



IN PARTNERSHIP WITH



www.apsac.org www.nyfoundling.org @TheNYFoundling

Practice Guidelines

Use of Anatomical Dolls in Child Sexual Abuse Assessments

Copyright © 1995. All rights reserved by the American Professional Society on the Abuse of Children (APSAC) in Partnership with The New York Foundling. **No part may be reproduced without the express, written consent of APSAC.** Electronic and print versions of this document are available from the Association. Members may access this and other Practice Guidelines at any time in the APSAC Online Library. These Practice Guidelines are available for purchase to non-members. Telephone: 877.402.7722. Web: www.apsac.org.

I. Uses and Limitations of Guidelines

These Guidelines have been developed to reflect current knowledge and generally accepted practice concerning the use of anatomical dolls in interviewing children during assessments of suspected child sexual abuse. The Guidelines are offered to encourage appropriate use of anatomical dolls and to provide direction in the development of training for professionals. The Guidelines are not intended to establish a legal standard of care or a rigid standard of practice to which professionals are expected to adhere. Interviewers must have the flexibility to exercise judgment in individual cases. Laws and local customs may influence accepted methods in a given community. Professionals should be knowledgeable about various constraints on practice and prepared to justify their decisions about particular practices in specific cases. As experience and scientific knowledge expand, further revision of these Guidelines is expected.

These Guidelines apply to the use of anatomical dolls in investigative and diagnostic interviews of children in cases of alleged or suspected child sexual abuse. Such interviews are designed to determine whether an allegation is likely true, and if so, the nature of the abuse. Investigative interviews are typically conducted by child protective services and law enforcement professionals and by child interview specialists in specialized child abuse programs. Diagnostic interviews are typically conducted by mental health or health care professionals as a part of psychological or medical evaluations (American Medical Association, 1985). Diagnostic interviews often go beyond the focus of investigative interviews in also assessing the child's psychological status and the possible need for psychological treatment.

These Guidelines are not designed to address the use of anatomical dolls in psychotherapy. Furthermore, these Guidelines do not address the broad issue of questioning techniques during investigative or diagnostic interviews. These Guidelines have the narrower purpose of providing direction on the use of dolls as an adjunct to the questioning process. It is also not the purpose of these Guidelines to provide a comprehensive discussion of the clinical and empirical rationale for the use of anatomical dolls in child sexual abuse assessments.¹

II. Introduction

Anatomical dolls are widely used as interview aids by professionals involved in the investigation and evaluation of child sexual abuse (Boat & Everson, 1988a; Conte, Sorenson, Fogarty & Dalla Rosa, 1991; Kendall-Tackett & Watson, 1992). Nevertheless, concern has been expressed about possible harm through the use of anatomical dolls in this context. One concern is that anatomical dolls may suggest sexual material, encouraging false reports from non-abused children. Another is that the dolls may be over stimulating or even traumatizing to non-abused children by introducing them prematurely to sexual ideas and body parts. A final concern is that interviewers using the dolls may be poorly trained and overzealous in their search for sexual abuse, eliciting unreliable, if not erroneous, evidence of abuse.

¹ For such a discussion, the reader is referred to the final report of the American Psychological Association's Task Force on Anatomical Dolls (Koocher, G.P. et al, 1995).

Research does not support the concern that anatomical dolls are inherently too suggestive or sexually stimulating (Everson & Boat, 1994). Follow-up interviews of parents whose young children had previously been exposed to anatomical dolls do not support the concern that the dolls are traumatizing to non-abused children or may induce them to become preoccupied with sexual issues (Boat, Everson & Holland, 1990; Bruck, Ceci, Francoeur & Renick, 1995; Dawson, Vaughn & Wagner, 1992). Research suggests that the level of training among interviewers using the dolls has increased substantially over the last several years (Boat & Everson 1988a; Kendall-Tackett & Watson, 1992). The actual skill level of interviewers, however, has only recently become the focus of systematic study and empirical findings on this topic are still limited (Boat & Everson, 1995).

When used by a knowledgeable and experienced professional, anatomical dolls can be an effective tool to aid in interviewing children to determine (1) whether an allegation of sexual abuse is likely true, and (2) if so, the nature of the abuse. Anatomical dolls are, however, only one of many useful interview tools (e.g. drawing materials, puppets, anatomical drawings) and cannot take the place of sound, child-sensitive interview skills and reasoned clinical judgment. Professionals should be able to describe how the dolls were used in the particular case and how this use conforms to accepted practice (Myers & White, 1989). Professionals should also be familiar with current research on the dolls.

III. Summary of Research Findings

A. Suggestibility

1. The majority of available research does not support the position that the dolls are inherently too suggestive and overly stimulating to be useful in sexual abuse investigations and evaluations (see review by Everson & Boat, 1994; Everson & Boat, 1990). Specifically, there is little empirical evidence that exposure to the dolls induces non-abused, sexually naive children to have sexual fantasies and to engage in sex play that is likely to be misinterpreted as evidence of sexual abuse.
2. Although analogue studies of children's memory and suggestibility find children four and younger more suggestible than older ones (see review by Ceci & Bruck, 1993), anatomical dolls have not generally been found to be a significant source of increased suggestibility and recall error. Three studies using anatomical dolls as interview aids with children in the 3- to 7-year old range have found that the dolls increased recall accuracy with little or no increase in false reports of genital touching (Katz, Schonfeld, Carter, Leventhal & Cicchetti, 1995; Saywitz, Goodman, Nicholas & Moan, 1991; Steward & Steward, in press). In contrast, one study reported high rates of false assertions and false denials of genital touching among children under age 3-1/2 years when the dolls were used as interview aids in conjunction with direct, leading and misleading questions (Bruck et al, 1995).

B. Interpreting Behavior With Dolls

Young children suspected or known to be sexually abused are statistically more likely than presumably non-abused children to engage in explicit sexualized interactions with dolls. However, many victims of sexual abuse do not display such behavior, and some non-abused children may display such behavior (White, Strom, Santilli & Halpin, 1986; Jampole & Weber, 1987; August & Forman, 1989). Following are empirical findings that provide some guidance for interpreting sexual behavior with the dolls:

1. Explicit sexual positioning of dolls (e.g., penile insertion in vaginal, oral, and anal openings) is uncommon among non-referred, presumably non-abused young children (see review by Everson & Boat, 1990). When allowed to manipulate the dolls, especially in the absence of adults, a small percentage of presumably non-abused children demonstrate explicit sexual intercourse between dolls or, more rarely, attempt to enact apparent sexual acts between themselves and a doll. Such behavior with the dolls appears to be related to prior sexual exposure (Glaser & Collins, 1989; Everson & Boat, 1990) and to age, gender, socioeconomic status, and possibly race, with four- and five-year-old boys from lower socioeconomic status families somewhat more likely to enact explicit sexual acts with dolls than younger children, girls, or children from higher socioeconomic status families (Boat & Everson, 1994; Everson & Boat, 1990). Therefore, while explicit demonstrations of sexual intercourse with anatomical dolls always deserve further exploration, such activities among younger children and children without known prior sexual exposure are of particular concern.
2. Among non-referred, presumably non-abused children, mouthing or sucking a doll's penis is very rare prior to about age four and infrequent after age four (Sivan, Schor, Koepl & Noble, 1988; Glaser & Collins, 1989; Everson & Boat, 1990). This finding suggests that penises on dolls do not encourage most young children to seek oral gratification by sucking them. Sucking a doll's penis therefore should raise serious concerns about possible prior sexual exposure.
3. When a young child's positioning of the dolls indicates detailed knowledge of the mechanics of sexual acts, the probability of sexual abuse is increased, and further investigation of the source of the child's sexual knowledge is warranted. This is especially true for children under approximately four years of age and for children displaying knowledge of oral and anal intercourse (Everson & Boat, 1990).
4. Manual exploration of a doll's genitalia, including inserting a finger in the doll's vaginal or anal openings, is fairly common behavior among young, presumably non-abused children (Boat & Everson, 1994; Glaser & Collins, 1989). Such behavior is likely to be more concerning if it is accompanied by distress reactions (e.g., anxiety, fear), behavioral regression, or displays of anger and aggression (Gordon, Schroeder, & Abrams, 1990a, 1990b), or by obsessive repetition (Terr, 1981).

C. The Efficacy of Anatomical Dolls

1. When compared to reliance solely on verbal communication, the use of anatomical dolls has been shown to enhance children's ability to recall and describe events (Katz et al, 1995; Leventhal, Harnilton, Rekedal, Tebanao-Micci & Eyster, 1989; Saywitz et al, 1991; Steward & Steward, 1995). However, the dolls may not necessarily be superior to other interview aids such as anatomical drawings or regular dolls (Britton & O'Keefe, 1991; Goodman & Aman, 1990; Steward & Steward, in press). Additional research is needed, especially examining the various functions anatomical dolls can serve in the assessment process among children of different developmental levels.

IV. Appropriate Uses

- A. No predetermined amount of time must expire before dolls are introduced, nor must a predetermined number or type of questions be asked before using dolls. Every child is unique and interviewers should use their judgment to determine when, and if, dolls may be useful.
- B. If possible, the interviewer should be aware of the extent and nature of the child's possible prior exposure to anatomical dolls. This information is important for assessing the likely usefulness of the dolls in the current interview and for better understanding the child's reaction to and behavior with the dolls. Such information is especially important in cases in which children may have had multiple, prior doll interviews or may have been exposed to the dolls in a play therapy format in which fantasy play was encouraged.
- C. The number of dolls presented (e.g., individual dolls vs. set of two, three, or four) depends upon their specific use in the interview.
- D. When sexual abuse is suspected, dolls can be used as part of the assessment process in the following ways (Everson & Boat, 1994):
 1. Anatomical Model: The dolls can function as anatomical models for assessing a child's labels for parts of the body, understanding of bodily functions, and possible precocious knowledge of the mechanics of sexual acts. The interviewer may point to sexual and non-sexual body parts and ask questions like, "What do you call this part?," "What is it for?," and, "Is it for anything else?"

The dolls can also serve as visual aids for direct inquiries about the child's personal experiences with private parts. This may include questions such as, "Do you have one (vagina)?," "Has anything ever happened to yours?," and "Has it ever been hurt?"

If the child uses a non-standard term, such as "kitty cat," to refer to a body part, the dolls can be used to clarify the child's meaning. It is appropriate to use the child's terms for body parts.

Use of Anatomical Dolls **APSAC Practice Guidelines**

2. **Demonstration Aid:** The dolls can serve as props to enable children to "show" rather than "tell" what happened, especially when limited verbal skills or emotional issues, such as fear of telling or embarrassment about discussing sexual activities, interfere with direct verbal description. This function of the dolls also includes their use to clarify a child's statement after a disclosure of abuse has been made. Whether or not a child experiences difficulty communicating about sexual abuse, dolls are sometimes useful to confirm an interviewer's understanding of a child's description of abuse and to reduce the likelihood of miscommunication between the child and the interviewer.

Interviewers should be cautious in using anatomical dolls as demonstration aids with children under approximately age 3-1/2 years. This caution is based on questions about the cognitive ability of young preschoolers to use dolls to represent themselves in behavioral reenactments (DeLoache, 1995) and on concerns about the potential of the dolls to distract very young children (e.g., Goodman & Aman, 1990). These concerns do not preclude other uses of the dolls with young children. Furthermore, young children may use all anatomical doll to represent someone other than themselves and may, for example, demonstrate with a doll on their own bodies what they experienced.

3. **Memory Stimulus:** Exposure to the dolls, and especially to such features as secondary sexual characteristics, genitalia, and articles of clothing, may be useful in stimulating or triggering a child's recall of specific events of a sexual nature. Supporting this use is research suggesting that props and concrete cues may be more effective in prompting memories in young children than are verbal cues or questions (e.g., Nelson & Ross, 1980). To encourage recall, it may be appropriate for the interviewer to ask questions such as, "Have you seen one (penis)?," or "Do the dolls help you remember anything else that happened?"
4. **Screening Tool:** This function, which sometimes overlaps with the Memory Stimulus use, is based on the premise that exposure to the dolls in a non-threatening setting may provide an opportunity for the child to spontaneously reveal his/her sexual interests, concerns, or knowledge. Typically, the child is given the opportunity freely to examine and manipulate the dolls while the interviewer observes the child's play, reaction, and remarks. The interviewer can be either present or absent (observing through a one-way mirror) during this time, although children are likely to be less inhibited in their manipulations of the dolls without an adult present. After a period of uninterrupted manipulation and exploration of the dolls, the interviewer asks follow-up questions about the child's behavior with, or reaction to, the dolls (e.g., "What were the dolls doing?" "Where did you learn about that?"). Graphic sexual behavior, unusual emotional responses, as well as spontaneous "suspicious" statements made by the child (e.g., "Daddy's pee-pee gets big sometimes") should be the focus of follow-up questions to the child.
5. **Icebreaker:** The dolls can serve as a conversation starter on the topic of sexuality by focusing the child's attention in a non-threatening, non-leading manner on sexual issues and sexual body parts. This may be especially important in the case of younger

Use of Anatomical Dolls **APSAC Practice Guidelines**

children and children with less well developed language skills who may require very direct cueing to understand what, from the universe of possibilities, the interviewer wants the child to talk about (Steward & Steward, in press). Dolls can also be useful in helping a child feel comfortable about talking about body parts, sexuality, etc., and in conveying tacit permission for the child to describe or demonstrate sexual knowledge and experience.

- E. Sexually abused children are not always able to give a coherent verbal account of sexual abuse for a variety of reasons, including developmental level, language limitations, fear, embarrassment and guilt. When a child's characteristics allow it, however, interviewers should generally attempt to obtain a verbal description from the child before asking the child to demonstrate with the dolls.
- F. Generally accepted practice is to present the dolls clothed, but exceptions exist. For example, it may be appropriate to present the dolls unclothed when they are being used as a demonstration aid with a child who has already indicated that the individuals in his/her account were naked.
- G. Depending upon individual child characteristics, anatomical dolls can be appropriately used in interviews with children from a wide age range, including with some adolescents. Some uses, however, such as screening tool and icebreaker, are less common among older children (Boat & Everson, 1995; Kendall-Tackett & Watson, 1992).

V. Inappropriate Uses

- A. The use of anatomical dolls as a diagnostic test for child sexual abuse is not supported by the empirical evidence (Everson & Boat, 1994). Specifically, it is not appropriate to draw definitive conclusions about the likelihood of abuse based solely upon interpretations of a child's behavior with the dolls. There is no known behavior with the dolls that can be considered a definitive marker of sexual abuse in the absence of other factors, such as the child's verbal account or medical evidence (Everson & Boat, 1990; Realmuto, Jensen & Wescoe, 1990; Boat & Everson, 1994).
- B. Interviewers should refrain from making statements that might encourage the child to view the dolls as toys or objects for fantasy play. This includes the use of words such as "play," "pretend," or "make believe." Interviewers should also be cautious in the use of conjecture in questioning with the dolls because of the possibility of encouraging fantasy (e.g., "If someone were to touch a girl in a way she didn't like, show me how they would do it."). The interviewer should consider giving the child the clear admonition that the dolls are used to help talk about and show "things that really happened."
- C. The practice of the interviewer placing the dolls in sexually explicit positions and asking the child to relate the depiction to the child's experience (e.g., "Did this ever happen to you?") is leading and should be avoided.

- D. Like any interview tool or technique, anatomical dolls can be misused. For example, dolls can be used in conjunction with inappropriately suggestive questions. Interviewers should monitor themselves to avoid improperly suggestive use of dolls (White & Quinn, 1988; Quinn, White & Santilli, 1989).

VI. Doll Specifications

- A. The utility of dolls in the interview process depends in large measure on the presence of certain physical features of the dolls. The following are considered to be important features:
 1. Genitalia and breasts that are proportional to body size and appropriate to the gender' and age of the given doll.
 2. Oral, vaginal, and anal openings that will accommodate the adult male doll's penis.
 3. Facial expressions that are at least reasonably attractive and devoid of negative emotions, such as fear or anxiety.
 4. A size that can reasonably be manipulated by young children.
 5. Sturdy construction that can withstand rough handling.
 6. Clothes that can be easily removed.
 7. Clothes, including underwear, that are appropriate to the doll's represented age and gender.
- B. The impact of the racial features and skin color of the dolls on the child's response has not been empirically examined. Preferred practice is to match the dolls with the race of the child. If it is likely that the alleged perpetrator is a different race from the child, the interviewer should consider presenting dolls of both races or a set of race non-specific dolls with neutral skin tones.

VII. Training and Skill Level Interviewers

- A. Professionals using dolls should possess the training and/or knowledge and experience required to conduct forensic investigative or diagnostic interviews with children suspected of having been sexually abused. Refer to the APSAC Practice Guidelines for *Psychosocial Evaluation of Suspected Sexual Abuse in Children* for general requirements regarding training, skill level, and supervision for interviewers.
- B. Before using the dolls, the interviewer should acquire the requisite skills through familiarity with the research literature and applicable guidelines, consultation with colleagues, and/or clinical supervision. The interviewer should be familiar with developmental issues in the use of the dolls, appropriate and inappropriate uses of the dolls, and potential problems caused by using leading questions or other suggestive techniques with the dolls.
- C. A formal, structured protocol detailing the use of dolls in interviews is not required and, given the state of our knowledge and the need for flexibility in individual cases, rigid protocols are probably not advisable. However, these guidelines and other general guidelines on the use of anatomical dolls in sexual abuse evaluations are available and

may be helpful (e.g., Boat & Everson, 1986, 1988b; Levy, Kalinowski, Markovic, Pittman, & Ahart, 1991; Morgan, 1995; White, 1991).

VIII. Documentation

- A. Detailed documentation of the interview process should be provided. Because of the potential subtlety and richness of the child's behavior with anatomical dolls, videotape recording of the interview may offer advantages. If videotaping is impracticable or contraindicated, the interviewer's questions and the child's verbal, non-verbal, and affective responses regarding sexual abuse allegations or concerns should be documented. This can be done in writing or using a combination of audiotape and written notes.
- B. It is desirable to prepare a verbatim record of all portions of the interview specifically relating to the issue of possible sexual abuse. This includes a description of the child's behavior with dolls, including the child's positioning of the dolls, critical verbal statements, and any verbal, non-verbal, or affective behavior with the dolls, such as avoidance, anxiety, fear, anger, or regression.

IX. Conclusions

- A. Anatomical dolls are a useful and accepted tool for investigative and diagnostic interviews of children in cases of possible sexual abuse.
- B. Professionals using anatomical dolls in child sexual abuse assessments should be knowledgeable and experienced in conducting forensically sound interviews with children and in the specific use of anatomical dolls.
- C. Interviewers should be prepared to describe how they used anatomical dolls in each specific case and how this use conforms to accepted practice.
- D. Interviewers should be aware of the limitations in the use of anatomical dolls. Specifically, anatomical dolls should not be considered to be a diagnostic test of sexual abuse, nor be over-emphasized in the assessment process to the exclusion of broader interview techniques and sound clinical reasoning.

References

- American Medical Association (1985). AMA diagnostic and treatment guidelines concerning child abuse and neglect. *Journal of the American Medical Association*, 254, 796-803.
- American Professional Society on the Abuse of Children (1990). Guidelines for psychosocial evaluation of suspected sexual abuse in children. Chicago: Author.
- August, R.L. & Forman, B.D. (1989). A comparison of sexually and nonsexually abused children's behavioral responses to anatomically correct dolls. *Child Psychiatry and Human Development* 20, 39-47.

Use of Anatomical Dolls **APSAC Practice Guidelines**

- Boat, B.W. & Everson, M.D. (1995). Interview errors in the use of anatomical dolls in child protective services investigations. Paper presented at the Biennial Conference of the Society for Research in Child Development, April.
- Boat, B.W. & Everson, M.D. (1994). Anatomical doll exploration among non-referred children: Comparisons by age, gender, race, and socioeconomic status, *Child Abuse and Neglect*, 18, 139-153.
- Boat, B.W. & Everson, M.D. (1988a). Use of anatomical dolls among professionals in sexual abuse evaluations. *Child Abuse and Neglect*, 12, 171-179.
- Boat, B.W. & Everson, M.D. (1988b). Interviewing young children with anatomical dolls. *Child Welfare*, 67, 337-351.
- Boat, B.W. & Everson, M.D. (1986). Using anatomical dolls: Guidelines for interviewing young children in sexual abuse investigations. Chapel Hill, NC: University of North Carolina
- Britton, H. & O'Keefe, W.A. (1991). Use of anatomical dolls in the sexual abuse interview. *Child Abuse and Neglect*, 15, 567-573.
- Bruck, M., Ceci, S. Francoeur, D., & Renick, A. (1995). Anatomical detailed dolls do not facilitate preschoolers' reports of a pediatric examination involving genital touching. *Journal of Experimental Psychology: Applied*, 1, 95-109.
- Ceci, S.J. & Bruck, M. (1993). Suggestibility of the child witness: A historical review and synthesis. *Psychological Bulletin*, 113, 403-439.
- Conte, J.R., Sorenson, E., Fogarty, L., & Dalla Rosa, J. (1991). Evaluating children's reports of sexual abuse: Results from a survey of professionals. *American Journal of Orthopsychiatry*, 61, 3:428-437.
- DeLoache, J. (1995). The use of dolls in interviewing young children. In Zaragoza, M.S., Graham, J.R., Hall, C.H., Hirschman, R. & Ben-Porath, Y.S. (Editors). *Memory and testimony in the child witness*. Newbury Park, CA: Sage Publications.
- Everson, M.D. & Boat, B.W. (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 & Adolescent Psychiatry*, 29, 736-742.
- Everson, M.D. & Boat, B.W. (1994). Putting the anatomical doll controversy in perspective: An examination of the major uses and criticisms of the dolls in child sexual abuse evaluations. *Child Abuse and Neglect*, 18, 113-129.
- Glaser, D. & Collins, C. (1989). The response of young, non-sexually abused children to anatomically correct dolls. *Journal of Child Psychology & Psychiatry*, 30, 547-560.
- Goodman, G. & Aman, C. (1990). Children's use of anatomically correct dolls to report an event. *Child Development*, 61, 1859-1871.
- Gordon, B.N., Schroeder, C., & Abrams, J.M. (1990a). Children's knowledge of sexuality: A comparison of sexually abused and non-abused children. *American Journal of Orthopsychiatry*, 60, 250-257.
- Gordon, B.N., Schroeder, C. & Abrams, J.M., (1990b). Age and social class differences in children's knowledge of sexuality. *Journal of Clinical Child Psychology*, 19, 33-43.
- Jampole, L. & Weber, M.K. (1987). An assessment of the behavior of sexually abused and non-sexually abused children with anatomically correct dolls. *Child Abuse and Neglect*, 11, 187-192.
- Katz, S., Schonfeld, D.J., Carter, A.S., Leventhal, J.M. & Cicchetti, D.V. (1995). The accuracy of children's reports with anatomically correct dolls. *Developmental and Behavioral Pediatrics*, 16(2), 71-76.

Use of Anatomical Dolls **APSAC Practice Guidelines**

- Kendall-Tackett, K.A. & Watson, M.W. (1992). Use of anatomical dolls by Boston-area professionals. *Child Abuse and Neglect, 16*, 423-428.
- Koocher, G.P., Goodman, G.S., White, S., Friedrich, W.N., Sivan, A.B. & Reynolds, C.R. (1995). Psychological science and the use of anatomically detailed dolls in child sexual abuse assessments. Final report of the American Psychological Association Anatomical Doll Task Force. *Psychological Bulletin, 118*, 2.
- Leventhal, J.M., Hamilton, J., Rekedal, S., Tebano-Micci, A. & Eyster, C. (1989). Anatomically correct dolls used in interviews of young children suspected of having been sexually abused. *Pediatrics, 84*, 900-906.
- Levy, J., Kalinowski, N., Markovic, J., Pittman, M., & Ahart, S. (1991). Victim-sensitive interviewing in child sexual abuse. Chicago, IL: Mount Sinai Hospital Medical Center.
- Morgan, M. (1995). *How to Interview sexual abuse victims*. Newbury Park, CA: Sage Publications.
- Myers, J.E.B. & White, S. (1989). Dolls in court? *The APSAC Advisor, 2*(3), 5-6.
- Nelson, K. & Ross, G. (1980). The generalities and specifics of long-term memory in infants and young children. In M. Perlmutter (Ed.), *New directions for child development, 10*, *Children's memory*, 87-101. San Francisco: Jossey-Bass.
- Realmuto, G.M., Jensen, J.B., & Wescoe, S. (1990). Specificity and sensitivity of sexually anatomically correct dolls in substantiating abuse: A pilot study. *Journal of the American Academy of Child and Adolescent Psychiatry, 29*(5), 743-746.
- Sivan, A., Schor, D., Koepl, G.K. & Noble, L.D. (1988). Interactions of normal children with anatomically correct dolls. *Child Abuse & Neglect, 12*, 295-304.
- Steward, M. & Steward, D. (In press). Interviewing young children about body touch and handling. *Monograph Series for the Society for Research in Child Development*.
- Terr, L. (1981). Forbidden games: Post-traumatic child's play. *Journal of the American Academy of Child Psychiatry, 20*, 740-759.
- White, S. (1991). Using anatomically detailed dolls in interviewing preschoolers. In C. Schaefer, K. Gitlund, and D. Sandgrund (Eds.). *Play diagnosis and assessment*, 317-330, New York: Wiley & Sons.
- White, S. & Quinn, K. (1988). Investigatory independence in child sexual abuse evaluations: Conceptual considerations. *Bulletin of the American Academy of Psychiatry Law, 16*, 269-278.
- White, S., Strom, G., Santilli, G. & Halpin, B. (1986). Interviewing young children with anatomically correct dolls. *Child Abuse & Neglect, 19*, 519-529.

Appendix A – Additional Resources on Interviewing

- American Professional Society on the Abuse of Children. (1990). *The APSAC Advisor, 3*, 2. (Special issue dedicated to child interviewing).
- Faller, K.C. (1995). *APSAC Study Guide: Interviewing children suspected of having been sexually abused*. Newbury Park, CA: Sage Publications.
- Faller, K.C. (1990). *Understanding child sexual maltreatment*. Newbury Park, CA: Sage Publications.
- Garbarino, J. & Stott, F.M. (1990). *What children can tell us*. San Francisco: Jossey-Bass.

Use of Anatomical Dolls **APSAC Practice Guidelines**

- Jones, D.P.H. & McQuiston, M. (1985). *Interviewing the sexually abused child*. Denver: C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect.
- MacFarlane, K. & Waterman, J. (1986) *Sexual abuse of young children*. New York: Guilford Press.
- Myers, J.E.B. (1992). *Legal issues in child abuse and neglect practice*. Newbury Park, CA: Sage Publications.
- Perry, N.W. & Wrightsman, L.S. (1991). *The child witness*. Newbury Park, CA: Sage Publications.

Acknowledgements

These Guidelines are the product of APSACs Task Force on the Use of Anatomical Dolls in Child Sexual Abuse Assessments chaired by Mark D. Everson, Ph.D., John E.B. Myers, J.D., and Sue White, Ph.D. The first draft was published for comment in *The APSAC Advisor* in Spring, 1993. In addition, four open Task Force meetings were held to request input on early drafts of the Guidelines: at the San Diego Conference on Responding to Child Maltreatment in January 1993; at the First National APSAC Colloquium in Chicago, June 1993; at the Second National APSAC Colloquium in Cambridge, Massachusetts, May 1994; and at the San Diego Conference on Responding to Child Maltreatment in January, 1995. The current version of the Guidelines reflects the experience and expertise of a large number of APSAC members as well as the APSAC Board of Directors. We gratefully acknowledge the many individuals who contributed their time and expertise to make these Guidelines possible and especially to Kathleen Coulborn Faller, Ph.D., AC.S.W.



The American Professional
Society on the Abuse of Children
IN PARTNERSHIP WITH



Strengthening Practice Through Knowledge

About APSAC

The American Professional Society on the Abuse of Children (APSAC) is the premiere, multidisciplinary professional association serving individuals in all fields concerned with child maltreatment. The physicians, attorneys, social workers, psychologists, researchers, law enforcement personnel and others who comprise our membership have all devoted their careers to ensuring the children at risk of abuse receive prevention services, and children and families who become involved with maltreatment receive the best possible services.

APSAC meets our goal of 'strengthening practice through knowledge' by supporting, aggregating and sharing state-of-the-art knowledge through publications and educational events. Our publications include the peer-reviewed, professional journal [Child Maltreatment](#); the widely distributed translational newsletter The APSAC Advisor; news blasts on current research findings, The APSAC Alert; and Practice Guidelines like this document. Regular training events include our annual colloquia, attracting the top experts in the field to present to peers and colleagues at all stages of their careers; highly acclaimed forensic interviewing clinics and advanced training institutes held at the International Conference on Child and Family Maltreatment. We regularly initiate and test new CEU eligible training courses, and are currently developing, and an online course for early career professionals.

If you found these Practice Guidelines valuable and would like access to all of APSAC's publications, resources, and training discounts, please consider becoming a member. Learn more about becoming a member at bit.ly/APSACmembership.

To make a donation to support the creation and updating of APSAC Practice Guidelines, go to bit.ly/Donate2APSAC.

Thank you for supporting APSAC!