

Use of Media in Forensic Interviews of Children: Dolls

A Bibliography



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Scope

This bibliography contains empirical literature including articles, books chapters, and reports covering use of dolls as aids in forensic interviews of children. This bibliography is not comprehensive. All publications are English language. Links to open source publications are provided when possible.

Organization

The publications are listed in date descending order from 1986-2015. Author abstracts are provided unless otherwise noted.

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Use of Media in Forensic Interviews of Children: Dolls

A Bibliography

Lytle, N., London, K., & Bruck, M. (2015). Young children's ability to use two-dimensional and three-dimensional symbols to show placements of body touches and hidden objects. *Journal of Experimental Child Psychology, 134*, 30-42.

In two experiments, we investigated 3- to 5-year-old children's ability to use dolls and human figure drawings as symbols to map body touches. In Experiment 1, stickers were placed on different locations of children's bodies, and the children were asked to indicate the locations of the stickers using three different symbols: a doll, a human figure drawing, and the adult researcher. Performance on the tasks increased with age, but many 5-year-olds did not attain perfect performance. Surprisingly, younger children made more errors on the two-dimensional (2D) human figure drawing task compared with the three-dimensional (3D) doll and adult tasks. In Experiment 2, we compared children's ability to use 3D and 2D symbols to indicate body touch as well as to guide their search for a hidden object. We replicated the findings of Experiment 1 for the body touch task; for younger children, 3D symbols were easier to use than 2D symbols. However, the reverse pattern was found for the object locations task, with children showing superior performance using 2D drawings over 3D models. Although children showed developmental improvements in using dolls and drawings to show where they were touched, less than two thirds of the 5-year-olds performed perfectly on the touch tasks. Both developmental and forensic implications of these results are discussed. © 2015 Elsevier Inc. All rights reserved.

Teoh, Y. S., Pipe, M. E., Johnson, Z. H., & Lamb, M. E. (2014). Eliciting accounts of alleged child sexual abuse: how do children report touch?. *Journal of Child Sexual Abuse, 23*(7), 792-803.

Investigative interviewers frequently question alleged victims of child sexual abuse about any touching or bodily contact that might have occurred. In the present study of forensic interviews with 192 alleged sexual abuse victims, between 4 and 13 years of age, we examined the frequency with which alleged victims reported bodily contact as "touch" and the types of prompts associated with "touch" reports. Even young alleged victims of sexual abuse reported bodily contact as "touch," and they used the word "touch" more frequently in response to recall than recognition

prompts. Regardless of age, children typically referred to “touch” before interviewers used this term, suggesting that even young children are able to report “touch” without being cued by interviewers.

Boat, B. W., & Everson, M. D. (2012). Concerning practices of interviewers when using anatomical dolls in child protective services investigations. *Child Maltreatment, 1*(2), 96-104.

The objectives of this study were to determine the extent to which anatomical dolls are employed in interviews with children, and to examine which functional uses of the dolls are employed during the interview. Specific types of concerning practices, both verbal and behavioral, and variables of child gender and age relative to the use of anatomical dolls as a prop during interviews were also examined. Five functional uses of anatomical dolls were identified based on reviews of 20 interviewing guidelines. Ninety-seven videotapes of actual Child Protective Services investigation child interviews with 52 children ages 2 to 5 years and 45 children ages 6 to 12 years were transcribed and coded for analysis. Results indicated that anatomical model and demonstration aid were the most common doll uses, whereas the most common concerning practice was to introduce the dolls as a demonstration before sufficiently encouraging the child's verbal account. Practices such as posing the dolls in sexual positions or overinterpreting the child's doll behavior were very rarely observed.

Lyon, T. D. (2012). [Twenty-five years of interviewing research and practice: Dolls, diagrams, and the dynamics of abuse disclosure.](#) *APSAC Advisor, Winter/Spring*, 14-19.

Salmon, K., Pipe M.-E., Malloy, A., & Mackay, K. (2012). Do non-verbal aids increase the effectiveness of ‘Best Practices’ verbal interview techniques? An experimental study. *Applied Cognitive Psychology, 26*(3), 370-380.

Two experiments examined the effectiveness of non-verbal interview aids as means of increasing the amount of information children report about an event under conditions designed to mimic their use in the field. In the first study, 27 5–7-year-old children took part in an event, and 7–10 days later were interviewed using the National Institute of Child Health and Human Development Protocol interview followed by an opportunity to draw the event or complete puzzles and, in turn,

a second verbal interview. New information was reported following both drawing and puzzles and accuracy declined in both conditions, but drawing did not differentially influence recall. In the second experiment, dolls or human figure diagrams were introduced to clarify children's (N = 53) reports of touch as recommended in by some professionals, with a verbal interview serving as a control. Props did not increase the amount of information reported compared with best practice verbal techniques, but nor did they elevate errors. The findings support the use of a second recall attempt, but do not support the use of non-verbal aids, even when these are used following professional recommendations. Copyright © 2011 John Wiley & Sons, Ltd.

Cheung, M., & Boutte-Queen, N. M. (2010). Assessing the relative importance of the child sexual abuse interview protocol items to assist child victims in abuse disclosure. *Journal of Family Violence*, 25(1), 11-22.

This study identifies (1) the importance of using the Child Sexual Abuse Interview Protocol for multiple disciplines to obtain detailed information of what the alleged child victims say and claim, and (2) the concurrence of multiple professionals about the relevance of items in the protocol in their practice. A survey with 100 items based on the Child Sexual Abuse Interview Protocol was self-administered by 36 professionals working at a child advocacy center including administrators, attorneys, child advocates, support persons, physicians, police, psychologists, and social workers. These respondents unanimously felt it was very important for interviewers to complete two specific items during the course of an investigative interview: “showing the interviewer is listening to the child” and “showing patience with the child.” As indicated by the average rating scores, 89 items were perceived between very important and important, and nine items as somewhat important. No item on this scale was rated as doesn’t matter or unimportant. Social workers and police officers did not differ significantly in their ratings of the importance of these items. Both quantitative and qualitative results support four major considerations when using an interview guide: 1) flexibility in opening and closing the interview, 2) professional and appropriate use of the anatomical dolls, 3) assessment of the age and mental state of the child, and 4) determination of the order of questions based on severity of incidents. This study provides data to identify the importance of using a comprehensive interview protocol for multidisciplinary professionals who work with alleged victims of child sexual abuse. The use of these 100 items will enhance the effectiveness of conducting a onetime interview to avoid repeated interviews. This study that was

originally aimed at comparing differences among professionals has, in fact, demonstrated the similarities across disciplines, as agreement among various professional groups was substantial. This finding dissolves the myth that multiple disciplines brought forth diverse opinions and instead encourages the “working together” concept of a team.

Hlavka, H. R., Olinger, S. D., & Lashley, J. L. (2010). The use of anatomical dolls as a demonstration aid in child sexual abuse interviews: A study of forensic interviewers' perceptions. *Journal of Child Sexual Abuse, 19*(5), 519-553.

Given that most cases of child sexual abuse lack external corroborating evidence, children's verbal accounts of their experiences are of paramount importance to investigators. Forensic interviewers are charged with interviewing child victims and oftentimes use anatomical dolls. Yet, research on dolls has not caught up to practice in the field. Using a multi-method approach, this study presents new evidence on the function and value of using anatomical dolls as a demonstration aid. With a standardized protocol, forensic interviewers from an urban Midwestern Children's Advocacy Center evaluated the purpose and value of anatomical dolls in a forensic setting. Relationships between child characteristics and interviewer-perceived value were examined using descriptive, bivariate findings and case examples. Using a large and diverse sample of children, the study found that forensic interviewers perceived children as able and willing to use dolls for purposes of clarification, consistency, distancing, and communication. Results are discussed in the context of real-world applications and best practices and provide an evidence-based foundation for future research.

Faller, K. C. (2007). Media for interviewing children. In K. C. Faller (Ed.), *Interviewing children about sexual abuse: Controversies and best practices* (pp. 110-141). New York: Oxford University Press.

Dickinson, J. J., Poole, D. A., & Bruck, M. (2005). Back to the future: A comment on the use of anatomical dolls in forensic interviews. *Journal of Forensic Psychology Practice, 5*(1), 63-74.

Many researchers and interviewers have become disenchanted with the practice of using anatomically detailed (AD) dolls during forensic investigations, yet there is still support for doll-assisted interviews. This comment discusses five major concerns about AD dolls, involving child-

related and interviewer-related factors. The research findings suggest that individuals who advocate for AD dolls bear the burden of proving that dolls are the best alternative for eliciting information about personally-experienced events from children.

Faller, K. C. (2005). Anatomical dolls: Their use in assessment of children who may have been sexually abused. *Journal of Child Sexual Abuse, 14*(3), 1-21.

This article examines anatomical dolls in interviews of children who may have been sexually abused from three perspectives. The article summarizes research findings on anatomical dolls, discusses advantages and disadvantages of using them, and describes endorsed doll uses. Although additional, ecologically-valid research is needed on anatomical dolls, the selective use of anatomical dolls, as communication aids, when interviewing children who may be reluctant or unable to describe sexual abuse is warranted.

Hungerford, A. (2005). The use of anatomically detailed dolls in forensic investigations: Developmental considerations. *Journal of Forensic Psychology Practice, 5*(1), 75-87.

The use of anatomically detailed dolls in forensic investigations of sexual abuse is a controversial practice. The objections to the use of the dolls are reviewed and discussed in light of empirical evidence. Although the use of anatomically detailed dolls does not appear to elicit sexualized behavior in non-referred children, it is not clear that the dolls facilitate accurate recall of past events in children younger than age 5. Young children's understanding of symbolic relations is considered in interpreting age differences in existing research on the usefulness of anatomically detailed dolls. Although it appears that the dolls facilitate accurate recall in children ages 5 and older, the differences between experimental and forensic settings make it difficult to draw firm conclusions about the usefulness of the dolls in forensic investigations.

Thierry, K. L., Lamb, M. E., Orbach, Y., & Pipe, M.-E. (2005). Developmental differences in the function and use of anatomical dolls during interviews with alleged sexual abuse victims. *Journal of Consulting and Clinical Psychology, 73*(6), 1125-1134.

The impact of anatomical dolls on reports provided by 3- to 12-year-old alleged sexual abuse victims (N 178) was examined. Children produced as many details in response to open-ended invitations with and without the dolls. In response to directive questions, the 3- to 6-year-olds were

more likely to reenact behaviorally than to report verbally, whereas the 7- to 12-year-olds produced more verbal details than enactments when using the dolls. With the dolls, the younger children were more likely than the older children to play suggestively and to contradict details provided without the dolls, whereas the older children were more likely to provide details that were consistent. Children in both age groups produced proportionally more fantastic details with the dolls than without the dolls.

Holmes, L. S. (2004). [Using anatomical dolls in child sexual abuse forensic interviews.](#)
Update, Newsletter of the National Center for the Prosecution of Child Abuse, 13(8).

Should anatomical dolls be used in child sexual abuse forensic interviews? It is a question that each multidisciplinary team of investigative professionals must ask and answer. Multidisciplinary teams should make the decision by considering current case law or state statutes, peer reviewed research, and experts' experience. This is a much better approach than relying on preconceived ideas. In Hennepin County, Minnesota the answer to the question has been a resounding "yes." The forensic interviewers of CornerHouse, the County's child abuse evaluation and training center, have found anatomical dolls to be an effective tool in the interviewing of child sexual abuse victims. The debate over the pros and cons of anatomical dolls has been fully explored elsewhere. This article is intended for jurisdictions using or considering the use of anatomical dolls, and is written in the hope of encouraging the forensically sound use of dolls.

American Prosecutors Research Institute (2004). Investigation. *In Investigation and prosecution of child abuse, Third edition* (pp. 37-168). Thousand Oaks, CA: Sage.

Santtila, P., Korkman, J., & Sandnabba, N. K. (2004). Effects of interview phase, repeated interviewing, presence of a support person, and anatomically detailed dolls on child sexual abuse interviews. *Psychology, Crime & Law, 10(1)*, 21–35.

A non-representative sample of 27 investigative interviews with suspected victims of child sexual abuse (CSA) in Finland were analyzed. Aspects such as the effects of interview phase, repeated interviewing, another (related) person attending the interview, as well as the use of anatomically detailed (AD) dolls were considered. The number of new details reported by the child was higher in the beginning, while the number of focused and suggestive question types increased towards the end of the interviews. The results of repeated interviewing were mixed: repeated interviews

contained more words and descriptive answers by the child, while, however, also containing more suggestive questions. Another person attending the interview was found to be associated with the child being less informative and the interviewer posing more *suggestive* questions than when another person was not present. Similar effects were found to be associated with the use of AD dolls. The implications of the findings for child abuse investigations were discussed.

Faller, K.C. (2003). Data collection and decision making-Media to be used for communication in interviews. In *Understanding and assessing child sexual maltreatment, Second Edition*. (pp.103-188). Thousand Oaks, CA: Sage.

American Professional Society on the Abuse of Children (2002). Use of interview aids. In *Practice guidelines: Investigative interviewing in cases of alleged child abuse* (p.6). Chicago: Author.

Everson, M. D., & Boat, B. W. (2002). The utility of anatomical dolls and drawings in child forensic interviews. In M. L. Eisen, J. A. Quas, & G. S. Goodman (Eds.), *Memory and suggestibility in the forensic interview* (pp. 383-408). Mahwah, NJ: Erlbaum.

Bruck, M., Ceci, S. J., & Francoeur, E. (2000). Children's use of anatomically detailed dolls to report genital touching in a medical examination: Developmental and gender comparisons. *Journal of Experimental Psychology: Applied*, 6(1), 74-83.

The influence of anatomically detailed dolls on 3- and 4-year-old children's reports of a routine medical exam was examined. During the exam, half the children received a genital examination and half the children did not. Immediately after the exam, all children were asked to demonstrate various events on an anatomically detailed doll and on their own bodies. Although there were age differences in the number of accurate demonstrations of how the doctor used different instruments, there were no age differences on measures that assessed reports of genital touching. Among girls, commission errors were more frequent when dolls were used because some children falsely showed insertions into the anal or genital cavity. The authors conclude that dolls should not be used in interviews with children below the age of 5 years.

Bourg, W., Broderick, R., Flagor, R., Kelly, D. M., Ervin, D. L., & Butler, J. (1999). Using anatomical dolls and other tools. In *A child interviewer's guidebook* (pp. 121-136). Thousand Oaks, CA: Sage.

Davey, R. I., & Hill, J. (1999). The variability of practice in interviews used by professionals to investigate child sexual abuse. *Child Abuse & Neglect*, 23(6), 571-578.

The study aimed to examine: (1) the variability of interview practice among professionals who interview children to investigate suspected sexual abuse; (2) the relationship between interview practice and respondent characteristics; (3) the characteristics of interviewers who used the anatomically correct dolls in the course of their interviews. Sixty investigatory interviewers completed questionnaires focusing on professional background, training, and interview practice. Interview practice varied considerably and some practices were at odds with the recommendations of the literature. Most of this variability was not accounted for by the respondent variables examined. Where there was evidence for an association, the interviewers' professional background, number of interviews conducted in the previous year, and whether or not they used the anatomically correct dolls appeared to influence practice, whereas general training and specific training in child sexual abuse had no significant effect. Only a minority (36%) used the anatomically correct dolls and none of the interviewer characteristics evaluated differentiated them from non doll-users. In this sample interview practices varied considerably and did not appear to be influenced by the interviewer's specific or general training. Further research is needed to focus on the comparative effectiveness of different interview techniques and the comparative effectiveness of different training programs in influencing interviewing practice.

Hewitt, S. K. (1999). Current interview formats with adaptations for preschool children. In *Assessing allegations of sexual abuse in preschool children: Understanding small voices* (pp.190-215). Thousand Oaks, CA: Sage.

Weill, R., Dawson, B., & Range, L. (1999). Behavioral and verbal responses of unabused externalizing children to anatomically detailed dolls. *Journal of Family Violence, 14*(1), 61-70.

To see if unabused children with externalizing behavior disorders display more sexual behaviors and verbalizations than other children in their interactions with anatomically detailed dolls, sixteen 3- to 6-year-olds were compared with 44 nonexternalizing controls. A five-phase structured, detailed interview, and comprehensive coding of videotapes by external raters, was completed on 17 behaviors and verbalizations. As would be expected, externalizing children exhibited more overall activity than non-externalizing children. Also, externalizing children exhibited more behavioral sexual aggression during the body inventory phase, but no other differences in sexual behaviors or verbalizations occurred. Results suggest that most normative data on AD dolls generalize to externalizing children.

Aldridge, N. C. (1998). Strengths and limitations of forensic child sexual abuse interviews with anatomical dolls: An empirical review. *Journal of Psychopathology and Behavioral Assessment, 20*(1), 1-41.

A comprehensive review of the use of anatomical dolls reveals three areas of research: (1) normative studies (with no known history of sexual abuse) of children's interactions with anatomical dolls; (2) comparative studies of children suspected of being victims of sexual abuse, and those believed not to be; and (3) the role anatomical dolls play in the identification of a child who has been sexually abused. The results of empirical studies in each area are mixed and inconsistent. However, there is general clinical support for the use of the anatomical doll as a demonstration aid during forensic interviewing with children over 3 years of age.

Geddie, L., Dawson, B., & Weunsch, K. (1998). Socioeconomic status and ethnic differences in preschoolers' interactions with anatomically detailed dolls. *Child Maltreatment, 3*(1), 43-52.

This study examined socioeconomic status (SES) and ethnic differences in the responses of 68 nonabused preschoolers during an anatomically detailed (AD) doll interview. In 9% of the observation intervals, children demonstrated behaviors that professionals have often associated with sexual abuse. Of these behaviors, children were more likely to explore dolls' sexual body parts, avoid the dolls, and display aggression with the dolls. They were least likely to display sexual

aggression, sexualized behavior, and affection with the dolls. Low-SES, African American children were more likely to demonstrate sexualized behavior with the dolls. However, the independent contributions of race and SES were difficult to determine due to limited access to low-SES White children. These results underscore the need for caution in the interpretation of AD doll interviews with all preschoolers, but particularly those from a low-SES, African American background.

Poole, D. A., & Lamb, M. E. (1998). Ancillary techniques. *In Investigative interviews of children: A guide for helping professionals* (pp. 181-208). Washington, DC: American Psychological Association.

Everson, M. D., & Boat, B. W. (1997). Anatomical dolls in child sexual abuse assessments: A call for forensically relevant research. *Applied Cognitive Psychology, 11*(7), S55-S74.

Although many props are used in child assessments to facilitate communication, none are as hotly debated as the use of anatomical dolls in forensic evaluations of child sexual abuse. This article examines two arguments against doll use—that their efficacy as interview aids is unproven and that they are sexually suggestive. It also offers a methodological critique of existing studies of anatomical dolls and argues that because of design limitations, these studies have minimal generalizability to actual forensic practice. This article suggests a number of design features for future research on anatomical dolls to increase the forensic relevance and utility in guiding practice. © 1997 John Wiley & Sons, Ltd.

Goodman, G. S., Quas, J. A., Batterman-Faunce, J. M., Riddlesberger, M. M., & Kuhn, J. (1997). Children's reactions to and memory for stressful event: Influences of age, anatomical dolls, knowledge, and parental attachment. *Applied Developmental Science, 1*(2), 54-75.

Tested a model of children's memory for a stressful event. The model takes into account the interrelations among children's age, parents' attachment style, and children's knowledge and stress as predictors of memory accuracy. The type of memory test was varied to examine age differences in memory performance and suggestibility, and to explore whether the use of anatomical dolls and props facilitates children's memory reports. 46 3–10 year olds were observed undergoing voiding cystourethrogram fluoroscopy, and their memory was later tested. Anatomical dolls and props elicited more correct information than did free recall from older children; however, memories elicited via dolls and props increased incorrect responses for the youngest children. Most children

explicitly revealed genital contact in anatomical-doll demonstration but not in free recall. Path analysis supported the model: parental attachment scores and children's age were significantly related to children's level of distress during the medical procedure and errors in children's memory reports. Greater knowledge of the medical test, independent of age, was predictive of memory accuracy. Implications of these findings for understanding children's memory for traumatic events are discussed.

Steinmetz, M. M. (1997). The interviewing room and interviewing aids. In *Interviewing for child sexual abuse* (pp.48-53). Notre Dame, IN: Jalice Publishers.

Boat, B. W., & Everson, M. D. (1996). Concerning practices of interviewers when using anatomical dolls in child protective services investigations. *Child Maltreatment, 1*(2), 96-104.

This research provides information on how frontline interviewers actually use anatomical dolls and the types and frequencies of concerning practices attributable to doll use. Based on reviews of 20 interviewing guidelines, five functional uses of anatomical dolls were identified (comforter, icebreaker, anatomical model, demonstration aid, and diagnostic screen), and the frequency of these uses of the dolls and associated concerning practices was documented. Videotaped interviews of 97 children involved in child sexual abuse investigations were obtained representing two age categories: 2 to 5 years and 6 to 12 years. The videotapes and their verbatim transcriptions were used in coding. Anatomical model and demonstration aid were the most common doll uses, whereas the most common concerning practice was to introduce the dolls as a demonstration aid before sufficiently encouraging the child's verbal account. The practices that might be considered most egregious, such as the interviewer posing the dolls in sexual positions or over-interpreting the child's doll behavior, were very rarely observed.

Boat, B. W., Everson, M. D., & Amaya-Jackson, L. (1996). Consistency of children's sexualized or avoidant reactions to anatomical dolls: A pilot study. *Journal of Child Sexual Abuse, 5*(1), 89-104.

Explores the consistency of 20 children's behaviors toward anatomical dolls in two studies conducted 16 months apart. In the follow-up study, findings revealed that changes in reaction to

the dolls occurred in all groups over time. These changes might be explained by cultural, maturational, and socialization factors. Implications for interviewing children are discussed.

Chiancone, J. (1996). Using anatomical dolls: What lawyers should know. *Child Law Practice*, 15(9), 136-141.

Faller, K. C. (1996). Interviewing children who may have been abused: A historical perspective and overview of controversies. *Child Maltreatment*, 1(2), 83-95.

This article provides a historical perspective on the practice of interviewing children in cases of alleged sexual abuse and current controversies about these interviews. The following controversies and related writing and research are discussed: (a) the ability of the interviewer to conduct a competent interview, (b) the competence of the child to describe actual events, (c) interview structure and process, and (d) decision making about the likelihood of sexual abuse.

Kuehne, K. (1996). Child interview props-The anatomical dolls. In *Assessing allegations of child sexual abuse* (pp. 189-215). Sarasota, FL: Professional Resource Press.

Lamb, M. E., Hershkowitz, I., Sternbegr, K. J., Boat, B., & Everson, M. D. (1996). Investigative interviews of alleged sexual abuse victims with and without anatomical dolls. *Child Abuse & Neglect*, 20(12), 1251-1259.

Verbal and nonverbal responses by alleged victims of child sexual abuse were coded for length, amount of information, and the manner in which they were elicited by the interviewer. In 16 of the interviews, anatomical dolls were employed for the purposes of demonstration, whereas they were not used in another eight cases matched with respect to other characteristics of the children and the alleged events. Children interviewed with dolls provided an equivalent number of details and spoke as many words in the substantive portion of the interview as did children interviewed without dolls, and interviewers in the two groups used similar probes to elicit information. However, the average responses by the children were significantly longer and more detailed when dolls were not used. Children gave longer and more detailed responses to open-ended invitations when dolls were not used. Caution is necessary when interpreting these findings. Copyright © 1996 Elsevier Science Ltd.

Samra, J., & Yuille, J. C. (1996). Anatomically-neutral dolls: Their effects on the memory and suggestibility of 4- to 6- year old eyewitnesses. *Child Abuse & Neglect*, 20(12), 1261-1272.

The purpose of this investigation was to compare the amount and accuracy of details provided in the eyewitness accounts of preschool-aged children interviewed exclusively with a verbal interview against those interviewed with anatomically-neutral dolls in addition to a verbal interview. Forty-four children, aged 4 to 6 years, were paired up and assigned as participants or observers for an event they engaged in with a confederate. Children's memory was assessed afterwards by (a) The Step-Wise Interview (Yuille, Hunter, Joffe, & Zaparniuk, 1993); (b) the Step-Wise Interview and big dolls; or (c) The Step-Wise Interview and small, detailed dolls and props. Three leading questions were incorporated into the interviews. Results indicated no main effect of interview type on the overall amount or accuracy of the children's accounts. No main effects for interview type or participant versus observer condition were observed for the leading questions. Relative to 4-year-olds, 5-year-olds recalled a greater number of overall details and were more accurate in their accounts with both types of dolls. Females were more accurate than males in their accounts with the small detailed toys and props. Implications for the use of anatomically-neutral dolls in child sexual abuse investigations are discussed.

Simkins, L., & Renier, A. (1996). An analytical review of the empirical literature on children's play with anatomically detailed dolls. *Journal of Child Sexual Abuse*, 5(1), 21-45.

The purposes of this article are to present the substantive results of anatomically detailed (A/D) doll studies, to critically evaluate the methodology used in A/D doll research, and to suggest directions for future research. This review generally shows that play with A/D dolls is not traumatizing to children.

Steward, M. S., & Steward, D. S. (1996). Interviewing young children about body touch and handling. *Monograph series of the Society for Research on Child Development*, 61(4-5), 1-214.

American Professional Society on the Abuse of Children. (1995). *Use of anatomical dolls in child sexual abuse assessments*. Chicago: Author.

Produced by the APSAC Task Force on the Use of Anatomical Dolls in Child Sexual Abuse Assessments, chaired by Mark D. Everson, PhD and John E. B. Myers, JD. In addition to a summary of research findings, how to interpret behavior with dolls, the efficacy of anatomical dolls, and inappropriate uses are covered.

Bentovim, A., Bentovim, M., Vizard, E., & Wiseman, M. (1995). Facilitating interviews with children who may have been sexually abused. *Child Abuse Review*, 4(4), 246-262.

The introduction of the Memorandum of Good Practice on interviewing children who have been sexually abused has had an important unifying effect on professional practice. However, because of the traumatic nature of sexual abuse there will be a group of children about whom there are high levels of suspicion and where arrangements need to be made for their future care, protection and treatment. These include children who have learning disabilities or communication problems, have psychiatric disorders associated with abuse, or where there have been considerable delays since allegations were first made. Such children require a second-stage facilitative assessment interview. These include different forms of questioning, and the use of a wide range of prompting materials including art work, free and structured play context and the use of anatomically correct dolls. These approaches are reviewed and illustrated through case studies.

Bruck, M., Ceci, S. J., Francoeur, E., & Renick, A. (1995). Anatomically detailed dolls do not facilitate preschoolers' reports of a pediatric examination involving genital touching. *Journal of Experimental Psychology: Applied*, 1(2), 95-109.

Anatomically detailed dolls' influence on the accuracy of 3-year-old children's reports of a routine medical exam was assessed. During the exam, half of the children received a genital examination and half did not. Immediately after the exam, the children were asked to demonstrate various events on an anatomically correct doll and on their own bodies. In 2 studies, children's accuracy in reporting certain events was the same in the doll condition and in the body condition. Children were inaccurate in reporting genital touching, regardless of how they were questioned and regardless of whether they had received a genital examination. The dolls increased inaccurate reporting because some children falsely showed that the doctor had inserted a finger into the anal

or genital cavity. The results indicate that anatomically detailed dolls should not be used in forensic or therapeutic interviews with 3-year-old children.

Ceci, S. J., & Bruck, M. (1995). The pros and (mostly cons) of using anatomically detailed dolls. In *Jeopardy in the courtroom: A scientific analysis of children's testimony* (pp. 161-186). Washington, DC: American Psychological Association.

DeLoache, J. S., & Marzolf, D. P. (1995). The use of dolls to interview young children: Issues of symbolic representation. *Journal of Experimental Child Psychology*, 60(1), 155-173.

A very common practice in the investigation of suspected sexual abuse is to use anatomically detailed dolls to interview children. The use of such dolls is particularly advocated for very young children. For a doll to be useful, however, children must accept and use it as a representation of themselves. Our previous research on 2- and 3-year-old children's understanding of symbolic objects led us to hypothesize that such very young children might have difficulty understanding and using a doll as a self-representation. In the study reported here, 2-1/2-, 3-, and 4-year-old children played some games with an experimenter, and they were interviewed immediately afterward. The children did, as expected, have difficulty using the doll as a self-representation and mapping from themselves to the doll. As a consequence, they provided more correct information in their direct (verbal and nonverbal) responses to the interviewer's questions than they demonstrated on the doll. Implications and limitations of this research are discussed with respect to interviewing young children.

DeLoache, J. S. (1995). The use of dolls to interview young children. In M. S. Zaragoza (Ed.), *Memory and testimony in the child witness* (pp. 160-178). Thousand Oaks, CA: Sage.

Katz, S. M., Shonfeld, D. J., Carter, A. S., Leventhal, J. M., & Cicchetti, D. V. (1995). The accuracy of children's reports with anatomically correct dolls. *Journal of Developmental Behavioral Pediatrics*, 16(2), 71-76.

The accuracy of children's reports of alleged sexual abuse during interviews with anatomically correct dolls is the focus of considerable controversy. This study used an analog experience to measure empirically the accuracy of reports in a relevant, but controlled setting: the forensic medical examination for suspected sexual abuse. Twenty-one 3- to 7-year-old children were

interviewed about what occurred during previous examinations with open-ended questions, open-ended questions with anatomically correct dolls, and direct questions with the dolls. Children provided significantly more accurate reports and fewer omissions with direct questions using the dolls compared with either of the two open-ended sections, but there was no significant difference in the number of false reports across the three sections of the interview. These results suggest that anatomically correct dolls may bolster the recall of children's memory in the setting of direct questions without prompting false reports.

Koocher, G. P., Goodman, G. S., White, C. 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. *Psychological Bulletin*, *118*(2), 199-222.

Many devices are used in child assessment and treatment as communication aids, projective tools, and symbolic means of interaction. None are as hotly debated in their application among mental health professionals as dolls with genital details. Anatomically detailed (AD) dolls are often used in sexual-abuse evaluation and treatment with children, but such applications are controversial. This article is the product of a working group formed to review AD doll research and practice. This article reviews historical use of dolls in clinical inquiry and research on sexual behaviors in children, normative use of AD dolls in non-referred children, differences in children's play behavior and emotional reactions to AD dolls, and memory and suggestibility issues relating to AD-doll use. Recommendations for future research are provided.

Levy, H. B., Markovic, J., Kalinowski, M. N., Ahart, S., & Torres, H. (1995). Child sexual abuse interviews: The use of anatomical dolls and the reliability of information. *Journal of Interpersonal Violence*, *10*(3), 334-353.

Examined interrater reliability of information obtained during child sexual abuse assessments using a clinical assessment interview protocol featuring anatomic dolls and patterns of disclosure and doll demonstration across subject's age, gender, and case outcome. Results suggest specific areas that tend to be ambiguous and areas that may be more dependent on interviewer experience.

Boat, B. W., & Everson, M. D. (1994). Exploration of anatomical dolls by nonreferred preschool-aged children: Comparison by age, gender, race and socioeconomic status. *Child Abuse and Neglect, 18*(2), 139-154.

The contributions of age, gender, race, and socioeconomic status (SES) to differences in nonreferred (i.e., presumably nonabused) preschool-aged children's interactions with anatomical dolls were explored. Significant age findings included a decrease with age in manual exploration, an increase in showing doll-to-doll kissing and an increase in demonstrating suggestive intercourse between the dolls. Although 2-year-olds were active in undressing the dolls and exploring the genitals, anus, and breasts, no 2-year-old displayed any sexualized behaviors with the dolls. Six percent (6%) of the children demonstrated clear intercourse positioning. Only low SES black males, ages 4 and 5, demonstrated clear intercourse positioning when the interviewer was present in the room. However, such demonstrations were seen across gender and race and SES when the children were left alone with the dolls. The implications of the findings for evaluators who interview children using anatomical dolls are discussed.

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 & Neglect, 18*(2), 113-129.

Through an extensive review of guidelines and protocols on the use of anatomical dolls in sexual abuse evaluations, seven functional uses of the dolls were identified: Comforter, Icebreaker, Anatomical Model, Demonstration Aid, Memory Stimulus, Diagnostic Screen, and Diagnostic Test. These functional uses are discussed in light of several criticisms that have been raised about the use of anatomical dolls in sexual abuse evaluations. The relevancy of these criticisms is shown to vary greatly by doll use. As a result, the authors argue that any critique of anatomical dolls must consider the specific function the dolls serve in the evaluation. Although there seem to be widespread perceptions in both lay and professional circles that young children's behavior with the dolls is commonly used to make definitive diagnoses of sexual abuse (Diagnostic Test Use), such a use of the dolls was not endorsed by any of the guidelines reviewed and is open to significant criticism. The most common criticisms of the dolls, that they are overly suggestive to young, sexually naive children, is not supported by available research. Finally, the continued, informed use of anatomical dolls in sexual abuse evaluations of young children is strongly supported.

Kovera, M. B., Levy, R. J., Borgida, E., & Penrod, S. D. (1994). Expert testimony in child sexual abuse cases: Effects of expert evidence type and cross-examination. *Law and Human Behavior, 18*(6), 653-674.

We presented participants with syndromal, witness credibility, or anatomically detailed doll evidence to determine (a) whether these different types of expert evidence exert differential influence on participants' judgments and (b) whether the influence of this evidence could be better explained by the relative scientific status or the probabilistic qualities of the research presented. Additionally, we investigated whether a strong or weak cross-examination of the expert would be more successful in discrediting the information provided in the expert's testimony. Findings suggest that participants are less influenced by expert testimony based on probability data (i.e., syndromal evidence) than by expert testimony based on case history data (i.e., credibility or anatomically detailed doll evidence). Participant responses did not differ as a function of the strength of the cross-examination of the expert. As expected, women were more likely to respond in a pro-prosecution direction than were men. Implications for the use of expert evidence in child sexual abuse cases are discussed.

Bartlett-Simpson, B., Kneeshaw, S., & Schaefer, C. (1993). The use of anatomical dolls to assess child sexual abuse: A critical review. *International Journal of Play Therapy, 2*(2), 35-51.

The use of anatomical dolls to assess for child sexual abuse remains controversial. The goal of this literature review was to investigate two aspects of this controversy: (1) Are anatomical dolls valid tools to assess child sexual abuse? and (2) What progress has been made towards the development of an anatomical doll interview that is objective and standardized? In regard to validity, the empirical data suggest that children who have been referred for sexual abuse respond differently to anatomical dolls than nonabused children. Furthermore, considerable progress has been made towards the development of an objective assessment protocol and reliable scoring criteria.

Boat, B. W., & Everson, M. D. (1993). The use of anatomical dolls in sexual abuse evaluations: Current research and practice. In G. S. Goodman, & B. L. Bottoms, (Eds.), *Child victims child witnesses* (pp. 47-69). New York: Guilford Press.

Elliott, A. N., O'Donohue, W. T., & Nickerson, M. A. (1993). The use of sexually anatomically detailed dolls in the assessment of sexual abuse. *Clinical Psychology Review, 13*(3), 207-221.

The use of sexually anatomically detailed (SAD) dolls in the assessment of child sexual abuse is reviewed, and research which provides evidence relevant to the psychometric properties of SAD dolls with this population is examined. There are a number of unanswered questions concerning the reliability, standardization of administration procedures, adequacy of norms, criterion-oriented validity, incremental validity, external validity, and mechanisms by which this assessment method works, as well as underlying theory predicting differential responding of sexually abused children to SAD dolls. Recommendations for future research are given.

Gordon, B. N., Ornstein, P. A., Nida, R. E., Follmer, A., Crenshaw, M. C., & Albert, G. (1993). Does the use of dolls facilitate children's memory of visits to the doctor. *Applied Cognitive Psychology, 7*(6), 459-474.

Age differences in children's recall of salient experiences have frequently been documented, but these findings have routinely been based on studies in which verbal interviews have been employed. Because verbal interview protocols may underestimate the memory of young children, the purpose of this research was to compare the effectiveness of such an interview with two alternative protocols that involved the use of a doll. Using these contrasting protocols, 3- and 5-year-old children were asked to remember the details of a routine physical examination. Neither doll protocol facilitated 3-year-olds' recall of the features of the check-up. In contrast, 5-year-olds who were asked to demonstrate with a doll what happened in their examination showed enhanced recall. The inclusion of a doll had no effect on older or younger children's provision of elaborative detail about their visits to the doctor. Various measures of individual differences (e. g. temperament, language skill) predicted some aspects of the children's recall and elaboration. The findings are discussed in terms of the cognitive skills necessary for effective use of dolls in the assessment process, and are related to problems associated with interviewing young children who are involved in legal proceedings.

Skinner, L. J., & Berry, K. K. (1993). Anatomically detailed dolls and the evaluation of child sexual abuse allegations. *Law and Human Behavior, 17*(4), 399-441.

Although anatomically detailed dolls are becoming the most commonly used tool in the validation of sexual abuse allegations, their use is not without significant problems. This evaluation of the psychometric properties of the dolls using the existing empirical literature reveals that there is considerable difficulty in the standardization of the dolls, administration and scoring procedures, and training in the dolls' use. Furthermore, appropriate norms have not been developed. Although good interobserver reliability has been reported, the construct and criterion-related validity has not been demonstrated consistently. The current lack of an empirically based psychometric foundation does not support the use of the dolls in validation interviews, nor the admissibility of doll-based evidence in legal proceedings.

Skinner, L., & Giles, M. (1993). Sixteen reasons for not using anatomically detailed dolls in sexual abuse validation interviews. In L. VandeCreek (Ed.), *Innovations in clinical practice: A sourcebook, 12* (pp. 505-518). Sarasota, FL: Professional Resource Press.

Wolfner, G., Faust, D., & Dawes, R. M. (1993). The use of anatomically detailed dolls in sexual abuse evaluations: The state of the science. *Applied and Preventive Psychology, 2*(1), 1-11.

In child sexual abuse investigations, anatomically detailed dolls (ADDs) are used frequently with the intention of facilitating expression or demonstration in children who do not disclose abuse verbally. We review and critique research that examines the play of nonabused children with ADDs, compares the ADD play of abused children with that of nonabused children, or compares ADD-aided interviews with interviews using other data-gathering methods. We conclude that the APA Council of Representatives' recent statement (February 8, 1991) endorsing the use of ADDs by certain examiners and the current research on this topic are incompatible.

Dawson, B., Vaughn, A. R., & Wagner, W. G. (1992). Normal responses to sexually anatomically detailed dolls. *Journal of Family Violence, 7*(2), 135-152.

The behaviors and verbalizations of normal, preschool age boys and girls during interactions with sexually anatomically detailed (SAD) dolls were examined. A structured, nonsuggestive interview with each child was videotaped, and five behaviors and five verbalizations were coded for each of

five phases of the interview. A two-way ANOVA (gender × phase) showed that during those phases when the dolls were undressed, both boys and girls showed more sexual exploratory play, aggressive behavior which was nonsexual, and active avoidance. Across all phases, nonsexual aggression accounted for 31% of the boys' and 22% of the girls' total responses. Behavioral and verbal sexual exploratory play represented 42% of the boys' responses and 50% of the girls' responses. In contrast, sexually aggressive behavior accounted for only 1% and 2% of the boys' and girls' responses, respectively. Girls interacted with the dolls more than did boys. Additionally, girls demonstrated more affection to the dolls than did the boys, and boys displayed more anxiety with the dolls than did girls. Investigators should be cautious as to inferences about preschoolers' interactions with SAD dolls, especially interactions of a sexual or aggressive nature which do not clearly depict fondling or intercourse.

Kendall-Tackett, K. A. (1992). Professionals' standards of normal behavior with anatomical dolls and factors that influence these standards. *Child Abuse and Neglect*, 16(5), 727-733.

Do professionals have a consistent standard of what constitutes normal behavior with anatomical dolls? To answer this question, 201 professionals who work with child sexual abuse victims were asked to rate the normalcy of various behaviors with the dolls for nonabused children ages 2 to 5.9 years. The majority of respondents agreed that overtly sexual behaviors, such as demonstrating oral-genital contact or vaginal intercourse, were abnormal for nonabused children. For less obvious behaviors, such as touching the sex parts of dolls, there was more disagreement among professionals about what these behaviors mean. The ratings of these ambiguous behaviors varied depending on profession of the respondent, gender of the respondent, and number of years of experience. Law enforcement professionals, women, and those with the least amount of experience were more likely to view ambiguous behaviors as abnormal. These findings are discussed in the context of past research, with suggestions for future studies.

Kendall-Tackett, K. A., & Watson, M. W. (1992). Use of anatomical dolls by Boston-area professionals. *Child Abuse & Neglect*, 16(3), 423-428.

Anatomical dolls are a widely used but controversial tool for interviewing child victims of sexual abuse. The present research examines how a representative sample of professionals who evaluate children actually use the dolls. Contrary to past reports, the results revealed that 96.6% of professionals who use the dolls had received training in anatomical doll use, 77.8% followed some standard protocol for interviewing, and 97.3% had at least 1 year of experience with anatomical dolls. The results also revealed that the majority of professionals did not engage in the "leading" behaviors of presenting unclothed dolls to children or undressing the dolls for the child, again contrary to past reports. The present research indicates that the professionals in this sample are more experienced and better trained than is typically thought.

Realmuto, G. M., & Wescoe, S. (1992). Agreement among professionals about a child's sexual abuse status: Interviews with sexually anatomically correct dolls as indicators of abuse. *Child Abuse and Neglect*, 16(5), 719-723.

This study was designed to define clinicians' ratings of the comments, behaviors, and affects of abused children and compare them with the same clinicians' decisions about the child's abuse status. The authors concluded that sexually anatomically correct dolls used alone are inadequate in providing enough information for professionals to accurately assess the abuse status of young children. Also it is unclear what observations of the child by mental health professionals are best correlated with their determinations of a child's abuse status. Of concern was the finding that the mental health professionals were more likely to be in agreement with the interviewer's determination of abuse than with the actual status of the child, suggesting undue influence of the interviewer, or, alternatively, both observer and interviewer were responding to unidentified child factors.

American Psychological Association (1991). [Statement on the use of anatomically detailed dolls in forensic interviews.](#)

Britton, H. L., & O'Keefe, M. A. (1991). Use of nonanatomical dolls in the sexual abuse interview. *Child Abuse and Neglect, 15*(4), 567-573.

Controversy exists regarding use of anatomically detailed dolls in child sexual abuse evaluations because of concerns that such dolls may provoke false positive demonstrations of sexually explicit behavior. This study shows that children referred for medical evaluation of sexual abuse will use sexually explicit behavior to demonstrate what has happened to them with nonanatomical dolls as frequently as when they are interviewed with anatomically detailed ones. Over a two-year period, 136 children (aged 24 months to 10 years) were interviewed by the same pediatric interviewer. During the first year sexually anatomically detailed dolls (SAD) were used, and in the subsequent year nonanatomic dolls (NAD) were used. Data was analyzed according to age, sex, and demonstration of sexually explicit behavior. There were 67 children in the NAD group and 69 in the SAD group. Of the NAD group, 72% showed sexually explicit behavior compared to 68% in the SAD group. Comparisons using chi-square analysis revealed no significant differences between NAD and SAD. Results indicated that in the sexual abuse interview setting, use of sexually detailed dolls did not increase children's use of sexually explicit behavior to describe what had happened to them when compared to use of nonanatomical dolls, and that use of either type of doll provides similar information in the interview setting.

Cohn, D. S. (1991). Anatomical doll play of preschoolers referred for sexual abuse and those not referred. *Child Abuse & Neglect, 15*(4), 455-466.

Anatomical dolls are used to facilitate children's explanations of sexual abuse. The goal of this study was to identify whether children referred for evaluation of possible sexual abuse would react differently to dolls than would non-referred controls matched on sex, race, and age. A sample of 35 two- through six-year-olds referred to a hospital child abuse clinic were compared to 35 controls. After a rapport-building exercise, each child played under four conditions in a specially prepared room. Two coders, unaware of the child's group membership, viewed each videotaped session and completed separate behavioral checklists. Six conclusions resulted: (1) anatomical dolls did not create undue anxiety; (2) careful interpretation of sexualized play with dolls is needed; (3) dolls did not overstimulate and cause demonstration of sexual activity; (4) sexual abuse could not be diagnosed solely on the basis of doll play; (5) children in both groups inserted their fingers into doll openings; and (6) practitioners must rely on supporting verbal and physical evidence

when making the determination of possible sexual abuse. More training and comfort with anatomical dolls and knowledge of normal child development principles are needed by examiners.

Kenyon-Jump, R., Burnette, M. M., & Robertson, M. (1991). Comparison of behaviors of suspected sexually abused and nonsexually abused preschool children using anatomical dolls. *Journal of Psychopathology and Behavioral Assessment*, 13(3), 225-240.

Using anatomical dolls, the play behaviors of nine sexually abused preschool children (five males, four females), ranging in age from 3 to 5 years, were compared with nine preschool children for whom there was no suspicion of sexual abuse and who were matched on the basis of age, gender, race, family status, and socioeconomic status. There was no significant difference between the two groups on explicit sexual behavior (vaginal, oral, and anal intercourse with thrusting motions between the dolls or between the child and the dolls and masturbation by the child). The groups were significantly [$t(8)=2.19$, $p .05$; Wilcoxon $W=6$, $p .05$] different when behaviors with suspicious sexual implication were combined with explicit sexual behaviors. There were no differences between the groups on measures of nonsexual behavior. The occurrence of the suspicious sexual behaviors is discussed and reviews of previous doll research and physical evidence of child sexual abuse are provided.

Lie, G. Y., & Inman, A. (1991). The use of anatomical dolls as assessment and evidentiary tools. *Social Work*, 36(5), 396-399.

Anatomical dolls commonly are used to assess allegations of child sexual abuse. Such assessments are based largely on interviews with children and observations of how they play with and handle the dolls. Several recent court decisions have questioned the reliability and validity of anatomical dolls as an assessment and evidentiary tool. This article reviews the literature on the use of anatomical dolls and highlights issues concerning their diagnostic and forensic efficacy. The authors identify and discuss implications of the use of these dolls for social work practice and research.

Maan, C. (1991). Assessment of sexually abused children with anatomically detailed dolls: A critical review. *Behavioral Sciences and the Law*, 9(1), 43-51.

The use of anatomically detailed (AD) dolls is widespread, especially with young children who have been, or may have been, sexually abused. A number of empirical studies have compared the responses of sexually abused and non-abused children to AD dolls. Additional research has assessed AD doll play among non-abused children only. Methodological limitations notwithstanding, virtually all empirical data support the use of AD dolls for data gathering in cases of sexual abuse.

Saywitz, K. J., Goodman, G. S., Nicholas, E., & Moan, S. F. (1991). Children's memories of a physical examination involving genital touch: Implications for reports of child sexual abuse. *Journal of Consulting and Clinical Psychology*, 59(5), 682-691.

Evaluation of child sexual abuse often necessitates interviewing children about genital touch, yet little scientific research exists on how best to obtain children's reports of genital contact. To examine this issue, 72 five- and seven-year-old girls experienced a standardized medical checkup. For half of the children, the checkup included a vaginal and anal examination (genital condition); for the other half, the checkup included a scoliosis examination instead (nongenital condition). The children's memories were later solicited through free recall, anatomically detailed doll demonstration, and direct and misleading questions. The majority of children in the genital condition revealed vaginal and anal contact only when asked directly about it. Children in the nongenital condition never falsely reported genital touch in free recall or doll demonstration; when asked directly, the false report rate was low. Significant age differences in free recall and doll demonstration, found only in the nongenital condition, implicated socioemotional factors as suppressing the reports of older children who experienced genital contact.

Bays, J. (1990). Are the genitalia of anatomical dolls distorted? *Child Abuse & Neglect*, 14(2), 171-175.

Allegations have been made that anatomical dolls have genitalia which are disproportionately large and which may suggest sexual activity to children who have not been abused. The genitalia and breasts of 17 sets of anatomical dolls were measured. When the measurements were extrapolated to adult human proportions, the sizes of the genitalia and breasts were not found to be exaggerated.

Boat, B. W., Everson, M. D., & Holland, J. (1990). Maternal perceptions of nonabused young children's behaviors after the children's exposure to anatomical dolls. *Child Welfare*, 69(5), 389-400.

Children of three to five years who had not been sexually abused were exposed to anatomical dolls. The three- to four-year-old age group showed an increased awareness of sexual body parts, while the older group did not. These findings are considered to be useful for professionals who wish to obtain parental approval for similar studies.

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 and Adolescent Psychiatry*, 29(5), 736-742.

The use of anatomical dolls in sexual abuse evaluations remains controversial because of concerns that the dolls induce normal, non-abused children to act out in sexual ways that are likely to be misinterpreted as evidence of sexual abuse. This study examines the incidence of explicit sexual doll play in a large, demographically diverse sample of 2- to 5-year-olds. The 6% incidence of demonstrations of apparent sexual intercourse found in this sample compared favorably with the rate of less than 2% across prior studies of anatomical doll play among presumably non-abused children. However, higher rates of explicit sexual play were associated with being older, poor, black, and somewhat with being male, with over 20% of some subgroups of children displaying such behavior. These results are interpreted as evidence that anatomical dolls are not overly suggestive to young, sexually naive children, but are useful in assessing sexual knowledge and exposure to sexual intercourse.

Goodman, G. S., & Aman, C. (1990). Children's use of anatomically detailed dolls to recount an event. *Child Development*, 61(6), 1859-1871.

The use of anatomically detailed dolls in child sexual abuse investigations has raised several controversial issues related to important theoretical questions in developmental psychology. The present study was designed to examine some of these issues in a methodologically sound experiment. 80 3- and 5-year-old children experienced a social interaction with a male confederate and were later tested under 1 of 4 recall conditions: reenactment with anatomically detailed dolls, reenactment with regular dolls, free recall with visual cues, or free recall without visual cues. The children were also asked a variety of specific and misleading questions, some of them dealing with

acts associated with abuse ("He took your clothes off, didn't he?"). Both anatomically detailed and regular dolls along with other props aided 5-year-olds more than 3-year-olds in recounting the event. To use increased rather than decreased age differences. Anatomically detailed dolls did not foster false reports of abuse. Overall, 3-year-olds were more suggestible than 5-year-olds. The findings have implications for children's testimony in child abuse cases and for psychological theories concerning the effects of stimulus support on children's memory.

Realmuto, G., Jensen, J., & Wescoe, S. (1990). Specificity and sensitivity of sexually anatomically correct dolls in substantiating abuse: A pilot study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 29(5), 743-746.

Sexually anatomically correct dolls are often used to verify or refute allegations of sexual abuse in young children. As a test of their effectiveness in facilitating decisions about the abuse status of young children, the authors conducted blind interviews with six abused subjects, five nonclinic controls and four psychiatric controls. The child psychiatrist interviewer followed a standardized protocol and was able to correctly categorize 33% of the abused and 67% of the nonabused children. Proper classification was 53% for the sample using this protocol. The authors' preliminary conclusion is that, without other information available to the interviewer, sexually anatomically correct dolls are a poor source of information to decide the abuse status of a young child. The authors recommend that professionals should be cautious when basing decisions on a single instrument, such as sexually anatomically correct dolls. Mental health professionals are encouraged to maintain quality standards in evaluation of children by conducting a comprehensive examination in child sexual abuse cases.

Witt, A., Cermak, S., & Coster, W. (1990). Body part identification in 1- to 2-year-old children. *American Journal of Occupational Therapy*, 44(2), 147-153.

The purpose of this study was to examine the developmental sequence of body part identification in very young children, 11 to 25 months of age. In the first part of the study, 113 children, divided into five age groups (12-month-olds, 15-month-olds, 18-month-olds, 21-month-olds, and 24-month-olds), were asked to point to 20 body parts on a doll. The results indicated a positive correlation between number of parts correctly identified and increasing age. No sex differences or Sex X Age interactions were found. In the second part of the study, the difference between pointing to body parts on the self and pointing to body parts on a doll was examined in two groups of 2-

year-olds. The results indicated no significant difference between the ability to point to body parts on a doll and the ability to point to body parts on the self. Factors that may contribute to the development of body part identification in 1- to 2-year-olds and the sequence in which body parts are learned are discussed. The results help provide diagnostic criteria for children with suspected delays in cognitive, language, or body scheme development.

August, R. L., & Forman, B.D. (1989). A comparison of sexually abused and nonsexually abused children's behavioral responses to anatomically correct dolls. *Child Psychiatry and Human Development*, 20(1), 39-47.

Groups of 16 girls referred for evaluation and treatment of sexual abuse and 16 nonreferred girls between the ages of 5 and 8 years were compared on aggression, avoidance, private parts reference, and freeplay over two conditions: playing alone with anatomically correct dolls and telling a story about the dolls to an adult. Results indicated that sexually abused children displayed more sexually oriented behavior when alone but more avoidance of the dolls when interacting with an adult.

Glaser, D., & Collins, C. (1989). The response of young, non-sexually abused children to anatomically correct dolls. *Journal of Child Psychology and Psychiatry*, 30(4), 547-560.

Ninety-one children aged 3–6 yrs were observed and video-recorded playing with the anatomically correct dolls in unstructured play settings. Parental permission had been obtained. The children's emotional, behavioural and overall play responses were rated. Whilst the dolls' difference from other dolls was dearly noticed, they did not traumatize the children, most of whom incorporated the dolls in imaginative play. Only five children's play with the dolls showed any sexualized quality, in three the source of sexual knowledge becoming apparent. Whereas the absence of sexualized play does not reliably exclude abuse, we suggest that explicit sexual play with the dolls may well arise from previous exposure: to explicit sexual information or activity.

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(5), 900-906.

To determine the value of using anatomically correct dolls in diagnostic interviews of young children suspected of being sexually abused, the records of 83 children who were less than 7 years of age and who were evaluated at Yale-New Haven Hospital because of a suspicion of sexual abuse

were reviewed. The dolls were used in 60 cases (72%). When the dolls were used, children provided significantly more information than by interview alone about what had happened and about the identity of the suspected perpetrator. Children less than 3 years of age, however, were unable to provide details about the abuse despite the use of the dolls. The ratings of the likelihood that sexual abuse had occurred were based on all of the information in the case including that obtained through the diagnostic interview with the dolls. When these ratings were compared with the ratings based on evidence obtained solely from noninterview data, the likelihood of abuse was higher in 35% of the cases. It was concluded that substantially more information is provided by young children when anatomically correct dolls are used and that the likelihood of detection of abuse is increased when information from the child is included in the assessment.

Schor, D. P., & Sivan, A. B. (1989). Interpreting children's labels for sex-related body parts of anatomically explicit dolls. *Child Abuse and Neglect*, 13(4), 523-531.

Sexually abused children are often said to use idiosyncratic terminology when referring to sexual body parts. Anatomic dolls are often used in sexual abuse investigations, especially of younger children, with both their behavioral and verbal responses used to draw conclusions about the likelihood of sexual abuse. However, there is little information available about the responses of nonabused children to these dolls. This study characterizes the terms nonreferred children use to label sexual body parts of anatomic dolls. The study involved 144 children ages 3 through 8 years who were asked for their names for specific body parts including anus, breast, buttock, penis, scrotum, and vagina. Responses for breast, buttock, and penis were more precise than for other body parts. More than half the respondents did not have labels for anus and scrotum. The "age" and "gender" of the dolls had little effect on the children's responses. Older children had more accurate terminology than younger children for sexually related body parts except for penis and anus. For the most part, the gender of the child or the interviewer had little influence on responses.

Berliner, L. (1988). Anatomical dolls. *Journal of Interpersonal Violence*, 3(4), 468-470.

Boat, B. W., & Everson, M. D., (1988). Use of anatomical dolls among professionals in sexual abuse evaluations. *Child Abuse and Neglect*, 12(2), 171-179.

A total of 295 child protection workers, law enforcement officers, mental health practitioners, and physicians were surveyed to ascertain their uses of the anatomical dolls in child sexual abuse evaluations and their interpretations of young children's interactions with the dolls. The dolls enjoy fairly wide use among all four professional groups although most professionals employing the dolls have had little specific training in their use. Law enforcement officers were significantly less likely than the other professionals to view children's demonstrations of sexual acts with the dolls as convincing evidence of sexual abuse. There was no behavior (e.g., undressing the dolls, touching the dolls' genitals) which all professional groups unanimously agreed would be normal play behavior by young children ages 2-5, who had not been sexually abused. Results highlight the need for training resources and normative research.

Boat, B. W., & Everson, M. D. (1988). Research and issues in using anatomical dolls. *Sexual Abuse: A Journal of Research and Treatment*, 1(2), 191-204.

The anatomical dolls have emerged as a promising, but controversial tool in child sexual abuse investigations to assist young children in describing what has happened to them. However, research on issues of doll usage by professionals, structuring the doll interviews and interpreting children's responses to the dolls has been lacking. The Anatomical Doll Project was designed to address these issues and data from three phases of the Project are presented in this paper. Phase I is a study of various professionals, interpretations of young children's interactions with the dolls. In Phase II interviewing guidelines were developed. Finally, a normative study of 209 preschool-aged children who have not been referred for sexual abuse was conducted in Phase III to examine curiosity and play behaviors with the dolls.

Freeman, K. R., & Estrada-Mullaney, T. (1988). Using dolls to interview child victims: Legal concerns and interview procedures. National Institute of Justice. *NIJ Reports*, 207, 1-6.

Such dolls can be used in investigative interviews, case evaluation, and during courtroom testimony. The use of dolls can aid in establishing rapport and reducing stress for the victim, establishing competency, reducing vocabulary problems, and showing what may be difficult to discuss for the child. Some critics have suggested that anatomical dolls may suggest abuse and

sexual impropriety, can be used in ways contrary to accepted protocol, and may appear bizarre and frightening to children. When planning the interview, the interviewer should take into account the age of the child, whether or not there have been earlier interviews, and the results of those interviews. When using dolls, the interviewer should inspect them, read accompanying manuals, and ascertain that the dolls are appropriate in appearance and scale. Used appropriately, anatomical dolls can be an effective way of helping children explain what happened to them and determining the child's sexual vocabulary. Used improperly, their use can block communication, inhibit a proper case filing decision, and cause case problems related to charges of coaching the child witness.

Jones, D. P. H., & McQuiston, M. G. (1988). The interview itself. In *Interviewing the sexually abused child* (pp. 24-35). Arlington, VA: American Psychiatric Publishing.

Sivan, A. B., Schor, D. P., Koepl, G. K., & Noble, L. D. (1988). Interaction of normal children with anatomical dolls. *Child Abuse & Neglect, 12*(3), 295-304.

Normal children, aged 3-8, were observed during free play with anatomical dolls under three conditions: with an adult present, without an adult, and with the dolls undressed. In contrast to clinical observation of abused children, the doll play of the normal children was not characterized by aggression or sexual concerns.

White, S. (1988). Should investigatory use of anatomical dolls be defined by the courts? *Journal of Interpersonal Violence, 3*(4), 471-475.

Notes that the use of anatomical dolls in child sexual abuse investigations is being challenged as a psychological technique as well as on legal grounds. It is noted that courts have challenged using dolls as a diagnosing technique and equating doll interviews with psychological tests.

White, S., & Santilli, G. (1988). A review of clinical practices and research data on anatomical dolls. *Journal of Interpersonal Violence, 3*(4), 430-442.

The use of anatomical dolls by investigators of suspected child sexual abuse has become a hotly debated issue among mental health and legal professionals. A review of clinical practices and of research findings is presented, which may be helpful informing opinions about the utility of the dolls in such evaluations.

Yates, A., & Terr, L. (1988). Anatomically correct dolls: Should they be used as the basis for expert testimony? *Journal of the American Academy of Child and Adolescent Psychiatry*, 27(2), 254-257.

Two decisions by the California Supreme Court of Appeal in the spring of 1987 have made it difficult to admit evidence based on anatomically correct doll interviews with children. An earlier court ruling (*People v. Shirley*) had implied that the Kelly-Frye rule on the admissibility of evidence (*Frye v. United States*, 1923; *People v. Kelly*, 1976) would extend from physical to include psychological evidence. In its reversal of lower court decisions (*In re Amber B. and Teela B. and In re Christine C. and Michael C.*) to accept testimony based on children's play with anatomically correct dolls, the California Supreme Court concluded that use of the dolls constitutes a new scientific method of proof and is admissible in court only if it has been accepted as generally reliable in the scientific community. In following the debate, two expert child and adolescent psychiatrists argue this issue of scientific reliability.

Yates, A., & Terr, L. (1988b). Issue continued: Anatomically correct dolls: Should they be used as the basis for expert testimony? *Journal of the American Academy of Child and Adolescent Psychiatry*, 27(2), 387-388.

Two decisions by the California Supreme Court of Appeal in the spring of 1987 have made it difficult to admit evidence based on anatomically correct doll interviews with children. Here, Dr. Yates and Dr. Terr continue their discussion of the arguments raised in the March 1988 Debate Forum.

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 & Neglect*, 11(2), 187-192.

The behaviors of two groups of children were observed and recorded in their play with anatomically correct dolls. One group had been determined to have been sexually abused and the other group had not been determined to have been sexually abused. The findings show that significantly more children who had been sexually abused demonstrated sexual behavior(s) with the anatomically correct dolls than did the group of children who had not been sexually abused. These findings suggest that anatomically correct dolls are a useful instrument in sexual abuse investigations.

White, S., Strom, G. A., Santilli, G., & Halpin, B. M. (1986). Interviewing young sexual abuse victims with anatomically correct dolls. *Child Abuse & Neglect, 10*(4), 519-529.

Two groups of children were interviewed with a structured format to elicit their responses to sexually anatomically correct dolls. Significant differences were found between the responses of children who had not been referred for suspected sexual abuse and those who had. Nonreferred children ($n = 25$) revealed very few behaviors indicative of abuse whereas referred children ($n = 25$) demonstrated significantly more sexually related behaviors when presented with the dolls. Of the age groups studied (2–6 years), 3 year olds were the most responsive to the dolls, while older children tended either to reveal their experiences or to become very nonresponsive. The authors argue for the use of structured interview techniques with use of the anatomical dolls and the collection of normative comparison data relative to the evaluation of suspected sexual abuse.