

TECHNIQUES FOR INTERVIEWING CHILDREN IN SEXUAL ABUSE CASES*

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ABSTRACT: Information derived from our experience in 319 cases of alleged sexual abuse along with a review of the literature is presented. The way children are often interviewed when there is an allegation of sexual abuse has a potential for reducing the reliability of the statements that are made. Children are frequently interviewed repeatedly by social workers, police, and/or mental health professionals who believe that the abuse is true. These interviewers are likely to be unaware of their stimulus value and the suggestibility of children. The interviewers may rely on techniques such as drawings, books, play therapy and anatomical dolls as aids in the interviews. However, these techniques have not been validated for assessing sexual abuse and their use may increase the likelihood of errors in the interviews. The result is that the interviewer may inadvertently mold and develop an account of sexual abuse in a nonabused child. It is through this process that a false allegation may be developed. When there is no corroborating evidence, children's statements obtained through this process must be viewed with caution.

How can children say sexual things happened to them that didn't happen?

This is the fundamental question when a decision must be made as to whether an accusation of child sexual abuse is true or false. If the sexual abuse is not real, then how and why is the child telling about sexual behaviors and describing abusive acts? How can children talk about sexual acts if they haven't experienced them? If an adult believes the simplistic maxim, "Children never lie about sexual abuse," whenever a child supposedly makes a disclosure about sexual abuse, the adult is likely to believe that the abuse is real.

But it is mistake to pose the question in the form of whether or not the child has lied. To lie assumes a conscious, willful, and deliberate purpose and intent to deceive. Young children are unlikely to have the cognitive capacity or the maliciousness to lie in this way although some older children and adolescents may. When children are asked questions they don't understand or to which they have no answer, they can give an answer without knowing it is mistaken. Unless there is strong evidence of deliberate, intentional dissembling, it is foolish to spend much time or energy on the question of children lying. It is almost always the wrong question.

When trying to understand a child's behavior, the first place to look is in the environment of the child. Environmental cues and constraints are powerful determinants of behavior for both adults and children, and children are more susceptible to environmental influences than are adults. The question to ask is what degree, level, and type of adult social influence is exerted upon the child in that specific environment.

The power and centrality of social influence is one of the best established facts in psychology. How adults behave toward children during the course of a developing sexual abuse accusation must be considered a possible causal factor in producing statements by a child. Over the past five years, we have been actively involved in over three hundred cases of child sexual abuse and have consulted in many others. This active involvement has included reviewing documents and audio- and videotapes, testifying in court, interviewing and/or testing alleged victims, evaluating alleged perpetrators, and evaluating and/or providing therapy to victims, families, and perpetrators. From this experience we believe there are serious problems in the procedures followed when there is an accusation of sexual abuse. A major part of the problem is the way children are interviewed. The typical investigative procedures involve repeated interviews by police, social workers, and/or mental health professionals. Anatomical dolls, books, drawings, puppets, and other aids are often used. Through these procedures, the questioning adults may inadvertently mold and develop an account of sexual abuse in a nonabused child. This may create confusion of fact and fantasy and teach the child to please adults by giving them what they want. It is through this process that a false allegation is developed.

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Table 1 gives a summary of the cases in which we have been involved and the outcomes for those which have been adjudicated. We classified the cases as divorce and custody, day care, teacher or other professional (coach, priest, doctor, counselor, etc.), friend or neighbor, stepfather or other relative, stranger, and own child (not in divorce and custody) in order to compare the outcomes in different types of cases. The outcomes were classified in three categories. Acquittal/ no abuse includes the following: the charges were dropped, the case was dismissed by the judge, the individual was acquitted in criminal court, and the family or civil court determined that no abuse had occurred. The category guilty/abuse includes the following: the individual pled guilty, the individual was found guilty in a criminal trial, and the family or civil court determined that abuse had occurred. The third category is plea bargain or stipulation. In a fourth group are cases where there has been no adjudication to date.

Table 1
Adjudication of Different Types of Cases

<i>Type of Case</i>	<i>Adjudicated Cases</i>						<i>No Adjudication</i>		
	<i>Acquittal/ No Abuse</i>		<i>Guilty/ Abuse</i>		<i>Plea Bargain/ Stipulation</i>			<i>Total Adjudicated</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>		<i>N</i>	<i>%</i>
Divorce/Custody N=126	85	77%	20	18%	5	5%	110	100%	16
Day Care N=34	12	46%	11	42%	3	12%	26	100%	8
Teacher/Other Prof. N=18	12	80%	1	7%	2	13%	15	100%	3
Friend/Neighbor N=47	19	42%	20	45%	6	13%	45	100%	2
Stepfather/Relative N=53	21	45%	19	40%	7	15%	47	100%	6
Own Child N=40	21	60%	11	31%	3	9%	35	100%	5
Stranger N=1	0	0%	1	100%	0	0%	1	100%	0
Total N=319	170	61%	83	30%	26	9%	279	100%	40

Of the 319 cases in which we have been involved, 186 (58%) were in criminal court, 116 (36%) were in family court, 9 (3%) were military court-martials, and 26 (8%) were civil suits for damages. (Because 18 cases involved more than one type of court, the totals add up to more than 319 and 100%.) In three-fifths of those adjudicated there was a determination of no abuse. The percentage of false allegations is particularly high in certain types of situations, such as acrimonious custody and visitation disputes.

In the past, most child sex abuse cases were discovered when a child spontaneously told someone about it. But in most of the cases we have reviewed, the abuse was often alleged only after an adult began questioning a child. The proliferation of prevention programs in the schools and the media attention to sexual abuse has resulted in parents, doctors, teachers, and others becoming sensitive to the possibility that a child may be sexually abused. Any suspicious circumstances may result in misinterpretation and questioning of a young child who then becomes vulnerable to all of

the effects of influence and selective reinforcement. When a story about abuse develops in this fashion, it is not a deliberate fabrication. In most cases of false accusations, the adults are caught up in the account and believe it is true.

In the cases that turn out to be false allegations, the interviewer is likely to have a preconceived idea about abuse along with a lack of awareness of the suggestibility of children and of the environmental factors, including the stimulus value of adults. We have frequently read depositions or reports by interviewers who claim that they have not asked leading or suggestive questions, but their taped interview demonstrates that they have. We believe that when this happens, the interviewers simply are not aware of the impact their procedures may have on the children being assessed. This is true of mental health and law enforcement professionals as well as lay people.

The process of the interview itself will invariably influence what is obtained. Physics, the paradigm of hard science, is forced by experiment to continue to embrace quantum mechanics and the basic concept of the Heisenberg Uncertainty Principle that any measurement or observation changes and interferes with what is being measured. Physicists have no convincing reason to believe that the objects of which the world is made exist independently of their somewhat puzzled observers (Economist, 1989). When the best knowledge and understanding of the world we live in cannot prove reality is beyond the mind of the observer, surely psychologists are well advised to attend to the process of observation or assessment in human interactions.

Many professionals are convinced that all disclosures from a child must be unconditionally believed. Yuille (undated) points out that children's disclosures of abuse are now given so much credibility that it is often sufficient for the child to show sexual symbolism in play for a social agency to remove the child from home. If an adult interviewer assumes that abuse did, in fact, occur, the interviewer may perceive his role as substantiating the abuse so that appropriate action can be taken to protect the child and punish the perpetrator. Raskin and Yuille (in press) state, "It is common practice for interviewers to assume that the allegations are true and that the purpose of the assessment is to obtain information that can be used to arrive at that conclusion." An adult who believes the accusation may then question the child in a way that shapes, molds, and creates statements about abuse.

Years of research in social psychology demonstrate the principles of behavior that are involved in adult social influence on children (see Wakefield & Underwager, 1988 for a discussion of this). There are several areas of the science of psychology that appear in every introductory psychology textbook, including expectancy effects and experimenter bias, conformity and compliance, and reinforcement theory. These are firmly grounded in theory and the research literature.

The research on the expectancy effect and experimenter bias demonstrates that expectancies about an outcome of an experiment or interaction can influence the outcome itself. Biased investigators will err in the direction of their expectancies when they summarize, analyze, and interpret their data, and their own attitudes and expectancies will influence the actual behavior of their subjects.

In interviews, the bias of the interviewer can affect both the selection of the information to be recorded and the substance of the information itself. Subjects respond the way they feel to be most proper in light of the interviewer's verbally and nonverbally communicated expectancies. Garbarino and Scott (1988) state that in interviews with children, expectations of the professional, unfounded in empirical data, in which the professional strongly believes, can influence what information is given by the children. If the professional believes that all or most allegations of abuse are real, he or she may produce information to validate abuse.

The research on conformity and compliance demonstrates how the desire to get approval from others exerts a powerful influence upon behavior. In interviews with children there is pressure to conform to the perceived expectations of the adults. This can only be avoided by a careful effort by interviewers who recognize their own stimulus value and minimize cues on how to respond.

Reinforcement theory describes how behavior is controlled by the consequences that follow behavior. Theories on parenting techniques recognize that the best way to change the behavior of a child is to use attention, praise, approval and other social reinforcement. Children are sensitive to approval from adults and will learn quickly to behave in the way that gets positively reinforced. If interviewers are not aware of this, they may inadvertently reinforce responses of the child that confirm their prior biases.

In many cases the social reinforcement given to children is obvious. A child may be told that she is brave and that "Mommy will be proud of you for telling the scary secret," or a child is told that he can go for a treat after he tells about the abuse. But children are also rewarded for making certain statements simply by a smile, a nod, an approving tone of voice, or saying "What else?" It is also reinforcing to remove an aversive stimulus. When an adult stops asking repeated questions when the child produces the desired answer after several repetitions, the cessation reinforces a specific answer and may also reinforce giving an answer approved by the interrogator.

A COMMON PATTERN

We have found the way children are interrogated when sexual abuse is suspected shows a common pattern across this and other countries. The system of reporting laws, child protection agencies, law enforcement officials, prosecutors, and the laws and regulatory codes governing these agencies shape the common pattern.

An adult usually first suspects possible sexual abuse of a child. The adult then questions the child and calls the authorities. An initial report is made either to the child protection agency or to the police. If the first report is made to the police, the police will then inform child protection. The first person who has contact with the child or the child's family is usually a social worker.

Sometimes the child is first taken to the family physician or to a hospital emergency room where the adult tells the doctor that abuse is suspected. The doctor may question the child and then make a report to child protection. Although there are seldom clear physical signs of sexual abuse, the notes of the physician frequently state "suspected sexual abuse" based on the history given by the adult.

The parent has probably questioned the child before the police department or child protection agency gets involved. The strong emotion triggered by a suspicion of sexual abuse may result in intense, repeated, and suggestive questioning. Then when the official talks to the reporting adult, the parent will give his or her recollection of whatever the child said in response to this questioning along whatever suspicions led to the original report of abuse. If the investigating official assumes that children must always be believed and false allegations are rare, this account will be accepted as factual. The initial official contact with the child will therefore be based upon the assumption that the abuse really happened. This bias affects the way the official questions the child and the subsequent outcome of the investigation.

What happens in this first official interrogation is important in assessing the weight to be given to any statements a child makes. The younger and more suggestible the child is, the greater the significance and effect of this first interrogation. It will set the direction and the scope for all future contacts with the child. But it is probably the least documented and most likely distorted of the succession of interrogations.

The first official interrogation of a child may range from a single social worker interviewing the child to several people, including police, social workers and prosecutors, coming unexpectedly to the home and taking the child to the police station, as happened in one of the cases in Jordan, Minnesota. There is often a social worker and a police officer, or two or more officials. Particularly in divorce and custody cases, the accusing parent may take the child to a child protection worker, physician, or mental health professional for the first official interview, be present for the interview and even participate in it.

The initial interrogation by officials is usually not recorded. There may or may not be notes or reports and the amount of information available about this first interview is generally minimal. Most often, the only information is a report summarizing what the child allegedly said during the interview. However, if the interview is not recorded, there is no way to know what actually went on. We have found that reports of what supposedly transpired in an interview are often markedly different from what actually took place, which we later discover when we are able to view the videotape of the actual interview.

Often interviewers ask a question or make a statement to which the child gives little response. After the question is repeated several times, the child may finally nod or answer yes. But in the written report, the child is presented as making the statement rather than only agreeing with the interviewer's statement. There is seldom mention of any denials

which may have preceded the eventual affirmation. This is probably not a deliberate misrepresentation; instead, the prior beliefs and bias of the interrogator lead to an erroneous recollection of what actually happened. Herbert, Grams, and Goranson (1987) state that tape recordings are essential for accurate knowledge of what went on in an interview. Without them, the conclusions drawn about the interview by the interviewer are likely to contain significant factual distortions. They report that without taping, interviewers reflected their bias by giving inaccurate and mistaken reports about the interview.

Following the first official interrogation, there is a wide variation in what happens next. Sometimes there is only the initial interview. There may be an additional interrogation which is tape recorded. But the child may be questioned repeatedly by social workers, prosecutors, therapists, parents, siblings, or others. Sometimes the child is taken from the parents and placed in foster care where the foster parents ask questions and encourage talk about the abuse. The child may be placed in sexual abuse therapy where he or she talks regularly to a therapist about the abuse. If the issue is brought to adjudication, either in criminal, civil, family, or juvenile court, the child may be questioned frequently by the prosecutor or attorney and brought into the courtroom to be familiarized with the environment. Through this the account of the abuse is further rehearsed. It is often months, or even years, before the judicial system makes a determination about the abuse.

This pattern is not limited to the United States. We are familiar with similar techniques and problems from cases in Canada, New Zealand, Australia, The United Kingdom, and the Netherlands. Hayes (1987) describes interviews in England in which great pressure is put on the child to disclose the abuse, including the use of directed play with dolls and leading and coercive questions. Interviews of this sort were used in Cleveland, England, with the result that dozens of children were falsely identified as having been sexually abused by their parents. As in the United States, the problem was with interviewers "who commence an interview with a preconception that abuse has taken place" (Enright, 1987, p. 672).

INTERROGATION AS A LEARNING EXPERIENCE

Children may be interviewed dozens of times before a legal determination is made about abuse. In every interview the child learns more about what the interrogator expects and learns what to say or do that will get a positive response from the interrogator. The child learns the language of the sexual abuse literature, such as the distinction between "good touch" and "bad touch." The child may learn about sexual behavior, including deviant behavior, and learn to equate sexual touch with touch that hurts. The child may learn the victim role and learn to express anger towards the alleged abuser. The child may even learn to believe that the abuse happened, even if the allegations are false.

The interviewer's own assumptions determine the questions asked and the direction of the interview is determined by these questions. This can result in a bias in the interview procedures of even the most skillful investigators. If the interviewer is unaware of this and has strong and certain beliefs, this bias will be very powerful, resulting in an interview directed not towards determining the truth but towards substantiating abuse.

The bias results in the interviewer attending to information that supports presupposed beliefs and ignoring details which don't support these personal assumptions or which suggest a different direction. Statements from the child that do not fit into the interviewer's beliefs are seen as evasions or confusions. When a child says that nothing happened the interviewer keeps repeating the question and asking other questions until the child finally affirms the abuse. If the interviewer is sure that he or she is right, the theory is apt to be falsely confirmed.

In a study about the interrogation of children, it was found that the belief of the interrogator about the truth of the allegations was predictive of the outcomes of the interrogation (Dent, 1982). If the initial first interrogation involves an adult who has the belief that abuse occurred and who the abuser is, that prior belief will affect the outcomes of the interrogation.

The child tries to figure out and produce what the adult wants to hear. The desired responses are cued to the child by tone of voice, inflections, small body movements, and postures, as well as by suggestive and repeated questions. This is particularly true when the child has an inadequate memory of what is being asked.

The variables of power, authority, status, and credibility of the interviewer interact with the limited capacity and competencies of the child to produce a powerful confounding of this interrogation process. This entire process contaminates, confuses, and lowers the reliability of statements made by children. Each of these interrogation experiences is a learning experience for the child. The younger the child, the more powerful the teaching and learning experience.

TYPES OF QUESTIONS

Different kinds of questions will elicit different responses. An open-ended question calls for spontaneous, free recall. For example, a parent might ask a weeping child, "What happened?" If open-ended questioning does not produce sufficient information, the interviewer may turn to more specific questions, such as "Did he hit you?" At this point, the questioner has taken a more active role and the witness a more passive one. Research has shown that while specific questions result in an over-all increase in the number of statements a witness makes in comparison to free recall, the increase is due to a rise in both accurate and inaccurate statements (Dent & Stephenson, 1979; Lipton, 1977). Thus the memory for an event can be made more elaborate, but the greater detail will include more false memories as well as more truth. Child witnesses are more subject to this error than adults because they give fewer answers in free recall (Kobasigawa, 1974; Mandler & Johnson, 1977; Perlmutter & Ricks, 1979) and therefore may cause interviewers to turn sooner to specific, closed questions and to use proportionately more of them.

Turtle and Wells (1987), commenting on the recent research on children as witnesses, observe that the paucity of children's recall:

... can lead to an inordinate amount of subsequent questioning from various agents throughout the legal proceeding and hence to a greater exposure to possible misleading information. Unfortunately for the system ... children suffer from a greater susceptibility to having their testimony distorted by such misleading information (p. 240).

Adults are more suggestible when an authoritative rather than a nonauthoritative person asks leading questions (Eagly, 1983; Loftus, 1979). Ceci, Ross and Toglia (1987) state that the young children's suggestibility could be partially accounted for because they are likely to conform to what they believe to be the expectations of the adult. It may well be that young children are especially affected by suggestion and leading questions simply because so many people are generally authoritative in relation to them. This would be particularly pronounced if the child is being interrogated by someone identified as a doctor, a therapist, or a police officer. Parents are also authority figures to their children.

In a more active line of questioning, the interrogator is supplying information to the witness. "Did Allen hit you on the arm?" and similar questions can give shape and content to the recall of a memory that is, in fact, vague. The memories of both children and adults can be distorted by the introduction of false information into questions. When an unsure or reluctant witness causes the questioner to guess at what might have occurred and thereby provide information for the witness to affirm or deny, the resultant testimony may be the truth or it may be a fabrication that is mutually agreed upon and believed to be true by both parties.

RESEARCH ON MEMORY AND SUGGESTIBILITY IN CHILDREN

After the turn of the century there were many studies on children's memory and suggestibility. Many professionals concluded from this research that "children are the most dangerous of all witnesses," and demanded that children's testimony be excluded from the court record (Goodman, 1984, p. 20). At the same time, the spontaneous account of an event by children was thought to be reliable. The overall picture from the early studies is of a potentially accurate witness, who can recount events and answer non-leading questions fairly accurately, but whose report can easily be contaminated by suggestion.

Later studies compared the memory and suggestibility of children to that of adults. Much research demonstrates that adults' memories are influenced by suggestion. Loftus (1979) and Loftus and Davies (1984) report the results of studies in which subjects are presented with a film of a complex event and afterwards asked a series of questions. Some

of the questions are designed to present misleading information. The subjects presented with the misleading question are afterwards more likely to "recall" having seen something that was not present in the film. This false information will be integrated into the memory. Once the alteration occurs, it becomes entrenched and it is difficult to induce a witness to retrieve the original memory. The question that has been investigated in studies of children's memory and suggestibility is how suggestible they are in comparison to adults.

Children typically recall less than do adults (Johnson & Foley, 1984), but their free recall is generally accurate. However, since the typical interview with children contains a large proportion of leading questions, in evaluating their ability to serve as witnesses memory is only one consideration. What is their suggestibility compared to adults? It is well established that adults are influenced by leading questions. Are children influenced in the same way?

There has been a debate concerning whether children are more susceptible than adults to distortions of memory caused by leading questions. The older studies concluded that children were more suggestible. Newer studies found that both adults and children are influenced by leading questions but were inconsistent as to whether children were more suggestible. However, recent studies have found young children to be more suggestible than adults and younger children to be more suggestible than older children (Ceci, Ross, & Toglia, 1987; Goodman, Aman & Hirschman, 1987; Goodman, Hepps & Reed, 1986; Goodman & Reed, 1986; King & Yuille, 1987). Young children are particularly bad at making eyewitness identifications, especially when the target individual is not present in the lineup. In such cases, the child makes a very large number of false identifications (Peters, 1987, 1988).

The less a child remembers, the more he can be misled, and the younger a child is, the less he will remember. The less a child reports in free recall, the sooner the interviewer may turn to using leading questions. Also, children may have a different perception of tasks than do the adults. Children are likely to draw upon all available information in the interview situation to provide the interviewer with what they believe the interviewer wishes to hear. Cole and Loftus (1987) state that ". . . the demand characteristics of being given certain information by an adult, and even of being questioned by an adult are powerful components of suggestibility in young children" (p. 199). Ceci et al. (1987) indicate that the young children's suggestibility could be partially accounted for because that they are especially likely to conform to what they believe to be the expectations of the adult. Saywitz (1987) points out that children are apt to add material when they do not remember and the practice of asking children, "What else," is likely to increase the number of errors by adding extraneous and contradictory information. To avoid this, King and Yuille (1987) stress that the child be told that the interviewer is only interested in what the child remembers and that admissions of memory failure and memory gaps are expected.

A problem with all of this research in suggestibility is its ecological validity. Actual situations faced by a child witness cannot be reproduced in a laboratory study. For example, in a typical research study, children are presented misleading information once and may be given two or three leading questions and/or misleading information out of twenty or more questions. Our research shows that leading questions and other types of potentially error-inducing questioning constitutes from one-half to four-fifths of the verbal behaviors of the adults toward the child in the typical interview of a child witness in real life (Wakefield & Underwager, 1988, Underwager & Wakefield, in press). A research study could not come close to the reality of child interrogations. It would be unethical for a research study to treat subjects the way many children are treated when interrogated.

In the research studies, the children are tested immediately or after several days. But in the sex abuse cases in which children are required to testify as witnesses, the children are often interviewed many times by a variety of people over a long period of time. Ornstein and Gordon (1988) stress that we have no information in the literature on the ability of children to remember salient events over months or sometimes years. In situations where a child will eventually testify, the memory will consist of a combination of recall and reconstruction influenced by all of the interrogations, conversations, and sexual abuse therapy that have occurred during the delay. The longer the delay, the greater the possibility of social influence and the more the memory may consist of reconstruction rather than recall.

Most of the experiments are on children's recollections of events they have observed. But when the child is a witness in an sex abuse case, he or she is alleged to have been involved in a traumatic event. Although two recent studies have used actual events—a visit to the dentist (Peters, 1987) and a shot at the doctor's office (Goodman et al., 1986)—these events are likely to be less stress producing than sexual abuse. In addition, as Raskin and Yuille (in press) point out, providing testimony in a sexual abuse case may have profound effects on the child's life. A disclosure of

sexual abuse may lead to the break-up of the home or placement in a foster home. In research studies, the children are unaffected by the events they are reporting and their testimony has no consequences. Raskin and Yuille state that "these differences . . . render tenuous any conclusions that may be drawn from the published literature."

In summary, children's memories in a free recall situation may be quite accurate. If the child is interviewed carefully and leading questions and suggestion avoided, a child witness may be competent to provide testimony. However, the suggestive and coercive nature of the interrogations often imposed upon children means that the *weight* accorded to what they say must be carefully assessed after a determination of the nature and extent of adult social influence imposed upon the child.

FREQUENTLY USED INTERVIEW TECHNIQUES

There are several techniques that are commonly used in the interviews. These include the use of anatomically correct dolls, books such as "Red Flag Green Flag People," puppets, drawings, role play, establishing rapport with the child, establishing the credibility of the interviewer, and attempts to determine the competency of the child. But there is no evidence establishing that these procedures are reliable or valid techniques in assessing possible sexual abuse in children. Their use is likely to contaminate and influence the statements children may make and therefore raise serious questions about the reliability of the statements.

Drawings

Children's drawings are often used in assessing possible sexual abuse. The rationale for this is that the drawings of children with emotional problems are believed to differ from the drawings of normal children (DiLeo, 1973; Koppitz, 1968; Myers, 1978; Yates, Beutler & Crago, 1985). The assumption is that qualitative features of the drawings may be used as signs that indicate the child has been sexually abused.

But the use of children's drawings to diagnose sexual abuse is not a sound procedure. In comprehensive surveys of the DAP (Draw A Person), Harris (1963) and Roback (1968) both conclude that there is very little evidence to support the use of signs as valid indicators of personality characteristics. There is no research data that supports the assumption that qualitative "signs" (smoke or no smoke from chimneys; absence or presence of windows; elongated or squat figures; hands in front of the genital area, and so on) have any relationship to sexual abuse.

With children's drawings there is so much variability from drawing to drawing that particular features of any one drawing are too unreliable to say anything about them. Buros (1972) classifies children's drawings as projective tests and states, "Projective tests, by definition, consist of fairly unorganized amorphous stimuli, on which the subject imposes organization in order to achieve an interpretation. A difficulty is that the examiner can likewise 'project' his interpretations of the subject's constructions, unless well-developed criteria for classifying and interpreting the subject's responses exist" (p. 165). There are no "well-developed criteria" for using drawings to assess sexual abuse.

However, drawings are often recommended as assessment techniques for suspected sexual abuse, despite the absence of demonstrated reliability or validity. Burgess, McCausland and Wolber (1981) state that drawings in which a child exhibits a shift from age-appropriate figures to more disorganized objects or drawings with repeated stylized, sexualized figures indicate suspicion of sexual abuse. Sahd (1980) recommends using drawings as part of the evaluative interview of the sexual abuse victims. Langelier (1986) has children draw a picture of their family doing something (Kinetic Family Drawing).

Yates, Beutler and Crago (1985) compared the drawings of 18 court-identified incest victims to a matched sample of 17 girls who were disturbed but not incest victims. They randomly selected their samples from children who had been evaluated in a clinic. The drawings were rated on the basis of subjective clinical experience by two clinical psychologists who were not aware of which group the drawings were from. They found only two significant differences and two dimensions between the two groups. They reported that the incest girls' drawings suggested that they were less organized, less lacking in repressive defenses and control of impulses than were the girls in the control group. There were no significant differences between the two groups on hyposexualization (failure to attend to sexual features) or hypersexualization (over

One major problem with this study was that the administration of the drawings was not standardized. Also, there is a difficulty in making multiple significance tests within comparisons in a study because, by definition, we would expect five out of a hundred to show differences at the .05 level on the basis of chance.

Hibbard, Roghmann and Hoekelman (1987) obtained human figure drawings from 57 allegedly abused children and 55 matched nonabused children. They reported that five abused children and one nonabused child had genitalia in their drawings and concluded that genitalia in drawings is an indicator of possible sexual abuse. However, there were several important shortcomings in the study. First, there is no information given about how often the abused children were interviewed about sexual abuse. Next, drawings were collected by different persons for the two groups—child protection workers obtained the drawings from the abused children and one of the authors obtained them from the comparison children. Finally, the difference between the two groups was not statistically significant. Given these shortcomings, no conclusions can be drawn about the results.

Kelley (1985) describes using children's drawings in therapy with sexually abused children. She believes that art therapy is helpful in enabling sexually abused children to communicate their thoughts and feelings. However, she does not attempt to use the drawings to discriminate between abused and nonabused children nor does she present any research evidence.

Goodwin (1982) claims that the use of drawings is unusually helpful in evaluating incest victims under the age of twelve. She had 19 girls who were suspected victims of incest who were referred for psychiatric consultation complete the Draw-a-Person task and the Kinetic Family Drawing. They were also asked to draw whatever they wanted, to draw the whole family doing something together, and then to draw a picture of the perpetrator. Some children were also asked to draw a picture of their house, of the inside of their bodies, or of a dream. There was no attempt to use blind raters or to objectify the ratings of the drawings.

Goodwin states that although the drawings were helpful in understanding the child's fears and anxieties, her view of the family, and her self-image, by themselves they are not sufficient to make a diagnostic conclusion. Their helpfulness is in opening up a workable line of communication between the evaluator and the child.

If drawings are used, it is essential to include the child's verbal description and interpretation. Small details and signs must not be overinterpreted, particularly in the absence of a statement from the child about their meaning. The main value of drawings is likely to remain in the facilitation of communication. They cannot responsibly be used as evidence in the justice system. There is no good research establishing that the drawings can be used diagnostically, especially to substantiate sexual abuse. The only appropriate use of drawings is in opening up a line of communication between the evaluator and the child.

Books

There are a number of books that are used in assessing sexual abuse. A typical book is the coloring book, "Red Flag Green Flag People" (Rape and Crises Abuse Center, 1985). In this book, the child is led through a series of pages that present good touch and bad touch. After several pages (fourteen trials), a child is asked to color portions of a figure that may have been touched. When the child colors a genital area this is regarded as evidence that the child has been abused.

When used in this way, a book becomes a programmed learning text. The progression of stimuli are arranged in the fashion of programmed texts used to teach students about biology, math, or geography. Children's responses in this situation do not represent a true account but rather the effectiveness of the book as a programmed text. None of these books have been validated for diagnosing child sexual abuse. They should not be used as diagnostic devices to conclude that a suspected case of sexual abuse is real.

Play Therapy

Although there is no evidence that play therapy has any efficacy or utility as a therapeutic procedure for sexual abuse (Wakefield & Underwager, 1988) children are frequently given therapy before there has been any determination by

the judicial system that sexual abuse has occurred.

The play therapy sessions focus on reenactments and discussions of the abuse that can serve to model and encourage statements about abuse. The play therapy is often combined with interviews and questioning by the therapist about the abuse. The behavior of the child in the play therapy sessions is used to form conclusions about abuse and material from the play therapy sessions is frequently reported to the prosecution, child protection workers, and the courts as support for the accusation. This material is often given without any empirical basis.

What is now called play therapy during the handling of a sexual abuse allegation is not in any sense play therapy as defined and described earlier in the professional literature. In traditional play therapy, the therapist maintained a completely accepting attitude and avoided directive suggestions or insinuations. The child was the active, initiating person in the interaction. No probing questions, no suggestions, no prearranged use of toys, no prompting, and no guiding was permitted (Axline, 1969). What is passed off as play therapy in a sexual abuse allegation has the adult as the active, initiating, probing, guiding, directing, and controlling person while the child is passive, conforming, and compliant. Our analyses of actual sexual abuse play therapy sessions shows that the adults are actively talking and initiating behavior with the child from half to three-fourths of the time. (Wakefield & Underwager, 1988).

A major difficulty with the use of play therapy as an investigative tool is the unexamined assumption that play reflects reality. In one case, a child who probed toy animals with a toy stick was said to be reenacting the purported insertion of objects into her vagina by another child while in her day care center (Hartman & Burgess, 1988). Children have been said to be showing signs of abuse when they play with certain figures at a sand table, when a girl avoids playing with boy dolls, when a doll the adult labels as "Daddy" is placed in a doll house the adult labels as "jail." But there is no evidence that behaviors occurring in play therapy can be used as signs to establish the truth of events that are believed to have happened in the past. Nevertheless, the behaviors of the child in play therapy together with the statements the child is supposed to have said are often used to prove that the child has been abused by the person accused.

Dolls

The anatomically correct dolls are widely used in the assessment of cases of alleged child sexual abuse. They have been criticized and recently there have been several studies concerning their use. Some of the studies report differences between abused and nonabused children; others report no differences. However, the studies claiming to show differences between the responses of sexually abused and nonabused children have major methodological shortcomings which limit any conclusions that can be drawn from them. Taken as a whole, there is no evidence from the research on dolls supporting their use as valid methods for diagnosing sexual abuse.

A major difficulty in the unquestioned acceptance of these dolls is that until recently there has been little information about how normal children respond to the dolls. Baseline information about the antecedent probability of a child's response to the dolls is necessary in order to interpret what responses to such dolls mean.

The available research indicates that the normal, nonabused children may respond to the dolls in a way that is likely to trigger suspicions of abuse in the investigator. Gabriel (1985) describes a study of 19 nonabused children who were observed with the dolls and other toys. These children showed several behaviors which could have been interpreted by other interviewers as indicating likely sexual abuse. Gabriel concludes that "On the evidence of the dolls alone, when used as part of a 'fishing expedition' exercise, the suspect will almost always be found 'guilty,' especially if the examiner is already biased in that direction" (p. 49). He also states, "Many persons working in the child protection field are untrained in play therapy and do not know about the projection- evoking properties of toys. The result has been that material produced by children in this manner can appear to confirm suspicions of sexual abuse when it may actually be no more than a normal reaction to the dolls and the situation" (p. 42).

In a study of nonabused children and their behavior with the dolls, Boat and Everson (undated) found that manual exploration of the sexual parts of unclothed dolls is not uncommon. A small number of nonabused older preschoolers will demonstrate explicit genital intercourse.

McIver, Wakefield and Underwager (1989) compared 10 abused and 50 nonabused children in their responses to the

dolls. Although they found no differences between these two groups, they report that two-fifths of the children spontaneously talked about and/or touched the dolls' genitals and three-fifths placed the dolls in clear sexual positions and/or played with the dolls in an overtly aggressive manner. Around half made spontaneous comments about what the doll did. They conclude that many of these spontaneous behaviors and comments could have elicited a suspicion of sexual abuse in an interviewer who accepts the assumptions that the doll play reflects actual experiences in a child's life. King and Yuille (1987) also point out that ". . . the dolls serve the function of a suggestive question with young children. The genitals and orifices of the dolls suggest a play pattern to children, and that play may be misinterpreted as evidence for abuse" (p. 31).

Herbert, et al. (1987) used a standardized investigative interview approach and the dolls in studying 14 children, ages three to five with no suspicion of sexual abuse. Questions asked of the child when the dolls were in use were typical of the first level of questions asked in such interviews and then were followed by the use of leading questions.

All the children showed behavior that is often interpreted as demonstrating sexual abuse. The children mixed fantasy into their responses which was not detected by the interviewer. The authors regard this as a troubling finding demonstrating how easily an interview can be misinterpreted. Almost all children demonstrated suggestibility in responding to the interview. Evaluation of the interviews "as if" a sexual abuse allegation had been made resulted in half the sample being identified as probable victims of abuse.

The McIver, et al. (1989) study also found that children could be easily influenced by the interviewer. Six of seven children who, following the initial portion of the interview, were given leading questions, cues, modeling and reinforcement responded by performing the behaviors that were cued, modeled and reinforced.

There have been efforts to standardize the procedure for using the dolls. White, Strom, and Santilli (1985) developed a protocol for interviewing preschoolers with the anatomically correct dolls. White (1986) observes that abuses in the use of these dolls are common and insists that appropriate caution be shown in their use and interpretation. Although White, Strom, Santilli and Halpin (1986) report that with their protocol, their sample of nonsexually abused children interacted differently with the dolls than did the abused sample, there is no information on other differences which may exist between the two groups (interviews about sexual abuse, previous therapy for sexual abuse, prior experiences with the dolls, etc.). Without this information, no conclusions can be drawn from their results.

The protocol suggested by White et al. (1985) was used by Jensen, Realmuto, and Wescoe (1986) with three abused and nine nonabused children. Following videotaped interviews by a single therapist, a panel of raters viewed the tapes and rated the behaviors along White's scale from not at all suspicious to very suspicious. No differences between groups were found. Some of the nonabused children got the highest rating of very suspicious and some of the abused children got ratings of no suspicion of abuse.

Jampole and Weber (1987) investigated the presence or absence of sexual behavior with the anatomically correct dolls with ten sexually abused and ten non-sexually abused children. The researchers report a significant difference between the two groups in their demonstration or lack of demonstration of sexual behaviors in their play with the dolls and conclude that the anatomical doll is a reliable, valid instrument for use in sexual abuse investigations. The major problem with this study is that, although none of the children had been previously interviewed with the dolls, there is no information concerning the content of any interviews about sexual abuse, any therapy given to the sexually abused children, or what discussions were held with these children about sexual abuse by foster parents or social workers. Also, the criterion for determining the sample of abused children is a decision made by law enforcement personnel long before any determination by the judicial system. Thus this study does not really compare abused and nonabused children but rather children who have been interrogated by the system and children who have not been interrogated by the system.

August and Forman (1986) state that abused differed from nonabused children in their interactions with the dolls. The abused children tended to avoid engaging in storytelling while an adult was present but showed more interest in the private parts of the dolls when the adult was absent. However, the abused group was drawn from a population that was being treated for sexual abuse so the same criticisms apply to this study as do to the Jampole and Weber study.

Aman and Goodman (1987) reported that their study of nonabused three year olds and five year olds found that the use of the dolls did not lead to false reports of molestation in nonabused children. However, this is an overstatement and

overinterpretation of this study. The real life event, an interaction with an adult male, was ten minutes long and included five play activities, permitting about two minutes for each activity. Such brief exposures are not analogous to the real life events likely to be the subject of an investigative interview using the dolls.

Although Aman and Goodman report that the dolls did not lead to an increase in false alarm errors, in responding to questions described as objective, the three year olds demonstrated an age X doll condition interaction. The three year olds in the doll condition were significantly less accurate in answering the objective questions than were the three year olds in the no doll condition. It is the younger children with whom the dolls are more likely to be used in real life interrogations. The questions described as objective by the authors are said to be nonleading. However, the five objective questions given as examples of questions that could lead to false reports are leading and suggestive.

False alarm errors, that is, errors that could lead to false reports of abuse, were significantly greater for three year olds than five year olds. One in five three-year-old children made such errors. The most important finding of this study is a clear age effect throughout. The younger children were consistently more suggestible across all variables.

The questions demonstrating false alarms and suggestibility were asked once. In the real world of child interrogations, children are asked leading and suggestive questions over and over again. (In one tape of a real interrogation the same types of coercive and leading questions are asked 80 times.) In real child interrogations, children are pressured to interact with the dolls until the desired behavior is elicited. Questions are not asked once and then dropped if the child does not respond as desired. Children are not permitted to put the dolls aside. The Aman and Goodman study demonstrates the possibility of false reports from younger children. If one in five can be led to produce false alarms by asking questions once, children who are are pressured and coerced by repeated questions and demands for response will most likely produce a much greater proportion of false reports.

An assumption underlying the use of the dolls is that the children will identify the dolls as male or female, use the dolls to symbolize actual people (generally themselves and the alleged perpetrator), then use the dolls to demonstrate what has happened to them. The dolls are assumed to be useful because children can demonstrate actual behaviors with the dolls that they, because of limited verbal capacity, reluctance and/or fear, cannot talk about. But these assumptions are not supported. The McIver, et. al (1989) study found that most young children were unable to identify the dolls as males or females on the basis of primary sexual characteristics and that very few used the dolls to symbolize persons in their lives. Herbert, et. al (1987) also found that children showed inability to identify gender on the basis of the symbolic genitalia.

Sivan, Schor, Koepl, and Noble (1988) report that although girls play with dolls more than boys and all children play with the dolls more when the interviewer is female, that overall the dolls are of little interest to children. They do not spontaneously choose to play with them. Herbert, et. al (1987) report that the children did not approach the dolls spontaneously but required the interviewer to direct them to approach the dolls. None initiated undressing the dolls although all accepted the direction of the interviewer to undress them. This suggests the extent to which the interactions with the dolls are a result of the adult modeling and reinforcement.

Sivan and Schor (1987) report a study of 144 children, ages three to eight, on labeling of body parts using anatomical dolls. Younger children give more responses but older children give clearer responses. Younger children are said to be willing to provide answers to questions when they have no meaningful response. The attitude and approach of the interviewer is a crucial factor in eliciting responses.

The use of the dolls can provide modeling to the child. One of the most powerful ways of teaching a child is by modeling. Interviewers model handling the dolls, suggest that they be undressed (or undress them for the child) and label them for the child. They may say "Let's pretend that this is you and this is Daddy," which invites the child to confuse fact and fantasy. They ask the child to show with the dolls what Daddy did and they may place the dolls in the sexually explicit positions for the child. This is a teaching experience for the child.

When an adult gives support and structure to a child in using dolls to tell a story, the child produces a story much different and at a higher developmental level than when left to produce a spontaneous story with little adult support. When actions are modeled by an adult using dolls the effect is to facilitate pretending and fantasy behavior (Watson & Fischer, 1980). This falsifies any claim that the dolls can be used with young children because then they can show

something real with dolls that they can't talk about.

There has been no research to establish standardized procedures for using the dolls in an investigation. Although White, et al. (1985) describe a protocol, there is no normative data to standardize it. Standardized procedures that can be repeated by others are a requirement before anything sensible can be said or any conclusions drawn. A California Appeals Court ruled in 1987 that the use of the dolls was not supported by the scientific evidence and their use did not meet the Frye test for admissibility. Testimony based upon the use of the dolls was therefore ruled inadmissible (*Law Week*, 1987).

The problem is exacerbated by the fact that persons actually using the dolls are often untrained, unsophisticated, ignorant of child development, and widely variable in their interpretation of behavior with the dolls (Boat & Everson, undated). The American Psychological Association's Committee on Psychological Testing and Assessment determined in its March 1988, meeting that the dolls "are considered to be a psychological test and are subject to the standards when used to assess individuals and make inferences about their behavior" (Landers, 1988). This means that a psychologist who uses the dolls and reports conclusions based on their use without including appropriate cautions about their reliability and validity is behaving unethically.

A basic issue is the use of the dolls to elicit behaviors from young children that can be said to show abuse. Children are in a process of developing. They show various levels of capacity and ability throughout that process; this puts limits on what children are able to do at any given level of development. The development of intellectual assessment has shown that verbal behaviors of a young child cannot reliably nor validly be used as a basis for measurement. Knowing this, psychologists should be cautious about verbal statements of children under three to four years old. Adults want to break through developmental limits to attain their objectives. This means that whatever techniques adults use to overcome the limits of a child's developmental ability are at risk for producing mistaken information reflecting the adult agenda rather than the truth. The techniques used must be shown to avoid this risk. If they do not demonstrate validity and reliability, they must not be used.

The use of the dolls in interviews must not be viewed as a pursuit of truth but rather as a learning experience. To date there are no data that support a differential behavior of abused and nonabused children when the dolls are used to assess sexual abuse. The data that is available suggests that they cannot be used to distinguish abused from nonabused children.

FALSE ALLEGATIONS OF CHILD SEXUAL ABUSE

We believe that false allegations of sexual abuse have become a serious problem. The total number of reported cases of child sexual abuse has increased markedly in the past decade. Although the number of false allegations included in these reports is indeterminate, there are estimates of the number of false allegations of child abuse and neglect in general. Douglas Besharov, the former director of the National Center on Child Abuse and Neglect, reports that 65% of all reports of suspected child abuse turn out to be unfounded. This determination, involving about 750,000 children each year, is made after abuse has been reported and a child protection agency does an investigation. In contrast, in 1976 only 35% of all reports of suspected child abuse were unfounded. (Besharov, 1985a, 1985b, 1985c, 1986).

Even following this extensive screening of reports, at any one time around 400,000 families across the country are under the supervision of child protection. However, a study conducted for the U.S. National Center of Child Abuse and Neglect found that in about half of these cases, the parents never actually maltreated their children (Besharov, 1985c). This figure is for child maltreatment in general. But there is no reason to assume that it is any different with reports of child sexual abuse. In fact, the ten-fold increase in reported cases of child sexual abuse in the past decade makes it likely that many of these cases involve people who have not abused their children. (See Wakefield & Underwager, 1988 for a discussion of false accusations.)

Of our 319 cases, 61% were adjudicated as not involving sexual abuse. This figure is higher for certain types of cases, such as bitter divorce and custody situations where we found that 77% were adjudicated as no abuse. Others also report concerns about false allegations in contested divorce and custody cases (Ash, 1985; Benedek & Schetky, 1985; Blush & Ross, 1987; Dwyer, 1986; Gardner, 1985; Gordon, 1985; Green, 1986; Schuman, 1986; Spiegel, 1986;

The people who are the target of a false report of child abuse are subjected to enormous stress and trauma. The investigation is difficult and invades the privacy of the family. If the initial report is founded, it can cost thousands of dollars to fight the charges. Our therapy caseload now includes people recovering from the effects of a false accusation along with people who are victims or perpetrators of actual abuse.

When suggestive interviews coupled with unvalidated techniques result in false allegations of sexual abuse, the entire system is weakened. Besharov points out that the dramatic increase in unfounded reports prevents help from reaching children who need it. The great number of junk cases weakens the system and we are now facing ". . . an imminent social tragedy; the nationwide collapse of child protective efforts caused by a flood of unfounded reports" (Besharov, 1986, p. 22). The protective service agencies are making mistakes on both sides. Because the system is so overloaded, children who actually are abused are not properly protected. Studies indicate that 25 to 50% of the children who die under circumstances suspicious of abuse or neglect have been reported to child protection (Besharov, 1988).

In addition, when suggestive and coercive techniques are used, the prosecution's case is weakened if the defense points this out in the trial. Also, the children's statements may become so contaminated by repeated interviews and error-inducing techniques that no one can sort out what has actually happened. The innocent may be convicted and actual abusers acquitted.

CONCLUSIONS

The way children are interviewed when sexual abuse is suspected shows a common pattern. These interviews have a high potential for reducing the reliability of statements that children make. Techniques, such as drawings, books, play therapy, and anatomical dolls, have not been validated for assessing sexual abuse and may introduce error into the interviews. Children interviewed with suggestive approaches by adults who have no conception of their stimulus value and potential for influence are being taught. This raises questions about the possible role of adult social influence upon children's behavior in the interviews. When there is no corroborating data or no admission from the alleged perpetrator, children's statements standing alone must be viewed with caution.

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