

2.1 Child victims of sexual abuse

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See also chapter 5.3 Consent and capacity in civil cases, chapter 1.12 Sexual offenders, chapter 4.7 Internet sexual offending, chapter 4.12 Stalking, chapter 4.11 Sexual fantasy and sex offending, chapter 4.10 Sexual assault, chapter 2.23 Statement validity analysis.

Definition

Child sexual abuse is broadly described as 'any sexual activity involving a child where consent is not or cannot be given' (Dominguez, Nelke and Perry 2001, p. 202). Although there are a range of definitions available, it is crucial to acknowledge the different types of sexual abuse that they encompass; for example, Faller (1988) identifies seven different types of sexual abuse (e.g. non-contact, sexual penetration) and then clarifies that they can also be classified as either extrafamilial or intrafamilial. Although it is not the purpose of this chapter to review the literature on prevalence and incidence, it should be acknowledged that there is considerable variation in the estimates for childhood sexual abuse: international studies have found that for women it ranges between 3% and 29% and for men from 7% to 36% (Finkelhor 1994). The discrepancy in the figures is usually a result of sampling strategies and definitions used. Whatever the exact figures are it is widely accepted that child sexual abuse represents a significant problem in society today that can have devastating effects on the people involved (Kendall-Tackett, Williams and Finkelhor 1993; Paolucci, Genuis and Violato 2001).

Assessment for treatment purposes and for investigative purposes

Waterhouse and Carnie (1991) note that often cases lack objective evidence with the alleged perpetrator, if known, denying the allegations. They define

three categories of evidence: grey (majority of cases), where there is high uncertainty, with perpetrator denial, no available corroborating medical evidence and no police involvement; black (minority of cases), where there may be an admission, corroborating medical evidence and police arrest the alleged perpetrator; white (exceptional cases), where there is reasonable confidence that the abuse did not take place.

There are two main reasons why a child suspected of being a victim of sexual abuse will be assessed: for investigative and for treatment purposes. Wolfe (2006, p. 663) highlights the fact that 'investigative interviews are often the children's entry points into the social service, mental health, and criminal justice systems'; it is often (but not always) an investigative interview that will lead to a child being assessed for treatment. The key differences between a treatment interview and an investigative one are that in the former the focus is on discovering the extent of any psychological ill effects on the child's mental state and psychological functioning, whereas in the latter it must be determined whether the abuse has occurred and, if it has, as much detail as possible must be retrieved (Jones 1992). The ultimate goal of the interview also distinguishes between the two: specifically, the investigative interview should (if the abuse has occurred) lead to a criminal prosecution being brought, whereas a treatment interview is focused on devising a comprehensive treatment intervention for the child and their family. Waterhouse and Carnie (1991) note some tensions between police and social workers' interventions, with the former needing to obtain firm evidential support and the latter focusing on therapeutic interventions with the family. They found three styles of inter-agency cooperation: minimalist, collaborative and integrative, the latter deriving from the Bexley experiment which pioneered joint police/social services interviewing (Conroy, Fielding and Tunstill 1990).

Disclosure

Before exploring the available methods for assessing children suspected of being victims of child sexual abuse some consideration is needed of how the suspicions come to light and the effects of disclosing on children. Around a half to two-thirds of sexually abused children go undetected (Wolfe 2006); however, a number of studies have found that approximately one-third of children disclosed their abuse to someone during their childhood or adolescence (Arata 1998; Lamb and Edgar-Smith 1994). Of those who do disclose, approximately half disclose first to a parent, and about one in four tells a peer

(Berliner and Conte 1995; Henry 1997). Other studies have found that when the perpetrator was a stranger children are most likely to disclose, but when the perpetrator is a family member or known the likelihood of disclosure is decreased (Kogan 2004; Stroud *et al.* 2000). There are many reasons why children might avoid disclosing, the discussion of which is beyond the scope of this chapter; they include fear of being disbelieved, retaliation from the perpetrator and fear of being stigmatized. There are a growing number of people who do not disclose sexual abuse until they are adults, but they will not be addressed here and the interested reader should refer to chapter 2.19 (this volume).

There is some debate about the disclosure process which essentially concerns whether it should be considered as a series of stages, each of which can be resolved (e.g. Sorenson and Snow 1991; Summit 1983, 1992), or if the disclosure does not occur in any temporal or sequential pattern and there are just different ways a child can react having made a disclosure (e.g. Bradley and Wood 1996). Whichever side of the debate is preferred regarding the disclosure process, it is recommended that a developmental framework should be used when trying to understand why a child decides to disclose sexual abuse alongside consideration of the issues related to the abuse itself, for example, the personal characteristics of the child, whether the perpetrator still has access to them and the family set-up. In short, a good knowledge of developmental psychology is necessary to conduct effective assessments of child sexual abuse victims.

Symptoms

Physical trauma is the most obvious sign of sexual abuse but actually it is often not present in child sexual abuse (Adams *et al.* 1994; Berenson *et al.* 2000). Rieser (1991) found that often the victim's statement is the only evidence that abuse occurred in a substantial amount of validated sexual abuse cases. A wide range of emotional and behavioural characteristics can indicate child sexual abuse and symptoms have been found to tend to cluster around different developmental age bands (MacDonald *et al.* 2004; for examples of the clustering see Kendall-Tackett, Meyer-Williams and Finkelhor 1993; Trickett 1997). The most common symptoms/effects of child sexual abuse are: post-traumatic stress disorder (PTSD); sexualized behaviour (otherwise known as sexually reactive behaviour); depression and anxiety; promiscuity; general behaviour problems; poor self-esteem; disruptive behaviour disorders; sexual dysfunction;

and substance abuse (Dominguez *et al.* 2001). Furthermore, anyone embarking on an assessment should also be aware that high rates of physical and emotional abuse and exposure to domestic violence are found among victims of child sexual abuse (Bagley and Mallick 2000; Dong *et al.* 2003; Fleming *et al.* 1997).

Assessment: current thinking, research and practice

Checklists

Various checklists exist that can be used for assessing the symptoms that may arise from child sexual abuse; some measure symptoms such as depression and anxiety which are not trauma specific (e.g. the Child Behaviour Checklist, Achenbach, 1991) and others are designed to measure trauma-specific symptoms such as reactive sexual behaviour and post-traumatic stress (e.g. Trauma Symptom Checklist for Children (TSCC), Briere 1996 and Children's Impact of Traumatic Events Scale-Revised, Wolfe *et al.* 1991). In a recent article testing the validity of two such measures, Lanktree *et al.* (2008) outline some of the problems with existing measures, including variation in results depending on who completes the checklist (e.g. parent or child) and lack of standardization and validity studies. Lanktree *et al.*'s (2008) comparison of the TSCC and the Trauma Symptom Checklist for Young Children (TSCYC, Briere 2005), the former completed by the child and the latter completed by the parent, found that despite some minor issues it is recommended that both child and parent report measures should be used simultaneously to provide the most accurate picture of the child's symptomatology. Checklists provide a useful tool for the assessment of child victims of sexual abuse, but they should not be used in isolation or without the appropriate reliability and validity tests.

Interviewing

Interviewing is the main method of validating most child sexual abuse allegations and as already mentioned interviews can be required to serve dual legal and therapeutic requirements (Bannister and Print 1988). Unfortunately there are a multitude of factors that can negatively influence the outcome of interviews, some of which will now be highlighted. Perhaps the most widely acknowledged negative effects are caused by repeatedly interviewing children (Berliner and Conte 1995). However, numerous steps have

been taken nationally and internationally to ensure that multiple interviews do not occur, for example in the United Kingdom, the Memorandum of Good Practice for interviewing children in criminal cases warns against interviewing a child more than once unless there is a good reason for doing so (Home Office 1992). The use of inappropriate tactics – including repeated and leading questioning, interviewer bias, bribes – have all been shown to have a deleterious effect on interview outcome. Linked to these practices are two key findings about children's memory and suggestibility:

1. Children's ability to recount information improves with age (Peterson and Bell 1996).
2. Young children (particularly preschoolers) are more suggestible than older children, adolescents and adults (Ceci and Bruck 1993).

These highlight just a few of the enormous challenges faced by interviewers of young children. It is necessary to remember that the differences outlined above between older and younger children are not relative; in other words, just because a child is very young does not mean they will be less able to remember information and be more suggestible (Eisen, Quas and Goodman 1991). There is in fact considerable variation across ages, and other factors influence memory and suggestibility such as question type and strength of memory.

Jones (1992) makes six specific recommendations about the general approach that should be taken when interviewing child victims of sexual abuse: avoid leading questions; prepare and have clear goals; do not make promises you cannot keep; be open and honest; have the flexibility to change direction at any time; and be open minded. For further details about recommendations for eliciting the most accurate information from children readers should refer to Lamb (1994). There are a number of different methods that can be employed in an interview to assist with the extraction of information from the child and to allow the child to discuss things they may not be able to verbalize; these include free and structured play (which allows behavioural observations), the use of toys and play materials, art and anatomically correct dolls (Jones 1992; anatomically correct dolls will be addressed separately in the next section). Giving children toys to play with requires the person conducting the assessment to track the number of times and in what form sexual content appears in their play (Faller 1988). Assessors can encourage the child to talk about the play they are engaging in to facilitate disclosures, but they must be careful that they do not begin to direct (and therefore unduly influence) the play (Jones 1992). Glasgow (1987, 1989) goes so far as to suggest that evidence of childhood sexual abuse can be obtained from play-based assessment even if there's no verbal disclosure from the child.

Art is very widely used and there are a number of different approaches employed, for example asking children to draw pictures of themselves, their family and sometimes even the alleged perpetrator (Goodwin 1982; Naitore 1982). If the child does not enjoy drawing they could use clay or other similar materials to make representations for the assessor. Many different themes and ideas can emerge from the pieces of art children create, which can, for example, provide insights into how the child feels in relation to their family members or their emotions or understandings of sex (e.g. Jones 1992; Stember 1980; Yates, Beutler and Crago 1985).

A couple of specific models for assessing child victims of sexual abuse in interviews exist, for example Bannister and Print (1988) and what has become known as the 'step-wise interview'. Bannister and Print (1988) propose that four key elements should be focused on before conducting the interview: planning, location, video recording and play materials. They then suggest an interview model which includes three phases, starting with introductions, engagement and reassurance. Phase two is re-enactment and the final phase is rehearsal for the future (Bannister and Print 1988). In contrast, the step-wise interview identifies two areas for consideration before the interview begins – location and participants – and then details eight steps that proceed from the general to the specific. (See Renvoize 1993 for a detailed outline and discussion of the two models.)

One final important component of interviewing is credibility assessment. A number of methods exist for assessing ratings of credibility (for example, statement validity analysis, criterion-based content analysis and observations of non-verbal behaviour during the investigative interview), which have been used with varying degrees of success, but on average a third of judgements are incorrect (Hershkowitz *et al.* 2007). In a recent study Hershkowitz *et al.* (2007) assessed the effectiveness of the National Institute of Child Health and Human Development (NICHD) investigative interview protocol and found that when it was used the child's credibility could be assessed more accurately and with higher inter-rater reliability than when it was not used. Specifically, 'experienced investigators were twice as likely to judge children's credibility accurately when the interviews were conducted using the NICHD protocol than when they were not similarly structured (59.5% vs 29.6%)' (Hershkowitz *et al.* 2007, p. 106).

Anatomically correct dolls

Anatomically correct dolls are very widely used; in fact one study in the USA found that 92% of mental health professionals who conduct child abuse

investigations use them (Conte *et al.* 1991). The strengths of their use have been identified by a number of researchers: they help children provide detail about genital contacts; they can elicit sensitive information over and above the information provided by simple recall; and when used in conjunction with direct questioning they are particularly effective (Goodman *et al.* 1999; Saywitz *et al.* 1991). However, they can be misused, for example, when they are introduced to the child too early and in an undressed state, and when children are given the impression that the interviewer would rather they demonstrate what they are trying to say using the doll than give a verbal response (Everson and Boat 1994). Further, their use with very young children (aged under 4) remains the subject of much debate and controversy (Wolfe 2006). Some studies exist showing that children provide more correct information when dolls are not used, and in fact the use of dolls may actually increase the likelihood of them making errors (e.g. Bruck *et al.* 1995; Ornstein, Follmer and Gordon 1995), whereas other studies have found a significant increase in the amount of correct information recalled when dolls are used compared to a free recall task (e.g. Goodman *et al.* 1997).

Conclusion

This chapter has provided a snapshot of the vast body of research available about the assessment of child victims of sexual abuse. For almost every technique or approach there exist conflicting studies demonstrating its strengths and weaknesses. The Cleveland child abuse inquiry highlighted the dangers and difficulties of an uncoordinated protection system (Bagley and King 1990) and since then considerable work has been done making the systems more effective and child friendly. However, if children's trauma and distress is to be eradicated from the assessment process there is still a lot of progress to be made.

FURTHER READING

For a more detailed overview of many of the issues covered here Vicky Wolfe's chapter 'Child sexual abuse' in E. J. Mash's book *Treatment of Childhood Disorders* (New York: Guilford, 2006) is an excellent starting point. Jones' (1992) book *Interviewing the Sexually Abused Child* includes a concise summary of assessment issues, with particular emphasis on the investigative interview. Everson and Boat (1994) provide a useful assessment of the anatomical doll debate.

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2.2 Credibility

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See also chapter 2.5 Eyewitness testimony, chapter 2.9 Investigative interviewing, chapter 2.23 Statement validity analysis, chapter 2.18 Polygraphy, chapter 4.3 Interpersonal deception detection, chapter 2.25 Vulnerable adults' capacity.

Definition

Credibility can be broadly defined as a judgement concerning the quality and veracity of evidence. In a forensic context, credibility judgements are often of critical importance because of the frequency of disputed accounts. For example, a woman might say she was raped by a man who in turn says she is lying, or a shopkeeper may accuse a person of robbery and the claim be made that it was a case of mistaken identity. In both these situations a credibility assessment needs to take into account whether an individual is being deliberately deceptive or the individual is indeed mistaken about some of the evidence he or she provides. Of course, it is possible for an individual to be both deceptive and mistaken. For example, a rape victim may try to give an honest account of the rape, which is generally accurate but has some errors, but then lie by saying she was abducted by the offender when she went with the offender voluntarily.

Origins and further developments

Where there is disagreement about what has happened, considerable attention has been paid to ways of determining how much credibility is warranted, most especially in detecting deception (see Vrij 2006 for a review). Some techniques that have been proposed include the polygraph, Statement Validity Analysis and Scientific Content Analysis. These techniques are dealt with elsewhere so will not be covered here, except to say that deception is more difficult to detect than might be expected, and people tend to overestimate their abilities to do so