689 professionals most likely to be using anatomically correct dolls in the state of North Carolina. Our questionnaire was returned by 46% of the professionals to whom it was sent and theirs was returned by 43%. Our survey was sent to three groups of professionals, while theirs was sent to four; child protection workers, mental health

practioners, physicians, and law enforcement officers. We did not include physicians in our survey.

Sixty-six percent of the respondents in our survey used the anatomically correct dolls, while 30% did in the Boat and Everson (1988) survey, indicating that the dolls may be more widely accepted in Minnesota than in North Carolina. In our study, 51% of the dolls had mouth openings (20% of theirs did), 63% of our dolls had vaginal openings (30% of theirs did), 52% of our dolls had anal openings (30% of theirs did), and 56% of our dolls had pubic hair (52% of theirs did). Boat and Everson assumed that all male dolls had penises, but our survey asked the question and the response was that 65% had them. Our questionnaire also asked about breasts on all the dolls including males and navels on all the dolls.

Our survey indicated that 52% of the respondents video-tape the interview. The Boat and Everson study (1988) stated that video-taping of interviews was not widely done by those answering their questionnaire.

Fifty-one percent of persons responding to our survey had training while Boat and Everson (1988) indicated that 57% of their respondents had some training. That difference may be due to their method of selection of the mental health workers and medical personnel. Nineteen responding to our survey indicated that they had access to guidelines, and only 15% of their survey did. They did not report if anyone would have liked a set of guidelines, as 70% of those responding to our survey indicated.

Boat and Everson (1988) surveyed mental health practioners from state-funded developmental evaluation centers, the local mental

health centers, and registered child mental health examiners who were licensed child psychologists and psychiatrists. According to Boat and Everson (1988), the child medical examiners and family practitioners performed medical evaluations as a part of protection agencies' investigations.

Chapter VII. Conclusions and Recommendations

Recommendations

Two items from this research stand out as very important for future practice; the need for uniform training and guidelines for use of the dolls.

It is assumed that there is a great deal of difference in competence levels between someone who has learned to use the dolls by reading, observation, or at a one-half hour training session and someone who has had a 40 hour course in investigation of child sexual abuse including use of the dolls. However, at a cost of \$850.00 for a five day course, it may be difficult for many county agencies and non-profit organizations to cover the cost of the course. Perhaps a one or two day course could be developed at a lower cost and presented in different regions of the state. Refresher training courses offered regularly would keep professionals updated on changes in the marketplace, as well as new insights in interviewing techniques, and changes in Court acceptance of the dolls.

Seventy percent of persons responding to our survey indicated that they would like a set of written guidelines for use of the dolls. Even though there are at least three sets of guidelines available, from Migima Designs (1985), Boat and Everson, (1986), and White, Strom, Santilli, and Quinn (1987), they are evidently unknown to many agencies or practices. Preparation of guidelines began two years ago by APSAC (the American Professional Society on the Abuse of Children) and they have not yet been completed. These guidelines, if accepted by child protection agencies, law enforcement officers,

county attorneys, and Court officials, could be a solution to the problem when finished.

All articles reviewed for this paper that discussed race and color of the dolls, stated that they should be matched to the child. If counties do not have enough minority clients to warrant, in their opinion, buying a minority set of dolls, perhaps there are other solutions. Several counties could join forces, buy one set together, and share them as needed.

When an agency or practice has decided who will do its investigations for possible child abuse, a course in child development would probably be helpful. It would also be wise if all of the disciplines working on investigations could be trained together in order to understand each other's viewpoint (Boat & Everson, 1988). Legislation could unify the wide differences in doll use within the state. That process, however, moves slowly and with difficulty.

Areas for further research

The use of anatomically correct dolls is a fairly new method of several currently in use to help in the investigation and assessment of children who may have been sexually abused. There are many areas that could benefit from further exploration. Some of those yet to be researched are the use of other tools, the percentage of time each is used, and how the professional makes the determination as to which is appropriate for the situation. Lawyers and County Attorneys could be surveyed as they also use the dolls and do investigations into possible abuse (Conte, et al., 1991). The presentation of the dolls to the child and interpretations of the child's actions could be studied

more, even though that information was included in Boat and Everson's (1988) study. Use of asexual dolls as well as anatomically correct dolls in therapy would make an interesting and informative study, as would acceptance of the dolls by the Court system.

Guidelines for use of the dolls

Some sample guidelines have been composed based on the literature review and discussions with professionals in the field:

Introduction

Anatomically correct dolls are one of many tools designed to help children verbalize an incident or describe what has happened to them. They are particularly helpful for children under five years of age, children who are developmentally delayed, or whose speech development is slower. They may not work in every case and some children are able to explain a situation without any tools. They can, however, help a child psychologically to express himself/herself, to gain some control over what may be been a traumatic situation, and to give a child something real to hold on to.

1. Characteristics of the Dolls

A minimum of one set of four dolls should be used, with two sets totaling eight dolls more desirable. Each set should contain one adult male, one adult female, one male child and one female child. The adult dolls should be approximately 20 inches tall and the child dolls about 16 inches tall. The dolls should be matched in race to the child and should have the following body parts; breasts, vaginas, penises,

testicles, anuses, pubic hair, mouths, navels, and fingers. Clothing should be easily removeable with velcro closings. Underwear and pajamas should be available for all the dolls.

2. Preparation of the Interviewer

The person doing the interview needs to be comfortable with the dolls and the use of sexual terms including slang terms that may be used by the child. The interviewer should handle the dolls, remove their clothing, and practice the use of sexual terms until he or she is comfortable. Practicing interview skills with a co-worker is advisable until a comfort level is reached.

3. Background Information

Although some professionals recommend that the interviewer be “blind” and have no information about the type of abuse or the alleged perpetrator, others prefer to have detailed information. Basic information includes the child’s name, birthdate, special characteristics of the child, where and with whom the child lives, persons with whom the child has regular contact, and details about who, what, when, where, and how the alleged abuse took place.

4. The Interview Room

The interview should not take place in the child’s home or any other place that might have a negative psychological significance for the child. The room should be a quiet place away from distractions and interruptions. It should be comfortable, preferably not a medical examination or police interrogation room. If possible, the room

should be equipped with a child-sized table and chairs, a rug, pillows and a few toys, such as paper, crayons or markers, a doll house, puppets, toy telephones, and books.

5. Documentation

Documentation can be achieved by audio or video tape, observation through a one-way mirror, having another worker in the interview room, or note taking. Note taking may be difficult, as once a child starts talking, the story may be told very quickly. It is best to seek local legal advice about the admissibility in court of various methods of documentation. The parents or the alleged perpetrator should not be present in the interview room.

6. Rapport Building

Allow the child a period of free play before any pertinent questions are asked, as it is important to build rapport and establish a relationship with the child. Try to convey a relaxed, unhurried attitude to show that you are comfortable talking with the child. Explain who you are, what you are going to do, and that the toys in the room are there to help children. Give the child permission to play with the toys and share in the play in a non-threatening manner before focusing on the sexual abuse.

7. Introduction of the Dolls

The interviewer's stance needs to be one of firm but kind control. Instruct the child to select and name one of the dolls. Ask the child if the doll is a boy or a girl and how the child knows that. With

the doll still fully dressed, ask the child about visible body parts and what their functions are. Ask about hair, eyes, mouth, hands, and fingers. Next, help the child to undress the doll in stages and begin with the shirt or blouse. Ask about the breasts, nipples, and navel and what they are used for. Then remove the rest of the clothing and ask about the penis, vagina, anus, legs, and feet. Try to use the child's words for body parts and avoid the use of any terminology that suggest fantasy, such as imagine, pretend, or make believe. Identify each of the dolls and body part functions in the same manner.

8. Middle Stages of the Interview

After the child has examined all of the dolls, named them, and described the bodily functions, move on to the subject of the child's having been touched or hurt on his or her body or having done something to someone else's body that he or she was uncomfortable with. This can be done by focusing on a play situation similar to the suspected circumstances under which the alleged abuse occurred. Be as specific as possible without asking leading questions and keep the questions open-ended. It is necessary for the child to personalize any demonstration with the dolls in order to establish abuse.

9. Terminating the Interview

When the interview is completed or it becomes evident that the child has reached his or her limit for the day, the final stages should be relaxed and unhurried. Re-dress the dolls with the child's help if possible and allow a period of free play with the other toys in the room. If you feel the child is at risk for further abuse, help the child to identify

several “safe” adults in his or her environment to whom he or she can turn for help. Avoid making promises to the child that are impossible to keep and reassure the child, if necessary, that it was not their fault, that they did not make it happen, and that their body is fine

10. Some Cautions

Don't interview the child in front of other victims or witnesses, don't assume you are obtaining all the information, don't ask leading questions, don't ask questions that would add to the child's guilt, don't tell the child not to feel guilty or that he or she shouldn't cry, and don't push too hard or expect to get all the information in one session.

Chapter VIII. Appendices

Jean Rondeau Thompson
2315 NE Arthur Street
Minneapolis, MN 55418

Information Regarding the Survey

Dear Colleague:

It has been estimated that between 150,000 and 200,000 children are sexually abused each year. In an effort to identify children who may have difficulty or be too young to adequately describe what has happened to them, a variety of aids have been developed. One of these is anatomically correct dolls.

This research intends to survey professionals like yourself in the state of Minnesota concerning their use of the dolls and the amount of training they have had in the use of the dolls. The enclosed questionnaire has been mailed to all child protection agencies in the state and to a random sample of law enforcement agencies, psychologists, and other professionals in Minnesota. Please forward the questionnaire and this information form to the person in your practice or agency that would do the greatest number of investigations for possible sexual abuse of children. The survey should take no more than one-half hour to complete. Then return it in the enclosed self-addressed, stamped envelope as soon as possible.

This research is a portion of a graduation thesis in preparation for a Master of Social Work Degree from Augsburg College. It is possible that recommendations for future uses of the dolls and training of the interviewers may be forthcoming as a result of this work.

Your response to the survey will be confidential. Your name does not and will never appear on the questionnaire; the number on it is for mailing purposes only to enable the research staff to follow up on unreturned questionnaires. The results of this research will be made available in summary form only. Your written comments may be used in the final report, but you will not be identified either personally or by agency. If you should decide to participate, your completion of the survey will imply consent.

Thank you for your cooperation in helping us to learn more about the use of anatomically correct dolls in the identification of sexually abused children in Minnesota. If there are any questions, we can be reached at 789-3785.

Jean Rondeau Thompson, Investigator

Survey of Professional Training, Guidelines, and Use of
Anatomically Correct Dolls in the Investigation and Assessment
of Children Who May Have Been Sexually Abused

Please check the appropriate response:

1. What is the area of your agency or practice?
 child protection law enforcement
 mental health other (please specify) _____
2. Does your agency deal with children who may have been sexually abused?
 yes no
3. Does your agency or practice use anatomically correct dolls?
 at all times occasionally at no time
4. If yes, how long have dolls been used? _____
5. At what stage of the investigation are the dolls used? _____

6. How many dolls are in the set?
 two four six
other (please specify) _____
7. What are the features of the dolls? (check all that apply)
 breasts on adult female(s) only mouth openings
 breasts on all females naval
 breasts on males & females penises on all males
 vagina on adult female(s) only anal opening on children only
 vagina on all females anal opening on adults only
 pubic hair on adults anal opening on all dolls
8. Are the dolls matched in race to the child being investigated?
 yes no
9. Where were the dolls obtained? (check all that apply)
 commercial toy store
 cottage industry agency friend
 professional mail order
other (please specify) _____
10. How many times has your agency used the dolls in the past six months?

11. Are interviews of a child using the dolls video-taped?
 yes no
12. What has been your agency's experience working with the dolls?
 positive negative
 please explain _____
13. Have you, as the user of the dolls, had any training?
 yes no
14. If yes, what type and length? _____
15. How was it decided on what training was necessary for use of the dolls?
 supervisor trainer
 instructions with the dolls professional standards
 other (please specify) no decision
16. If you have not had any training in the use of the dolls, would some be desired?
 yes no
17. Would additional training be desired even if you have had some?
 yes no
18. What type of training?
 agency in-service mini-course
 internship with professionals workshops
 college courses other (please specify)
19. Does your agency or practice have written guidelines for use of the dolls?
 yes no
20. If yes, where were the guidelines obtained?
 with the dolls at a class
 other (please specify) _____
21. If no, would a set of guidelines be desired?
 yes no

Thank you for your cooperation.
 Please return in the enclosed, self-addressed stamped envelope.

Bibliography

- Alpert, J. & Paulson, A. (1990). Graduate-level education and training in child sexual abuse. Professional Psychology: Research and Practice, 20(5), 366-371.
- August, R. & Forman, B. (1989) A comparison of sexually abused and non-sexually abused children's behavior responses to anatomically correct dolls. Child Psychiatry and Human Development, 20(1), 39-47.
- Barker, R. (1987). The social work dictionary. National Association of Social Workers: Silver Spring, MD.
- Bays, J. (1990) Are the genitalia of anatomical dolls distorted? Child Abuse and Neglect, 14, 171-175.
- Benedek, E. & Schetky, D. (1987). Problems in validating allegations of sexual abuse. Part 1: Factors affecting perception and recall of events. Journal of American Academy of Child and Adolescent Psychiatry, 26(6), 912-915.
- Berliner, L. (1988). Anatomical dolls. Journal of Interpersonal Violence, 3(4), 468-469.
- Berliner, L. & Barbieri, M. (1984) The testimony of the child victim of sexual assault. Journal of Social Issues, 40(2), 125-137.
- Boat, B. & Everson, M. (1988a). Interviewing young children with anatomical dolls. Child Welfare, 67(4), 337-352.
- Boat, B. & Everson, M. (1988b). Research and issues in using anatomical dolls. Annals of Sex Research, 1, 191-204.

- Boat, B. & Everson, M. (1988c). Use of anatomical dolls among professionals in sexual abuse evaluations. Child Abuse & Neglect, 12, 171-179.
- Boat, B., & Everson, M. (1986). Using anatomical dolls: Guidelines for interviewing young children in sexual abuse investigations. Chapel Hill, NC: University of North Carolina.
- Boat, B., Everson, M., & Holland, J. (1990). Maternal perceptions of nonabused young children's behavior after the children's exposure to anatomical dolls. Child Welfare, 69(5), 389-400.
- Bradshaw, J. (1992). When it's time to intervene. Lear's, 2.46.
- Burgess, A., Groth, A., Holmstrom, L., & Sgroi, S. (1978). Sexual assault of children and adolescents. Lexington, MA: Heath.
- Burgess, A. & Holmstrom, L. (1980). Sexual trauma of children and adolescents: Pressure, sex, and systems. In L. Schultz (Ed.), The sexual victimology of youth, (pp. 67-82). Springfield, IL: Charles Thomas.
- Burgess, A., McClausland, M., & Wolbert, W. (1981). Children's drawings as indicators of sexual trauma. Perspectives in Psychiatric Care, 19(2), 50-58.
- Cagle, C. & Gallagher, C. (1987). Bridging the gap: Techniques for interviewing child victims of sexual assault. Police Chief, 54, 24-26.
- Colby I. & Colby, D. (1987). Videotaped interviews in child sexual abuse cases: The Texas example. Child Welfare, 66(1), 25-34.
- Compton, B. & Galaway, B. (1989). Social work process. Belmont, CA.: Wadsworth.

- Conte, J., Sorenson, E., Fogarty, L., & Rosa, J. (1991). Evaluating children's reports of sexual abuse: Results from a survey of professionals. American Journal of Orthopsychiatry, 61(3), 428-437.
- Corey, D. & Masters, R. (1963). Violation of taboo. New York: Julian.
- Cunes, B. (1986). Use of the anatomically correct dolls with children suspected of having been sexually abused. Australian Social Work, 39(2), 41-44.
- DeLipsey, J. & James, S. (1988). Videotaping the sexually abused child: The Texas experience. In S. M. Sgroi (Ed.), Vulnerable Populations, (pp.229-254). Lexington, MA: Lexington.
- deYoung, M. (1987). Toward a theory of child sexual abuse. Journal of Sex Education and Therapy, 13(2), 17-21.
- Edwards, C. & Forman B. (1989). Effects of child interview method on accuracy and completeness of sexual abuse information recall. Social Behavior and Personality, 17(2), 237-247.
- Ember, M. (1975). On the origin and extension of the incest taboo. Behavior Science Research, 19(4), 249-481.
- Everson, M. & Boat, B. (1990). Sexualized doll play among young children: Implications for the use of anatomical dolls in sexual abuse evaluations. Journal of the American Academy of Child and Adolescent Psychiatry, 29(5), 736-742.
- Everstine, D. & Everstine, L. (1989). Sexual trauma in children and adolescents. New York: Brunner/Mazel.
- Forward, S. & Buck, C. (1978). Betrayal of innocence. New York: Penquin.

- Freeman, K. & Estrada-Mullaney, T. (1988). Using dolls to interview child victims: Legal concern and interview procedures. National Institute of Justice Reports, SNI 207, 1-5.
- Freud, S. (1955). In J. Strackey (Ed.). Totem and taboo and other works. London: Hogarth.
- Gebhard, P. (1965). Sex offenders. New York: Harper & Row.
- Glaser, D. & Collins, C. (1989). The response of young, non-sexually abused children to anatomically correct dolls. Journal of Child Psychology and Psychiatry and Applied Disciplines, 30(4), 547-560.
- Goldenberg, I. & Goldenberg, H. (1985). Family therapy: An overview. Monterey, CA: Brooks/Cole.
- Goodman, G. & Aman, C. (1990). Children's use of anatomically detailed dolls to recount an event. Child Development, 61, 1859-1871.
- Gothard, S. (1987). The admissibility of evidence in child sexual abuse cases. Child Welfare, 66(1) 13-24.
- Harney, P. (1992). The role of incest in developmental theory and treatment of women diagnosed with borderline personality disorder. Women and Therapy. 12(1-2), 39-55.
- Haugaard, J. & Reppucci, N. (1988) The sexual abuse of children. San Francisco: Jossey-Bass.
- Helfer, R. (1976). Arresting or freezing the developmental process. In R. Helfer & C. Kempe (Eds.) Child abuse and neglect: The family and the community. Cambridge: Ballinger.
- Hertica, M. (1987). Police interviews of sexually abused children. FBI Law Enforcement Bulletin, 56, 12-16.

- Holman, A. (1983). Family assessment. Newbury Park, CA: Sage.
- Jampole, L. & Weber, M. (1987). An assessment of behavior of sexually and nonsexually abused children with anatomically correct dolls. Child Abuse & Neglect, 11, 187-192.
- Johnston, M. (1980). The sexually maltreated child: Diagnostic evaluation. In C. Kempe, A. Franklin, & C. Cooper (Eds.) The abused child in the family and in the community. Oxford: Pergamon.
- Jones, D. & Krugman, R. (1986). Can three-year-old bear witness to her sexual assault and attempted murder? Child Abuse & Neglect, 10, 253-258.
- Justice, B. & R. (1979). The broken taboo. Hew York: Human Sciences.
- Kendall-Tackett, K. (1992). Professionals' standards of "normal" behavior with anatomical dolls and factors that influence these standards. Child Abuse and Neglect, 16, 727-733.
- Kermani, E. (1991). The U. S. Supreme Court on victimized children: The constitutional rights of the defendant versus the best interests of the child. Journal of the academy of Child and Adolescent Psychiatry, 30(5), 839-844.
- La Fontaine, J. (1990). Child sexual abuse. Cambridge, United Kingdom: Polity.
- Lie, G. & Inman, A. (1991). The use of anatomical dolls as assessment and evidentiary tools. Social Work, 36(5), 396-399.
- Lystead, M. (1975). Violence at home: a reiew of the literature. American Journal of Orthopsychiatry, 45, 328-345.

- Malinowski, B. (1932). The sexual life of savages. London: G. Routledge & Sons.
- Masters, R. (1963). Patters of incest. New York: Julian.
- Mayer, A. (1983). Incest: A treatment manual for therapy with victims, spouses and offenders. Holmes Beach, FA: Learning Publications.
- Melton, G. (1984) Child witnesses and the first amendment: A psycho-legal dilemma. Journal of Social Issues, 40(2), 109-123.
- Morgan, D. (1990). Issues of critical sociological theory: Men in families. In Sprey (Ed.), Fashioning family theory, (pp. 67-106). Newbury Park, CA: Sage.
- Mouzakitis, C. & Varghese, R. (1985). Child abuse and neglect: An international perspective, In Mouzakitis, C. & Varghese, R. , (Eds.) Social work treatment with abused and neglected children. , (pp 17-19) Springfield, IL: Charles C. Thomas.
- Pagelow, M. (1984). Family violence. New York: Praeger.
- Park, R. & Collmer, C. (1975). Child abuse: An interdisciplinary analysis. In E. Hetherington (Ed.). Review of child development research. Chicago: University of Chicago.
- Powers, M. (1992). Kids in court. Human Ecology Forum, 20, 11-15.
- Realmuto, G., Jensen, J., & Wescoe, S. (1990). Specificity and sensitivity of sexually anatomically correct dolls in substantiating abuse: A pilot study. Journal of American Academy of Child and Adolescent Psychiatry, 19(5), 743-746.
- Rencken, R. (1989). Intervention strategies for sexual abuse. Alexandria, VA: American Association for Counseling and Development.

- Risin, L. & McNamara, J. (1989) Validation of child sexual abuse: The psychologist's role. Journal of Clinical Psychology, 45(1), 175-183.
- Rosenfeld, A. (1977). Sexual misuse in the family. Victimology, 2(2), 226-235.
- Schechter, S. (1982). Women and male violence. Boston: South End.
- Schor, D. & Sivan, A. (1989). Interpreting children's labels for sex-related body parts of anatomically explicit dolls. Child Abuse & Neglect, 13, 523-521.
- Schwartz, M. & Masters, M. (1993). Integration of trauma-based, cognitive behavioral, systemic and addiction approaches for treatment of hypersexual pair-bonding disorder, In P. Carnes (Ed.), Sexual addiction and compulsivity.
- Schwartzman, J. (1974). The individual, incest, and exogamy. Psychiatry, 37(2). 171-180.
- Seward, G. (1946). Sex and social order. New York: McGraw-Hill.
- Sgroi, S. (1978). Comprehensive examination for child sexual assault; Diagnostic, therapeutic, and child protective issues. In A. Burgess, A. Groth, L. Holmstrom, & S. Sgroi (Eds.) Sexual assault of children and adolescents (pp. 143-157). Lexington, MA: Heath.
- Shamroy, J. (1987). Interviewing the sexually abused child with anatomically correct dolls. Social Work, 32(2) 165-166.
- Sink, F. (1988). A hierarchical model for evaluation of child sexual abuse, American Journal of Orthopsychiatry, 58(1), 129-135.

- Sivan, A.; Schor, D.; Koepl, G. & Noble, L. (1988). Interaction of normal children with anatomical dolls. Child Abuse and Neglect, 12, 295-304.
- Sorensen, T. & Snow, B. (1991) How children tell: The process of disclosure in child sexual abuse. Child Welfare, 70(1) 3-15.
- Steele, B. (1976). Violence within the family. In R. Helfer & C. Kempe (Eds.) Child abuse and neglect: The family and the community. Cambridge: Ballinger.
- ten Benschel, R. (n.d.). Training manual in sexual abuse of children. Unpublished manuscript, Minneapolis, Minnesota.
- Thompson, E.. (1991). Do anatomically correct dolls foster false reports of sexual abuse in non-abused children? Unpublished manuscript, Minneapolis, Minnesota.
- Thompson, E. (1985). Family studies. Unpublished manuscript, Minneapolis, Minnesota.
- Thompson, E. (1984). Identification of sexually abused children using anatomically correct dolls. Unpublished manuscript, Minneapolis, Minnesota.
- Thompson, E. (1981). Incest. Unpublished manuscript, Minneapolis, Minnesota.
- Vanderbilt, H, (1992). Incest: A chilling report. Lears, 2, 49-77
- Walker, C. & Bonner, B. (1988). The physically and sexually abused child. New York: Pergamon.
- Walker, L. (1979). The battered woman. New York: Harper & Row.
- Walker, L. (1988). Handbook on sexual abuse of children. New York: Springer.

- Warner, C. (1982). Management of the physically and sexually abused. Norwalk, CT.
- White, S. (1988). Should investigatory use of anatomical dolls be defined by the courts? Journal of Interpersonal Violence, 3(4), 471-475.
- White, S. & Santilli, G. (1988). A review of clinical practices and research data on anatomical dolls. Journal of Interpersonal Violence, 3(4), 430-442.
- White, S.; Strom, G.; Santilli, G. & Halpin, B. (1986). Interviewing young sexual abuse victims with anatomically correct dolls. Child Abuse & Neglect, 10, 519-529.
- White, S., Strom, G., Santilli, G., & Quinn, K. (1987). Guidelines for interviewing preschoolers with sexually anatomically detailed dolls. Case Western Reserve University: Cleveland, OH.
- Yates, A. & Terr, L. (1987). Anatomically correct dolls: Should they be used as the basis for expert testimony? Journal of the American Academy of Child and Adolescent Psychiatry, 254-257. (pp. 125-139). Springfield, IL: Charles Thomas.
- Yorukoglu, A & Kempf, J. (1980). Children not severely damaged by incest with a parent. In L. Schultz (Ed.), The sexual victimology of youth, (pp. 125-139). Springfield, IL: Charles Thomas.

