

PRACTICE

ARE ANATOMICAL DOLLS TOO SUGGESTIVE?

—by Mark D. Everson and Barbara W. Boat

The use of anatomical dolls in the assessment of sexual victimization of young children has become standard practice in many settings (Boat and Everson, 1988; Conte et al., 1988). The use of anatomical dolls in such evaluations, however, has become increasingly controversial, culminating in recent court decisions in California severely limiting the admission of evidence from anatomical doll interviews (e.g., *In re Amber B.* [1987] and *In re Christine C.* [1987]).

At the heart of the controversy is the belief that anatomical dolls may be overly suggestive to young children (e.g., Terr in Yates and Terr, 1988a and b; Yuille, 1988). According to this position, the anatomical novelty and sexual explicitness of the dolls are likely to induce even normal, non-abused children to have sexual fantasies and to act out in sexually explicit ways which might then be misinterpreted as evidence of sexual abuse. This problem can be exacerbated by certain interviewer errors such as asking highly leading questions, posing the dolls in sexual positions, or verbally reinforcing sexualized play (Underwager et al., 1986; White, 1986).

The possibility that anatomical dolls are suggestive is a concern that doll users must take seriously. Fortunately, a growing body of research bears directly on this critical issue. This research can be categorized under three questions about the dolls' suggestiveness:

1. Does the use of anatomical dolls as interview aids or props lead young children to make false allegations of sexual abuse?

Goodman and Aman have addressed this question directly in their oft-cited study of the impact of anatomical dolls on children's recall (Goodman and Aman, in press). Eighty 3 and 5 year-old children experienced a brief individual play session with a man. During the session they played a series of games including a version of "Simon Says" in which the man asked the child to touch parts of the child's own body (e.g., ear, toes) and also to touch the man's knee while the man touched the

child's knees. A week later the child was questioned by a woman about the play session, under one of three experimental conditions: with anatomical dolls as props, with regular (non-anatomical) dolls as props, and with no dolls as props. In the two doll conditions, the dolls were available during the questioning and the child was encouraged to use the dolls to show what had happened in the play session.

The children were asked a series of specific questions about possible "abuse" during the play session, modeled after questions that might be asked in a sexual abuse investigation. The questions were: "Show me where he touched you," "Did he keep his clothes on?" "Did he touch your private parts?" "Did he ask you to keep a secret about your private parts?" and "Did he put anything in your mouth?" In addition, the children were asked three misleading questions about possible abuse: "He took your clothes off, didn't he?" "He kissed you, didn't he?" and "How many times did he spank you?"

The use of anatomical dolls as interview props was not found to decrease the accuracy of the children's responses to the abuse questions. Regardless of their age, the children interviewed with anatomical dolls did not make any more errors on the specific or misleading abuse questions than the children interviewed either with regular dolls or with no dolls. The three-year-olds, on average, did prove to be less accurate in all three interview conditions than the 5 year olds. However, the vast majority of errors they made on the abuse questions occurred in response to the two "private parts" questions, a term many 3 year olds did not understand. When asked the more understandable question, "Show me where he touched you," none of the children indicated their genitals. Nor did any of the children in the study provide spontaneous comments or elaborations that would suggest that sexual abuse had occurred.

Goodman and Aman's results suggest that the use of anatomical dolls as interview props does not lead young children to make false reports of abuse — even under conditions of suggestive

questioning.

2. When exposed to anatomical dolls are normal, sexually naive young children prone to engage in explicit sexual play with the dolls?

The answer to this question depends upon one's definition of "explicit sexual play." We recently completed a study of over 200 children drawn from a general pediatric clinic population (Everson and Boat, 1989). The children ranged in age from 2 to 5 years and represented a wide socioeconomic distribution. The children were seen in structured anatomical doll sessions which included a review of body parts and functions and free play with the doll both in the presence and in the absence of the adult interviewer.

Touching and exploration of the doll's genitalia was a common behavior, occurring in over 50% of the children at each age. However, explicit sexual play in the form of apparent demonstrations of vaginal, oral or anal intercourse (i.e., penile insertion, sexual placement with "humping" motions, mounting doll's genitals) occurred in only 6% of the total sample (12 out of 209 children).

This low incidence rate of explicit sexual play is consistent with the findings of seven prior studies in which non-referred, presumably non-abused children were observed with anatomical dolls. The studies include: Augu and Forman (1986), Cohn (1988), Gabriel (1985), Glaser and Collins (1989), Jampole and Weber (1987), Sivan et al. (1988), and White et al. (1986). The studies varied in session format from free play sessions in a preschool setting to highly structured interviews with an adult, and the children ranged in age from 2 years to 10 years. Summarizing across all seven studies, exploration of doll genitalia was fairly commonly observed, but less than 2% of the non-referred children in these studies enacted apparent sexual intercourse between dolls or between a doll and themselves (5 of 332 children). Such play was rare even though four of the studies included conditions in which the child was left alone with the doll, minimizing the likelihood of the pre-

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ence of an adult inhibiting such fantasy play. (Refer to Everson and Boat, 1989 for a more complete review of these studies.)

Although only 6% of our total sample demonstrated explicit sexual play, the frequency of such play was significantly related to the child's age, socioeconomic status (SES), and race, and somewhat to the child's gender. In fact, over 20% of the 4 to 5 year old, low SES, black males in our sample demonstrated apparent sexual intercourse of some type during our sessions.

We believe that our research, together with the seven prior studies in this area, offers substantial evidence that anatomical dolls do not induce young, non-abused, sexually naive children to engage in explicit sexual play. But our research suggests that the dolls may provide sexually knowledgeable children with at least implicit permission as well as an easy vehicle for revealing their sexual knowledge.

3. Following exposure to anatomical dolls, do young children engage in more sexualized behavior or play?

We addressed the question of whether anatomical dolls might have delayed impact on the behavior of children by conducting follow-up interviews of 30 mothers whose children had been exposed to anatomical dolls (Boat, Everson, and Holland, in press). The children ranged in age from 3 to 5 years and had been subjects in our normative study of 209 children described above. The interview occurred about 2 weeks after the doll session. Mothers were asked in general terms about any changes in their child's behavior that they attributed to their child having participated in the doll session as well as specific questions about changes in sexual curiosity and sexual play since the session.

Twenty-three percent of the children were reported as displaying a heightened awareness of sexual body parts (e.g., a 4-year-old boy asked how boys and girls differ; a 4-year-old girl asked when she would get pubic hair). None of the children were reported to have begun playing with toys or regular dolls in a sexual way or to add genitals to their drawings of people. Only one child was described in any way as "acting out sexually" a 3-year-old boy who took his clothes off while playing with a little girl his age. As his mother explained, "He thought since he took the dolls' clothes off, it was okay to take his own

clothes off."

Neither this child's mother nor any of the other mothers had any concerns about the behavior of their children after exposure to the dolls, nor did they report any behavior that might be misconstrued as an indication that sexual abuse had occurred.

Are anatomical dolls too suggestive? The research evidence thus far offers a strong and reassuring "no." The one study (McIver and Wakefield, 1987) that is sometimes cited as proof of the suggestibility of the dolls is methodologically flawed and difficult to interpret. Nonetheless, more research is needed on this controversial issue, especially in replicating the Goodman and Aman study using a larger, demographically more diverse sample as a test of the generalizability of their important findings. Perhaps a target event to be recalled could also be devised that is a closer analogue to sexual abuse than a play session (e.g., a normal genital examination).

At this point, we can be confident in our continued use of anatomical dolls in sexual abuse evaluations, especially if we adhere to the excellent recommendations of Myers and White (1989). First, doll users should be prepared to describe how and why the dolls were used in a particular case. Second, we should be familiar with the research on the dolls and be sure that our use of them falls within acceptable practice in the field. Third, we should be aware of the limits in the use of anatomical dolls and acknowledge that they are interview aids rather than a litmus test for sexual abuse.

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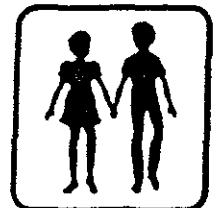
References

- August R. & Foreman B. (1986), Differences between sexually and non-sexually abused children in their behavioral responses to anatomically correct dolls, in C. Walker (Chair) Use of anatomically correct dolls in evaluation of child sexual abuse. Symposium presented at the Fourth National Conference on Sexual Victimization of Children, New Orleans, LA.
- 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.
- Boat, B.W., Everson, M.D. & Holland, J. (in press), Maternal Perceptions of Nonabused Young Children's Exposure to Anatomical Dolls. *Child Welfare*.
- Cohn, D. (1988), Play activity with anatomically correct dolls: Is there a difference between preschool age children referred for sexual abuse and those not referred? Paper presented at the National Symposium on Child Victimization, Anaheim, CA.
- Conte, J.R., Sorcnson, E., Fogarty, L., and Dalla Rosa, J. (1988), Evaluating children's reports of sexual abuse: results from a survey of professionals. Unpublished manuscript.

- Everson, M.D., and Boat, B.W., (1989), Sexualized play among young children: implications for the use of anatomical dolls in sexual abuse evaluations. Submitted for publication.
- Gabriel, R.M. (1985), Anatomically correct dolls in the diagnosis of sexual abuse of children. *Journal of the Melanie Klein Society*, 3:40-50.
- Glaser D. & Collins, C. (1989), The response of young, non-sexually abused children to anatomically correct dolls. *J. Child Psych. Psychiat.*, 30:547-560.
- Goodman, G.S., and Aman, C. (in press), Children's use of anatomically detailed dolls to recount an event. *Child Development*.
- In re Amber B., (1987) 191 Cal. App. 3rd 682, 236 Cal. Rptr. 623.
- In re Christine C., (1987) 191 Cal. App. 3rd 676, 236 Cal. Rptr. 630.
- Jampole, L. & Weber, M.K. (1987), An assessment of the behavior of sexually abused and non-sexually abused children with anatomically correct dolls. *Child Abuse and Neglect*, 11:187-192.
- Myers, J.E.B., and White, S. (1989), Dolls in court? *The Advisor*, Newsletter of the American Professional Society on the Abuse of Children, 2(3):5-6.
- McIver, W. & Wakefield, H. (1987), Behavior of abused and non-abused children with anatomically correct dolls, unpublished manuscript.
- Sivan, A.B., Schor D.P., Koeppl, G.K. & Noble, I.D. (1988), Interaction of normal children with anatomical dolls. *Child Abuse and Neglect*, 12:295-304.
- Underwager, R., Wakefield, H., Legrand, R. & Bartz, C. (1986), The role of the psychologist in cases of alleged sexual abuse of children. Paper presented at the American Psychological Association Annual Convention, Washington, D.C.
- White, S. (1986), Uses and abuses of the sexually anatomically correct dolls. *Division of Child, Youth and Family Services Newsletter* (APA Division 37), 9(1):3-6.
- White, S., Strom, G., Santilli, G. & Halpin, B. (1986), Interviewing young children with anatomically correct dolls. *Child Abuse and Neglect*, 10:519-529.
- 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.
- Yates, A. & Terr, L. (1988), 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(3):387-388.
- Yuille, J.C. (1988), The systematic assessment of children's testimony. *Canadian Psychology*, 29(3):247-262.

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