

Anatomical Dolls and Diagrams

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Introduction

In recent years, several researchers have challenged the utility of both anatomical dolls and diagrams in a forensic interview. Although some researchers have recommended caution or limitation on the usage of media,¹ others have boldly called for a “moratorium” on the usage of these tools² and have said those who use dolls or diagrams are engaging in conduct “eerily similar” to “ancient divination techniques.”³

Harsh language against the use of media is nothing new. In 1994, Everson and Boat recognized “legitimate concerns” about the use of anatomical dolls but found “surprising” the “extreme reactions” in the literature.⁴ Everson and Boat noted the critics of dolls called them “dirty,” “ugly,” “anatomically bizarre,” and “monstrosities.”⁵ Professionals using the dolls were called “incompetent” and even “guilty of medical malpractice and unethical conduct.”⁶

The strong, even extreme rhetoric against dolls and diagrams, much less the disparagement of the forensic interviewers who utilize these aids, is neither professional nor supported by the actual research. Indeed, some of the research cited against the use of media contains findings or language arguably *supportive* of their usage.⁷

Although there are studies highlighting potential problems with the use of interviewing aids, the research has multiple weaknesses. Researchers have designed studies using interviewing aids that bear little resemblance to the tools used in actual interviews and researchers sometimes employ them in a manner

¹ Reflecting on the research on diagrams and dolls, Professor Tom Lyon writes “My personal view is that they should be used only as a last resort and avoided altogether with children under 4 years of age.” Thomas D. Lyon, *Twenty-Five Years of Interviewing Research and Practice: Dolls, Diagrams, and the Dynamics of Abuse Disclosure*, APSAC ADVISOR 14, 18 (WINTER/SPRING 2012). In 2015, the National Children’s Advocacy Center (NCAC) published a position paper on “human figure drawings” stating the “NCAC does not prohibit the use of HFDs, but also does not recommend their use as common practice.” The NCAC also noted that “when interviewing children with communication challenges, media, including HFDs and free drawings, may be necessary additional tools.” National Children’s Advocacy Center, *Position Paper on the Use of Human Figure Drawings in Forensic Interviews* (Huntsville, AL 2015).

² Debra A. Poole & Jason Dickinson, *Evidence Supporting Restrictions on Uses of Body Diagrams in Forensic Interviews*, 35 CHILD ABUSE & NEGLECT 659, 668 (2011) (“...these finding suggest that policy makers should place a moratorium on the practice of introducing body diagrams early in interviews.”)

³ Debra Ann Pool & Maggie Bruck, *Divining Testimony? The Impact of Interviewing Props on Children’s Reports of Touching*, 32 DEVELOPMENTAL REVIEW 165, 166 (2012).

⁴ Mark D. Everson & Barbara Boat, *Putting the Anatomical Doll Controversy in Perspective: An Examination of the Major Uses and Criticisms of the Dolls in Child Sexual Abuse Evaluations*, 18 CHILD ABUSE & NEGLECT 113, 114 (1994).

⁵ Id at 114, citing E. Tylden, 2 *The Lancet* 1017 (1987); D. Raskin, *Interviewing and Assessment Techniques in Child Sexual Abuse Cases*, Department of Psychology Division of Continuing Education Seminar, Salt Lake City, Utah (May 17-19, 1991); R.A. GARDNER, TRUE AND FALSE ACCUSATIONS OF CHILD SEXUAL ABUSE (CRESSKILL: CREATIVE THERAPEUTICS 1992); R. Naumann, *The Case of the Indecent Dolls or Can Voodoo be Professional?* (unpublished paper 1985).

⁶ Mark D. Everson & Barbara Boat, *Putting the Anatomical Doll Controversy in Perspective: An Examination of the Major Uses and Criticisms of the Dolls in Child Sexual Abuse Evaluations*, 18 CHILD ABUSE & NEGLECT 113, 114 (1994), citing A. GARDNER, TRUE AND FALSE ACCUSATIONS OF CHILD SEXUAL ABUSE (CRESSKILL: CREATIVE THERAPEUTICS 1992); W. Melver & H. Wakefield, *Behavior of Abused and Nonabused Children with Anatomically Correct Dolls* (unpublished manuscript 1987).

⁷ In their study urging a moratorium on diagram usage, at least early in the interview, Poole and Dickinson also note the diagrams were “beneficial” in that they “elicited more touch disclosures than open-ended questions alone.” Debra A. Poole & Jason Dickinson, *Evidence Supporting Restrictions on Uses of Body Diagrams in Forensic Interviews*, 35 CHILD ABUSE & NEGLECT 659, 668 (2011). In a recent study concluding that diagrams are “not yet an evidence based practice,” the researchers nonetheless found that the diagrams were associated with significant reductions in false negatives in anal and genital touch for 6-8 year olds without any false positives for anal touch and a small rate for genital touch. Maggie Bruck, Kristen Kelley, and Debra Ann Poole, *Children’s Reports of Body Touching in Medical Examinations: The Benefits and Risks of Using Body Diagrams*, 22 PSYCHOLOGY, PUBLIC LAW & POLICY 1 (2016).

markedly different from how they are used in the field.⁸ The research also fails to recognize the multiple purposes for the interviewing aids⁹ and fails to place the usage of dolls or diagrams in the context of the entire interview, much less the entire investigation.¹⁰

Although there is no dispute that dolls and diagrams can be used inappropriately,¹¹ there is a paucity of evidence to conclude the appropriate usage of dolls and diagrams does not aid in assessing the maltreatment of children and protecting against false accusations. Although there is a small body of research on the use of anatomical diagrams,¹² there are more than 100 studies on the usage of anatomical dolls and *most* of this research supports their usage.¹³

In this paper, we explore the research to date, critique it in light of actual practice, and offer suggestions for future research on the use of media in forensic interviews. We begin by putting the debate over diagrams and dolls in the context of research on bias.

⁸ Several researchers, for example, have been critical of anatomical doll designs that use the tools on children too young to employ them and who introduce the dolls with leading, misleading, presumptive and speculative questions and then, to further complicate the matter, introduce doctor toys into the research. Since using the dolls in this way contradicts all accepted usage of the dolls, it is hard to see the relevance of the research unless it is simply to show the dolls could be improperly used. See Kathleen Coulborn Faller, *Anatomical Dolls: Their Use in Assessment of Children Who May Have been Sexually Abused*, 14(3) JOURNAL OF CHILD SEXUAL ABUSE 1, 7 (2005).

⁹ See generally, Heather A. Hlavka, Sara D. Olinger, & Jodi Lashley, *The Use of Anatomical Dolls as a Demonstration Aid in Child Sexual Abuse Interviews: A Study of Forensic Interviewers' Perceptions*, 19 JOURNAL OF CHILD SEXUAL ABUSE 519, 535 (2010).

¹⁰ Michael Lamb and colleagues correctly caution us that "our narrowed focus on forensic interviews should not lead" us to "ignore the importance of the overall investigation and the need to see the interview as but one (important) part of the process." MICHAEL LAMB, ET AL, TELL ME WHAT HAPPENED: STRUCTURED INVESTIGATIVE INTERVIEWS OF CHILD VICTIMS AND WITNESSES 1ST EDITION 269 (2008).

¹¹ See e.g., Barbara Boat & Mark Everson, *Concerning Practices of Interviewers When Using Anatomical Dolls in Child Protective Services Investigations*, 1 CHILD MALTREATMENT 96 (1996).

¹² KATHLEEN COULBORN FALLER, INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE 129 (OXFORD UNIVERSITY PRESS 2007) ("Less has been written about the use of anatomical drawings in interviewing children thought to have been sexually abused than about anatomical dolls.")

¹³ Kathleen Coulborn Faller, *Anatomical Dolls: Their Use in Assessment of Children Who May Have been Sexually Abused*, 14(3) JOURNAL OF CHILD SEXUAL ABUSE 1, 2 (2005).

Putting the Discussion of Diagrams and Dolls In the Context of Research on Bias

Dr. Mark Everson and Jose Miguel Sandoval developed the *Child Forensic Attitude Scale (CFAS)*, an instrument that was administered to 1,613 child abuse professionals over a six year period.¹⁴ What Everson and Sandoval found is that *all* professionals have different subjective biases that can play a role in our evaluation of various child sexual abuse case scenarios.¹⁵ Indeed, depending on an individual's biases, he or she may be 6-7 times less likely than his or her peers to view a case of child sexual abuse as credible.¹⁶

In a paper still in early draft form, Everson and colleagues identify two critical characteristics for correctly evaluating a case of child maltreatment—two characteristics that can also lead to concerning biases.

Sensitivity measures the ability of an evaluator of child abuse to detect **true** cases of abuse while minimizing the number of missed cases of maltreatment.

Specificity measures the success of an evaluator to detect **false** cases of abuse and avoid substantiating a false allegation of abuse.¹⁷

Although sensitivity and specificity are equally important indicators of decision accuracy, child abuse professionals differ widely in their views about the probability and consequences of false positive and false negative errors. Professionals who believe that preventing false positive errors should take priority over preventing false negative errors are said to have a specificity bias. Professionals who emphasize preventing false negative errors at the expense of false positive errors are said to have a sensitivity bias.¹⁸

As a potential remedy to sensitivity or specificity bias, Everson and Sandoval suggest a "'team' approach to assessment that emphasizes diversity in professional position or discipline, gender, and experience level..."¹⁹

The sensitivity and specificity biases that exist among professionals evaluating cases of child maltreatment similarly exist among researchers who study the work of these frontline professionals. For example, researcher Tom Lyon expresses his "personal view" that dolls and diagrams should be used sparingly but notes "I would stress that my view is based on limited knowledge, on value judgments, and primarily on the research that best applies: studies examining children's true and false reports of genital touch."²⁰

¹⁴ Mark D. Everson & Miguel Sandoval, *Forensic Child Sexual Abuse Evaluations: Assessing Subjectivity and Bias in Professional Judgments*, 35 CHILD ABUSE & NEGLECT 287 (2011).

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ Mark D. Everson, Joseph O'Brien, Jose Sandoval, Nancy Berson and Brett O'Gardner, *Virtuous to a Fault: Impact of Sensitivity and Specificity Bias on Professional Judgements about Alleged Child Sexual Abuse*, forthcoming paper.

¹⁸ *Id.*

¹⁹ Mark D. Everson & Miguel Sandoval, *Forensic Child Sexual Abuse Evaluations: Assessing Subjectivity and Bias in Professional Judgments*, 35 CHILD ABUSE & NEGLECT 287, 297 (2011).

²⁰ Thomas D. Lyon, *Twenty-five Years of Interviewing Research and Practice: Dolls, Diagrams, and the Dynamics of Abuse Disclosure*, APSAC ADVISOR 14, 18 (WINTER/SPRING 2012).

Lyon contends that differing views on the usage of dolls and diagrams is “attributable to unspoken value judgments and a lacking appreciation of the dynamics of sexual abuse disclosure.”²¹ Although acknowledging that research supports limitations on the usage of media, Lyon concludes the “risks have been exaggerated by some research, and reasonable minds still disagree about the potential utility of dolls and diagrams when non-direct questions fail to elicit disclosures.”²²

The primary bias or value judgments influencing an interpretation of doll and diagram usage pertains to our concern for avoiding false positives (a child falsely alleging abuse) or false negatives (a child falsely denying abuse). This bias, in one direction or another, can influence how researchers design and interpret their studies. In her review of the research, Kathleen Coulborn Faller notes as much, concluding “research paradigms and interpretation of findings vary somewhat depending upon whether the researcher sees the dolls as a potentially useful medium for communicating with children or a potentially dangerous source of false positive findings.”²³

In 1996, for example, research by Steward found that “Anatomically detailed cues...increased completeness of reporting of total body and genital touch” in children 3-6 years old.²⁴ In commenting on these findings, Poole & Dickinson note that anatomical aids in the Steward study “boosted the percentage of children who accurately reported genital touch from **18% to 69%** but the rate of false reports of genital touching also increased from **0-5%**” (emphasis added).²⁵ Although both the Steward and Poole quotes are correct statements, they may reflect a value judgment of what is more important—overcoming false denials or avoiding false positives?

As perhaps a clearer indication of potential bias, consider the following statement from Bruck and colleagues in one of the most recent studies on anatomical or body diagrams (BDs):

(A)t this time there is not a requisite amount of research to show that BDs safely increase accurate disclosures; therefore the use of BDs to elicit abuse disclosures is not yet an evidence-based practice.²⁶

When this quote is read more closely, the researchers are conceding there is research to support the use of diagrams, just not the “requisite amount.” They are also conceding the diagrams increase accurate disclosures of genital touch but assert this is not done “safely” because their use is associated with an

²⁰Thomas D. Lyon, *Twenty-five Years of Interviewing Research and Practice: Dolls, Diagrams, and the Dynamics of Abuse Disclosure*, APSAC ADVISOR 14, 18 (WINTER/SPRING 2012).

²¹Id. at 14.

²²Id. at 14.

²³KATHLEEN COULBORN FALLER, *INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE* 115 (OXFORD UNIVERSITY PRESS 2007).

²⁴M.S. Steward, et al, *Interviewing Young Children About Body Touch and Handling*, 61 MONOGRAPHS OF THE SOCIETY FOR RESEARCH IN CHILD DEVELOPMENT 1-232 (1996).

²⁵Debra A. Poole & Jason Dickinson, *Evidence Supporting Restrictions on Uses of Body Diagrams in Forensic Interviews*, 35 CHILD ABUSE & NEGLECT 659, 660 (2011).

²⁶Maggie Bruck, Kristen Kelley, and Debra Ann Poole, *Children's Reports of Body Touching in Medical Examinations: The Benefits and Risks of Using Body Diagrams*, 22 PSYCHOLOGY, PUBLIC LAW & POLICY 1 (2016).

increase in false positives. This conclusion, though, is misleading since their own research found marked differences between 6-8 year olds, 4-5 year olds, and 3 year olds in terms of their ability to use the diagrams “safely.”²⁷ Stated differently, professionals with a sensitivity as opposed to specificity bias might examine the Bruck study (as well as other research) and conclude there is an “evidence base” for using diagrams in at least some scenarios.

The challenge, of course, is to be concerned about both false positives and false negatives and to constantly strive to reduce both possibilities. Just as Everson and Sandoval suggest the value of teams of professionals with different perspectives in reducing bias in the evaluation of abuse cases, we suggest researchers make a conscious effort to work with professionals with different views and perspectives on the use of media. In this way, we are more likely to design research reflecting a concern for both false positives and false negatives and to analyze the data through a more neutral lens.



To reduce bias in assessing child maltreatment cases, Everson and Sandoval recommend using multi-disciplinary teams that are diverse in professional position, discipline, gender and experience level. A similar approach could be used to reduce potential research bias.

²⁷See notes 88-95, 113-118.

Advantages of Media to Alleged Victims

In her treatise *Interviewing Children About Sexual Abuse*, Dr. Kathleen Coulborn Faller of the University of Michigan notes six “empirically and practically sound advantages of using media.”²⁸ These advantages are:

- 1 Children, particularly young children, may be better at demonstrating an event or experience than in describing it.**²⁹ As any parent can attest, children’s play often communicates their experiences more richly than their words. Although gestures, behaviors, or demonstrations can never be used exclusively in a forensic context,³⁰ they may be one means in which a child communicates his or her experiences.
- 2 Using media gives the forensic interviewer and, more importantly, the child two means of communication—verbal and actions.**³¹ It is not unusual for adults to use multiple forms of communication when conversing. When, for example, someone asks us for directions we may not only verbalize our instruction but we may point, gesture, or draw a map. When a doctor explains an operation to a patient, he or she may use a replica heart or other part of the body to explain what will be done during the procedure. In courts of law, adult witnesses are routinely allowed to use demonstrative aids when communicating with a judge or jury.³² If we as adults find tools helpful in communicating our thoughts, why would we assume a child, who may need them more, could also not benefit from using multiple forms of communication to share their experiences or knowledge?
- 3 The use of media may limit the number of leading questions.** Rather than ask a series of potentially direct questions in search of details, the interviewer can simply use a tool such as a doll to have a child demonstrate their experience. As noted by Everson and Boat, “the use of anatomical dolls may prevent almost as many errors as their use may promote.”³³

²⁸ KATHLEEN COULBORN FALLER, *INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE* 111 (OXFORD UNIVERSITY PRESS 2007).

²⁹ *Id.* at 111

³⁰ Deirdre A. Brown, et al, *Supportive or Suggestive: Do Human Figure Drawings Help 5 to 7 Year-old Children Report Touch?*, 75 *JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY* 33, 40 (2007) (“Clearly, when children are asked about touches, with or without drawings, their responses must be probed using open-ended questioning so that the nature of the contact can be clarified. Without verbal elaboration, reports of touches using a body map may be inaccurate at least in part because children locate them imprecisely.”)

³¹ *Id.* at 111

³² Just as adults are allowed to use demonstrative aids, courts have also allowed child witnesses to use anatomical dolls, diagrams and drawings. See JOHN E.B. MYERS, *MYERS ON EVIDENCE OF INTERPERSONAL VIOLENCE FIFTH EDITION* 200-204 (2011).

³³ Mark D. Everson & Barbara Boat, *Putting the Anatomical Doll Controversy in Perspective: An Examination of the Major Uses and Criticisms of the Dolls in Child Sexual Abuse Evaluations*, 18 *CHILD ABUSE & NEGLECT* 113, 114 (1994)

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Some media may provide “cues” that triggers a child’s memory.³⁴ For example, a child demonstrating with anatomical dolls may note that, unlike the doll’s undergarments, their grandfather’s underwear has hearts on it.³⁵ In one study of children assessed for sexual abuse, children interviewed with anatomical dolls were three times more likely to give a detailed description of abuse and twice as likely to name a suspect as children interviewed without dolls.³⁶

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Media may overcome the reluctance of children to disclose abuse.³⁷ Although some critics of media have suggested sexually abused children have little difficulty sharing their experiences,³⁸ research finds that 60-80% of child abuse victims fail to disclose until adulthood.³⁹ Even with corroborating evidence, many children do not disclose abuse.⁴⁰ Media may assist children in overcoming a fear of disclosure in multiple ways. Fallor notes, for example, “(s)ome children take literally an instruction by the offender or others not to tell what happened and do not interpret this instruction as preventing them from showing or writing responses.”⁴¹ One of the weaknesses of research critical of media is that these researchers fail to fully consider the reluctance of children to disclose abuse.⁴²

³⁴ KATHLEEN COULBORN FALLER, INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE 111 (OXFORD UNIVERSITY PRESS 2007); Karen L. Thierry, Michael E. Lamb, Yael Orbach, & Margaret-Ellen Pipe, *Developmental Differences in the Function and Use of Anatomical Dolls During Interviews with Alleged Sexual Abuse Victims*, 73(6) JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY 1125,1133 (2005).

³⁵ This is an example provided in: Mark D. Everson & Barbara Boat, *Putting the Anatomical Doll Controversy in Perspective: An Examination of the Major Uses and Criticisms of the Dolls in Child Sexual Abuse Evaluations*, 18 CHILD ABUSE & NEGLECT 113, 114 (1994).

³⁶ J.M. Leventhal, et al, *Use of Anatomically Correct Dolls Used in Interviewing Young Children Suspected of Having Been Sexually Abused*, 84(5) PEDIATRICS 900 (1989).

³⁷ KATHLEEN COULBORN FALLER, INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE 111 (OXFORD UNIVERSITY PRESS 2007).

³⁸ In a North Carolina case, Professor Maggie Bruck, a critic of dolls and diagrams, testified as follows:

Question: Would it be fair to say that one of the least favorite subjects, ah, to talk about, whether it’s with their own parents or, ah, stranger would be anything that occurred to them of a sexual nature?

Answer: Oh, I don’t agree with you, Mr. Hart. I think that children, in fact, love to talk about those kind of things especially among themselves...

Question: Tell me, Doctor, from your experience how great a time would a child have going and telling her friends and neighbors and other people about having someone stick his finger up their butt, how much glee would be involved in that?

Answer: You know, I don’t know, Mr. Hart, but if they get a good laugh from their friends and if it could be something that would make them a really important kid and that their friends could all jump in and say is that what happened to you, I’ve got an even better one, it would be a really great topic of conversation.

³⁹ R. Alaggia, *An Ecological Analysis of Child Sexual Abuse Disclosure: Considerations for Child and Adolescent Mental Health*, 19(1) JOURNAL OF THE CANADIAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY 32-39 (2010).

⁴⁰ Thomas D. Lyon, *False Denials: Overcoming Methodological Biases in Abuse Disclosure Research*, in CHILD SEXUAL ABUSE: DELAY, AND DENIAL 41-62 (PIPE, ET AL, EDS. 2007).

⁴¹ KATHLEEN COULBORN FALLER, INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE 111 (OXFORD UNIVERSITY PRESS 2007).

⁴² Thomas D. Lyon, *Twenty-Five Years of Interviewing Research and Practice: Dolls, Diagrams, and the Dynamics of Abuse Disclosure*, APSAC ADVISOR 6 (2012).

Even if a child is willing to share an experience of abuse, it may simply be less stressful to show than to tell.⁴³ Child abuse is a traumatic experience that can impact a boy or girl physically, emotionally, and spiritually.⁴⁴ This is compounded by the fact that most maltreated children are victimized in multiple ways.⁴⁵ As a result of trauma, a child's ability and willingness to share information can be impaired.⁴⁶ It may, for example, be painful for a child to verbalize all the details of their abuse or neglect and he or she may feel more comfortable showing what happened. If, for example, an older child told an interviewer "I can't talk about it, but I can show you," would we deny them this opportunity? What if a child demonstrates his or her need to show by touching or abusing their own bodies during the interview? In one case discussed in the literature, a five year old girl explained the sexual abuse by putting her hands down her pants to demonstrate the touching. As an alternative, the interviewer offered the girl to show on an anatomical doll which she accepted.⁴⁷ When a child is articulating verbally or through their conduct the need or at least desire to demonstrate their abuse, simple compassion calls for the use of media.

Dolls and Diagrams in Court



Legislation in ten states permits child witnesses to use dolls or diagrams as a testimonial aid. In at least 15 states, appellate courts have upheld their usage in courts of law.

Source: National District Attorneys Association, *State Statute Series: Anatomical Dolls & Diagrams*, (November 2014); JOHN E.B. MYERS, MYERS ON EVIDENCE OF INTERPERSONAL VIOLENCE FIFTH EDITION 200-204 (2011).

⁴³ KATHLEEN COULBORN FALLER, INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE 111 (OXFORD UNIVERSITY PRESS 2007).

⁴⁴ Vincent J. Felitti & Robert F. Anda, *The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders and Sexual Behavior: Implications for Healthcare*, in RUTHE A. LANIUS, ERIC VERMETEN & CLARE PAIN (EDS) THE IMPACT OF EARLY LIFE TRAUMA ON HEALTH AND DISEASE: THE HIDDEN EPIDEMIC 77, 78 (CAMBRIDGE MEDICINE 2010); Donald F. Walker, et al, *Addressing Religious and Spiritual Issues in Trauma-Focused Cognitive Behavior Therapy with Children and Adolescents*, 41 PROFESSIONAL PSYCHOLOGY: RESEARCH & PRACTICE 174 (2010).

⁴⁵ Heather A. Turner, David Finkelhor, and Richard Omrod, *Poly-Victimization in a National Sample of Children and Youth*, 38(3) AMERICAN JOURNAL OF PREVENTIVE MEDICINE 323 (2010), David Finkelhor, Richard K. Omrod, Heather A. Turner, 31 JOURNAL OF CHILD ABUSE & NEGLECT 7 (2007).

⁴⁶ Chris Newlin, Linda Cordisco Steele, Andra Chamberlin, Jennifer Anderson, Julie Kenniston, Amy Russell, Heather Steward, Viola Vaughan Eden, *Child Forensic Interviewing: Best Practices*, OJJDP JUVENILE JUSTICE BULLETIN 5 (SEPTEMBER 2015)

⁴⁷ Heather A. Hlavka, Sara D. Olinger, & Jodi Lashley, *The Use of Anatomical Dolls as a Demonstration Aid in Child Sexual Abuse Interviews: A Study of Forensic Interviewers' Perceptions*, 19 JOURNAL OF CHILD SEXUAL ABUSE 519, 535 (2010).

Advantages of Media to the Alleged Offender

Although rarely discussed in the academic literature, frontline professionals have found that media, particularly anatomical dolls, may benefit a suspect in at least three ways.

First, in instances in which a child may have been coached, it is likely to have been verbal coaching. Accordingly, asking a child to show the alleged abuse with dolls “may help clarify concerns about programming.”⁴⁸ In a 2012 study, Faller and colleagues found that anatomical dolls “yielded the highest percentage of recantations” in sexual abuse cases receiving an extended evaluation.⁴⁹

Second, the literature includes documented cases in which an interviewer asks a child to clarify a verbal description of a touch and the child demonstrates the contact was not sexual in nature. In one case, for example, it appeared the child was verbally describing a touch to her breasts but clarified with the dolls the touch was to her underarm.⁵⁰

Third, even when the dolls support an accusation a child has been sexually abused, they may clarify the exact nature of the sexual touch and ensure a suspect is charged only with his or her actual crimes (e.g. sexual touching and not penetration). In one case, a child verbally described sexual abuse using slang terminology suggestive of anal intercourse. However, the child went on to describe the offender as having ejaculated on the boy’s stomach. Since these verbal accounts appeared incongruent, the interviewer asked the child to demonstrate the contact with anatomical dolls. The child demonstrated the perpetrator’s penis as going in between the boy’s legs from behind but not in the anal opening and the ejaculate therefore going on to his stomach. The perpetrator confessed to abusing the boy in exactly this way and pled guilty to the offense.⁵¹ Without the dolls, the government may have charged the defendant with sexual penetration as opposed to sexual touching.



The literature on media references instances in which the use of dolls cleared a suspect or resulted in lesser charges.

⁴⁸ Kathleen Coulborn Faller, *Anatomical Dolls: Their Use in Assessment of Children Who May Have been Sexually Abused*, 14(3) JOURNAL OF CHILD SEXUAL ABUSE 1, 9 (2005).

⁴⁹ Kathleen Coulborn Faller, Marguerite Grabarek, Debra Nelson-Gardell, & Javonda Williams, *Techniques Employed by Forensic Interviewers Conducting Extended Assessments: Results from a Multi-Site Study*, 20 JOURNAL OF AGGRESSION, MALTREATMENT & TRAUMA 237, 246 (2012).

⁵⁰ Heather A. Hlavka, Sara D. Olinger, & Jodi Lashley, *The Use of Anatomical Dolls as a Demonstration Aid in Child Sexual Abuse Interviews: A Study of Forensic Interviewers’ Perceptions*, 19 JOURNAL OF CHILD SEXUAL ABUSE 519, 535 (2010).

⁵¹ Lori S. Holmes, *Using Anatomical Dolls in Child Sexual Abuse Forensic Interviews*, 13(8) UPDATE (2000).

Anatomical Doll Research

According to “classical psychoanalytic theory,” many professionals concluded that children are “prone to sexual fantasies.”⁵² Indeed, the belief that children fantasize about sexual abuse dominated the field of psychology for decades.⁵³ This fear also led to the “speculation that anatomically detailed dolls stimulate reporting of such fantasies rather than actual memories.”⁵⁴ The actual research, though, does not support these fears.

In a 1994 review of the literature on anatomical dolls, Everson and Boat conclude:

Evaluators can be confident in their continued, informed use of anatomical dolls in sexual abuse evaluations. Neither a review of the relevant empirical data nor an examination of the major criticisms leads to the conclusion that anatomical dolls are unsuitable for use, while clinical and research experience suggest that they are a valuable interview tool.⁵⁵

At the same time, Everson and Boat noted that dolls could be used inappropriately, particularly by poorly trained interviewers and that “any critique of the dolls must take into account the specific function or role the dolls serve in a particular evaluation and the skills of the individual interviewer.”⁵⁶

In both her 2005 and 2007 reviews of anatomical doll research, Faller concludes “(m)ost analogue studies find that use of anatomical dolls result in more information and more accurate information than relying on verbal communication alone.”⁵⁷

Goodman and colleagues conducted studies of children receiving an examination involving a “voiding cystourethrogram fluoroscopy” (VCUG).⁵⁸ As noted by one scholar, since “VCUG is an intrusive, painful, and humiliating procedure, it is a very good analogue study for sexual abuse.”⁵⁹ In free recall, only 20% of the children reported the painful procedure but, when dolls were employed, this number increased to 70%.⁶⁰

⁵² Karen J. Saywitz, Gail S. Goodman, Elisa Nicholas, & Susan F. Moan, *Children’s Memories of a Physical Examination Involving Genital Touch: Implications for Reports of Child Sexual Abuse*, 59 JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY 682, 683 (1991).

⁵³ “The history of psychology in the past one hundred years has been filled with theories that deny sexual abuse occurs, that discounts the responsibility of the offender, that blame the mother and/or child when it does occur, and that minimize the impact. It constitutes a sorry chapter in the history of psychology, but it is not only shameful, it is also puzzling. Hostility toward child victims and adult women leaks through the literature like poison.” ANNA SALTER, PREDATORS 57 (2003).

⁵⁴ Id. citing A. Yates & L. Terr, *Anatomically Correct Dolls—Should They be Used as the Basis for Expert Testimony?* 27 JOURNAL OF CHILD & ADOLESCENT PSYCHIATRY 254-257 (1988).

⁵⁵ Mark D. Everson & Barbara Boat, *Putting the Anatomical Doll Controversy in Perspective: An Examination of the Major Uses and Criticisms of the Dolls in Child Sexual Abuse Evaluations*, 18 CHILD ABUSE & NEGLECT 113, 114 (1994).

⁵⁶ Id. 126.

⁵⁷ KATHLEEN COULBORN FALLER, INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE 116 (OXFORD UNIVERSITY PRESS 2007).

⁵⁸ Gail S. Goodman, Jodi A. Quas, Jennifer M. Batterman-Faunce, M. Riddlesberger, & Jerald Kahn, *Children’s Reactions to and Memory for a Stressful Event: Influences of Age, Anatomical Dolls, Knowledge, and Parental Attachment*, 1(2) APPLIED DEVELOPMENTAL SCIENCES 54-74 (1997); Gail S. Goodman, et al, *Predictors of Accurate and Inaccurate Memories of Traumatic Events Experienced in Childhood*, 3 CONSCIOUSNESS AND COGNITION 269-294 (1994).

⁵⁹ Id. at 120.

⁶⁰ Id. at 120.

Saywitz and colleagues studied 72 five and seven year old girls who had received a medical check-up.⁶¹ Half the children had an anal and vaginal examination as part of the check-up and the other half had a scoliosis exam. The children were interviewed one week or one month later using free recall questions (“Tell me everything you remember” about the visit to the doctor). They were also asked to demonstrate the examination with anatomical dolls, and were then asked a series of direct questions with the dolls (e.g. “Did the doctor touch you there?” pointing to the doll’s vagina).⁶² The researchers found a number of benefits to the use of dolls, including:

- 1** ➤ Dolls dramatically increased the amount of accurate information. Specifically, “when asked to demonstrate as well as tell what happened, children reported approximately twice as much correct information as in free recall.”⁶³
- 2** ➤ Although the children made some errors with the dolls “none of the errors involved demonstration of sexually explicit behaviors.”⁶⁴ Most of the errors that were made (57%) were not attributable to the use of the dolls but rather the introduction of toy instruments.⁶⁵
- 3** ➤ The use of dolls and direct questions dramatically increased the disclosure of anal or genital touches. In free recall, only 22% of the girls disclosed vaginal touch and only 11% reported anal touch. When direct questions with the use of dolls were employed, these numbers climbed to 86% and 69%.⁶⁶
- 4** ➤ False reports of genital or anal touch were rare and, with one exception, were not elaborated on when follow up questions were asked. One child in the nongenital condition “falsely affirmed vaginal touch” and two children “falsely affirmed anal touch.”⁶⁷ As would be done in a quality forensic interview, the researchers asked follow up questions (“How did the doctor do that?”, “What did the doctor touch you with?”, “How did it feel?”, “Did it hurt?”). Two of the children “were unable to provide any detail” in response to these questions.⁶⁸ The child who falsely affirmed an anal touch could only provide two details (“it tickled” and “the doctor used a long stick”).⁶⁹ From these findings, Saywitz and colleagues concluded:

Our results suggest that although there is a risk of increased error with doll-aide direct questions, there is an even greater risk that not asking about vaginal and anal touch leaves the majority of such touch unreported.⁷⁰

⁶¹Karen J. Saywitz, Gail S. Goodman, Elisa Nicholas, & Susan F. Moan, *Children’s Memories of a Physical Examination Involving Genital Touch: Implications for Reports of Child Sexual Abuse*, 59 JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY 682, 683 (1991).

⁶²Id. at 684.

⁶³Id. at 685.

⁶⁴Id. at 685.

⁶⁵Id. at 685.

⁶⁶Id. at 686-687.

⁶⁷Id. at 687.

⁶⁸Id. at 687.

⁶⁹Id. at 687.

⁷⁰Id. at 690.

There are also analogue studies that find dolls of limited value or even counterproductive. However, these studies have multiple shortcomings. For instance, Maggie Bruck and colleagues conducted two studies involving private part touching.⁷¹ In each study, pre-school children were given a medical examination involving light touching of the genitals and buttocks. The researchers employed a number of leading and misleading questions about touches with the use of anatomical dolls. Although the researchers found high rates of inaccurate information, the studies have three fundamental errors.

First, since the researchers used leading and misleading questions,⁷² it is unclear if the inaccurate information is the result of the use of dolls or the bad interviewing of the researchers. Indeed, with at least one of the studies, the researchers acknowledge the “suggestive nature” of the interviews which involved “several features known to elicit high rates of false reports in 3-year-olds irrespective of the topic.”⁷³

Second, the studies were done on 3 or 4 year old children who may not have been able to make the representational shift of understanding that a doll represents their body.⁷⁴ Guidelines for using dolls in actual forensic interviews require the interviewer to first test to see if the child can make this representational shift.⁷⁵ Since that was not done in these studies, the research may simply confirm recommended practice for the use of the dolls.⁷⁶

Third, and most concerning, the scoring in the studies has been criticized in the literature⁷⁷ and may raise concerns about researcher specificity bias.⁷⁸ For example, the researchers initially coded as a correct response any demonstration of touching of the genitals—which meant that 71% of the children replied correctly. However, the researchers then departed from this original design to include as correct answers only those instances in which a child demonstrated a mere touch as opposed to rubbing or insertion to the

⁷¹ Maggie Bruck, Stephen Ceci, & Emmett Francoeur, *Children's Use of Anatomically Detailed Dolls to Report Genital Touching in a Medical Examination*, 6(1) JOURNAL OF APPLIED EXPERIMENTAL PSYCHOLOGY 74-83 (2000); Maggie Bruck, Stephen Ceci, Emmett Francoeur, and Ashley Renick, *Anatomically Detailed Dolls Do Not Facilitate Preschoolers' Reports of a Pediatric Examination Involving Genital Touching*, 1(2) JOURNAL OF EXPERIMENTAL PSYCHOLOGY 95-109 (1995).

⁷²With respect to Bruck's 1995 study, for example, Everson and Boat noted “at least four different types of leading questions...” Mark D. Everson & Barbara W. Boat, *Anatomical Dolls in Child Sexual Abuse Assessments: A Call for Forensically Relevant Research*, 11 APPLIED COGNITIVE PSYCHOLOGY 55, 65 (1997).

⁷³ Maggie Bruck, Stephen Ceci, Emmett Francoeur, and Ashley Renick, *Anatomically Detailed Dolls Do Not Facilitate Preschoolers' Reports of a Pediatric Examination Involving Genital Touching*, 1(2) JOURNAL OF EXPERIMENTAL PSYCHOLOGY 95, 105 (1995).

⁷⁴ Although noting the results of these studies are inconsistent with other research, including other studies on pre-school children, Faller notes the results may partly “derive from the young age of the children.” KATHLEEN COULBORN FALLER, INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE 121 (OXFORD UNIVERSITY PRESS 2007). Everson and Boat note similar concerns about the Bruck 1995 study, noting “many of the children in the sample may have been under the age and developmental level at which one can productively conduct a formal forensic interview.” Mark D. Everson & Barbara W. Boat, *Anatomical Dolls in Child Sexual Abuse Assessments: A Call for Forensically Relevant Research*, 11 APPLIED COGNITIVE PSYCHOLOGY 55, 65 (1997).

⁷⁵ Jennifer Anderson, Julie Ellefson, Jodi Lashley, Anne Lukas Miller, Sara Olinger, Amy Russell, Julie Stauffer, and Judy Weigman, *The CornerHouse Forensic Interview Protocol: RATA[®]*, 12 T.M. COOLEY PRACT. & CLINICAL L. 193, 311 (2010).

⁷⁶ Commenting on the 1995 Bruck study, Everson and Boat note the “interview format did not represent realistic, appropriate forensic standards, and the interval between target event and interview was unrealistically short.” Mark D. Everson & Barbara W. Boat, *Anatomical Dolls in Child Sexual Abuse Assessments: A Call for Forensically Relevant Research*, 11 APPLIED COGNITIVE PSYCHOLOGY 55, 65 (1997).

⁷⁷ Everson & Boat, for example, contend the “scoring system” used in Bruck's 1995 study “may have demanded an unrealistic level of precision for such young children, given that the children may not have been able to see exactly where and how the doctor touched them, especially if they had been lying in a prone position during that part of the exam.” Mark D. Everson & Barbara W. Boat, *Anatomical Dolls in Child Sexual Abuse Assessments: A Call for Forensically Relevant Research*, 11 APPLIED COGNITIVE PSYCHOLOGY 55, 64-65 (1997).

⁷⁸ Professor Ross Cheit has raised considerable concerns about researcher bias and the application of this research to actual cases and argues some researchers are “suggesting child suggestibility” by selecting some and ignoring other data or facts. ROSS E. CHEIT, THE WITCH HUNT NARRATIVE: POLITICS, PSYCHOLOGY AND THE SEXUAL ABUSE OF CHILDREN 341-342, 404 (OXFORD UNIVERSITY PRESS 2014).

correct private part.⁷⁹ This re-coding reduced the correct answers to 38%.⁸⁰

Field studies

There are field studies finding children do not provide more information with the use of dolls than without and that open-ended questions were the primary determinant of additional information.⁸¹ However, at least one commentator has urged the field to be cautious in using these studies to conclude there is no value in using dolls since the studies did not control “whether, when, or how the dolls were used.”⁸² Moreover, since the dolls were primarily used after an attempt to elicit information verbally, it would not be expected that the dolls would produce more information as opposed to detail, clarification and corroborating evidence.⁸³

In a 2012 study of extended forensic evaluations of sexual abuse, Faller and colleagues found that anatomical dolls were the least frequently used interviewing technique but, when they were employed, they had the highest rate of producing “confirming information” which the researchers defined as yielding a “new report of information,” an “enhanced report of information,” or a “repeat of previous information.”⁸⁴

The bottom line: the dolls are valuable when properly used

In summarizing all the analogue and field studies on dolls, Kathleen Coulborn Faller writes:

The assertion that anatomical dolls cause nonabused children to state they have been abused is not supported by the existing research. Anatomical doll research on whether the dolls assist children in providing information about abuse is somewhat mixed, but generally supports their utility.⁸⁵

In a 2011 summary of the doll research, Professor John Myers concludes:

In the hands of well-trained interviewers, dolls are a useful adjunct to the interview process. Dolls can stimulate memory, allow children to demonstrate what they have difficulty putting into words, and confirm that the interviewer correctly understands the child’s vocabulary and meaning for various terms. At the same time, dolls---like all props---can be misused.⁸⁶

⁷⁹ KATHLEEN COULBORN FALLER, INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE 121 (OXFORD UNIVERSITY PRESS 2007).

⁸⁰ KATHLEEN COULBORN FALLER, INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE 121 (OXFORD UNIVERSITY PRESS 2007).

⁸¹ Karen L. Thierry, Michael E. Lamb, Yael Orbach, & Margaret-Ellen Pipe, *Developmental Differences in the Function and Use of Anatomical Dolls During Interviews with Alleged Sexual Abuse Victims*, 73(6) JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY 1125 (2005); Michael Lamb, I. Hershkowitz, K. Sternberg, Barbara Boat, and Mark Everson, *Investigative Interviews of Alleged Sexual Abuse Victims with and Without Anatomical Dolls*, 20 CHILD ABUSE & NEGLECT 1251 (1996).

⁸² KATHLEEN COULBORN FALLER, INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE 124 (OXFORD UNIVERSITY PRESS 2007).

⁸³ Id.

⁸⁴ Kathleen Coulborn Faller, Marguerite Grabarek, Debra Nelson-Gardell, & Javonda Williams, *Techniques Employed by Forensic Interviewers Conducting Extended Assessments: Results from a Multi-Site Study*, 20 JOURNAL OF AGGRESSION, MALTREATMENT & TRAUMA 237, 243, 246 (2012).

⁸⁵ KATHLEEN COULBORN FALLER, INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE 128 (OXFORD UNIVERSITY PRESS 2007).

⁸⁶ JOHN E.B. MYERS, MYERS ON EVIDENCE OF INTERPERSONAL VIOLENCE 87 (2011), citing Diedre A. Brown, *The Use of Supplementary Techniques in Forensic Interviews with Children*, in MICHAEL LAMB, DAVID LA ROOY, CARMIT KATZ & LINDSAY MALLOY (EDS), CHILDREN’S TESTIMONY: A HANDBOOK OF PSYCHOLOGICAL RESEARCH AND FORENSIC PRACTICE (2D ED 2011).

Even those critical of dolls have, in some of their writings, acknowledged the utility of dolls *if they are properly used*. Commenting on Steward's research finding value in the use of dolls, Bruck and Ceci write:

If all doll-centered interviews were conducted with the same degree of control and structure as those in the present study, and if all child witnesses could be shielded from suggestions by adults who have access to them prior to and during the interview, the Steward et al's findings would demonstrate that one could have great confidence in the effectiveness of anatomical dolls.⁸⁷



A number of studies on anatomical dolls involve a medical check-up or other condition that involves an inspection of the genitals. Some scholars consider these studies to be the most relevant because the researchers were able to interview children about genital touches and because the researchers could create conditions in which children had or had not been genitally touched.

Source: Thomas D. Lyon, Twenty-Five Years of Interviewing Research and Practice: Dolls, Diagrams, and the Dynamics of Abuse Disclosure, APSAC ADVISOR 14, 15 (WINTER/SPRING 2012).

⁸⁷ Maggie Bruck and Stephen J. Ceci, *Issues in the Scientific Validation of Interviews with Young Children*, 61 MONOGRAPHS OF THE SOCIETY FOR RESEARCH IN CHILD DEVELOPMENT 204, 209 (1996).

Anatomical Diagram Research

There are several studies that highlight value in the use of diagrams. This value includes a significant reduction in false negatives, and an increase in forensically relevant details which, in turn, can result in corroborating evidence.

Diagrams may significantly reduce false negatives and enable more children to disclose touches

In a study published in 2016, Bruck and colleagues conducted interviews with and without anatomical diagrams on children who received a medical examination involving both genital and anal touch.⁸⁸ Five to fourteen days after the exam, the children were interviewed in a medical clinic, a laboratory, or a “public but quiet place” near the children’s residence.⁸⁹ Unlike other studies, the researchers used the sort of diagrams commonly used in forensic interviews—unclothed drawings depicting both the buttocks and genitals.⁹⁰

In free recall questioning of 6-8 year olds, Bruck found that none of the children falsely reported a genital or anal touch (false positives). However, there was a large percentage of false negatives (children who were touched but failed to disclose). Approximately 65% of the children failed to disclose an anal touch and 60% failed to disclose a genital touch.⁹¹ When diagrams were used, though, these numbers dropped significantly with as little as 32% of the children maintaining a false negative about anal touch and only 12% of the children maintaining a false negative about genital touch.⁹² The diagrams did not result in any false reports of anal touching.⁹³ Although there was an increase in false reports of genital touching (9.4%), this rate was identical to false reports involving more direct questions that did not involve the use of diagrams.⁹⁴

Although this study provides strong support for the use of diagrams with children 6-8 years of age, the results for younger children were more mixed—a limitation discussed later in this paper.⁹⁵

In another 2016 study, Dickinson and Poole found that diagrams “more effectively elicited information from children who had not previously disclosed”—a finding they note is consistent with two medical analog studies which “also obtained more disclosures with diagram-assisted interviewing.”⁹⁶ Equally important, the researchers found that introducing diagrams early in the interview “did not increase false reports” in the children studied.⁹⁷

In 2007, Brown et al, published a study involving a staged event in which children are dressed as pirates and touched by a photographer 7 times. Utilizing the NICHHD protocol, the children were then interviewed about

⁸⁸ Maggie Bruck, Kristen Kelley, and Debra Ann Poole, *Children’s Reports of Body Touching in Medical Examinations: The Benefits and Risks of Using Body Diagrams*, 22 PSYCHOLOGY, PUBLIC LAW & POLICY 1 (2016).

⁸⁹ Id. at 4.

⁹⁰ Id. at 4.

⁹¹ Id. at 6.

⁹² Id. at 6-9.

⁹³ Id. at 6-9.

⁹⁴ Id. at 6-9.

⁹⁵ See notes 113-118 and accompanying text.

⁹⁶ Jason J. Dickinson & Debra Ann Poole, *The Influence of Disclosure History and Body Diagrams on Children’s Reports of Inappropriate Touching: Evidence from a New Analog Program*, LAW AND HUMAN BEHAVIOR, online first publication, July 21, 2016.

⁹⁷ Id. at 10.

touches. Only 4 of 79 children reported touch in response to these questions and half of them were erroneous.⁹⁸ When, however, an anatomical diagram was used, *a majority of the children reported touches*.⁹⁹ Although there were some errors, the errors were primarily *false denials of touching*.¹⁰⁰ When the children were asked to elaborate on a false genital touch, only one child “elaborated in a way that maintained concern.”¹⁰¹

In 2010, Teoh, et al, made similar findings. Calling the anatomical diagrams “human figure drawings” or “HFDs,” the researchers concluded:

Use of the HFDs was associated with reports of new touches not mentioned before and elaborations regarding the body parts reportedly touched. The HFDs especially helped clarify reports by the oldest rather than the youngest children.¹⁰²

In 2012, Otgaar, et al, conducted a study involving the measurement of 10 body parts (e.g. waistline) of children 4-5 and 9-10 years of age. After the children failed to disclose additional information using an NICHD protocol, the children were then interviewed with clothed or unclothed human figure drawings. The researchers found:

- Human figure drawings result in more correct information.
- Human figure drawings resulted in errors but **not forensically relevant errors**.
- **Unclothed** human figure drawings resulted in more correct disclosure of touches.¹⁰³

As to why the unclothed diagrams may have increased correct information about touches, the researchers concluded:

It seems that an unclothed HFD provides more retrieval cues for younger children than a clothed HFD. It is probably that on a clothed HFD, body parts are more difficult to identify for younger children than on an unclothed HFD or that younger children find it more difficult to picture an image of themselves with the aid of a clothed HFD.¹⁰⁴

⁹⁸ Deirdre A. Brown, et al, Supportive or Suggestive: *Do Human Figure Drawings Help 5 to 7 Year-old Children Report Touch?*, 75 JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY 33, 36 (2007).

⁹⁹ Id. at 37 (noting “a majority of children reported new information when the drawings were presented, even though this followed exhaustive verbal interviews.”)

¹⁰⁰ Id. at 40 (“As in previous studies, erroneous responses to the direct questions predominantly reflected false denials of experienced touches rather than false reports of touches that did not occur.”)

¹⁰¹ Id. at 40 (“Thus, taking account of elaborative information, only 2% of the sample (1 child) reporting touch elaborated in a way that maintained concern...” Deirdre A. Brown, et al, *Supportive or Suggestive: Do Human Figure Drawings Help 5 to 7 Year-old Children Report Touch?*, 75 JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY 33-42 (2007).

¹⁰² Y.S. Teoh, et al, *Do Human Figure Diagrams Help Alleged Victims of Sexual Abuse Provide Elaborate and Clear Accounts of Physical Contact with Alleged Perpetrators?* 24 APPLIED COGNITIVE PSYCHOLOGY 287-300 (2010).

¹⁰³ Henry Otgaar, et al, *Clothed and Unclothed Human Figure Drawings Lead to More Correct and Incorrect Reports in Touch of Children*, 7 PSYCHOLOGY, CRIME & LAW 641-653 (2012).

¹⁰⁴ Id.

Diagrams may result in additional forensically relevant details

In 2004, Aldridge, et al, published a study in which a gender-neutral anatomical diagram was used in NICHD interviews after the children, ages 4-13, had verbally disclosed abuse. The use of the diagrams produced 27% of the “forensically relevant details” for children 4-7 years of age and 18% of the forensically relevant data for the children as a whole.¹⁰⁵

Forensically relevant details may lead to corroborating evidence

In the Aldridge study, discussed above, the “forensically relevant details” obtained through the use of diagrams were not evaluated for accuracy. However, a multi-disciplinary team following best practice would seek to corroborate most, if not all of these details.¹⁰⁶ When corroborating evidence of this kind is obtained, research finds it has a “big effect” on both charging decisions and suspect confessions.¹⁰⁷ Specifically, corroborating evidence “more than doubled the confession rate.”¹⁰⁸

Based on these findings, the researchers concluded:

The finding that the odds of confession were over twice as great with a corroborating witness shows the value of the special methods for collecting this type of evidence that experts like Lanning and Vieth teach.¹⁰⁹

To the extent that diagrams increase the rate of disclosures, research finds there will be a corresponding, and dramatic increase in suspect confessions. As noted by Lippert and colleagues:

The fact that the odds of suspect confession were 3½ times greater when children disclosed highlights the value of skilled forensic interviewers and appropriate supports and settings to help children who are sexually abused to disclose their abuse.¹¹⁰

Conversely, when disclosures or details of abuse cannot be corroborated or are even refuted, cases are less likely to result in confessions or charges. Criminal justice expert Ken Lanning notes “(a)s a general principle, valid cases tend to get better and false cases tend to get worse with investigation.”¹¹¹ Similar patterns hold true in civil child protection cases, with research finding “the amount of evidence of maltreatment is the most important predictor of whether a case is substantiated...”¹¹²

¹⁰⁵ J.M. Aldridge, et al, *Using a Human Figure Drawing to Elicit Information from Alleged Victims of Child Sexual Abuse*, 72 JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY 304 (2004).

¹⁰⁶ See e.g. Victor I. Vieth, *When the Child Has Spoken: Corroborating the Forensic Interview*, 2(5) CENTERPIECE 1 (2010), available online at: <http://www.gundersenhealth.org/upload/docs/NCPTC/CenterPiece/Vol%202%20Issue%205.pdf> (last visited August 10, 2016).

¹⁰⁷ Tonya Lippert, Theodore P. Cross, Lisa Jones, and Wendy Walsh, *Suspect Confession of Child Sexual Abuse to Investigators*, 15(2) CHILD MALTREATMENT 161, 168 (2010).

¹⁰⁸ Id.

¹⁰⁹ Id. at 168.

¹¹⁰ Id. at 168.

¹¹¹ Kenneth V. Lanning, *Criminal Investigation of Sexual Victimization of Children*, in THE APSAC HANDBOOK ON CHILD MALTREATMENT SECOND EDITION 329, 340 (2002).

¹¹² Theodore P. Cross, Betsy Goulet, Jesse J. Helton, Emily Lanz, and Tamara Fuller, *What Will Happen to This Child If I Report? Outcomes of Reporting Child Maltreatment*, in BEN MATTHEWS & DONALD C. BROSS, EDS, MANDATORY REPORTING LAWS AND THE IDENTIFICATION OF SEVERE CHILD ABUSE AND NEGLECT 417, 434 (2015).

Studies not supportive of diagrams

Although the 2016 Bruck study found diagrams were associated with significantly lower false negatives without an accompanying increase in false positives among 6-8 year-olds,¹¹³ the results for younger children were less conclusive. With respect to children 3-5, the diagrams were also associated with a significant decrease in false negatives but also a false positive rate as high as 17% for anal touch and 35% for genital touch.¹¹⁴ These numbers, though, are skewed by combining 3 year old children with children as old as 5. As noted by other scholars, there are “distinct differences” between a 3 and a 5 year old.¹¹⁵ Indeed, some of the comments in the Bruck, et al, study make it clear that false positives were much more likely in 3 year old than 5 year old children.¹¹⁶

More importantly, Bruck and colleagues admittedly failed to “employ follow up questions that help investigators disregard erroneous points that are not convincingly described” and concede this “should be a focus of future research.”¹¹⁷ In order to charge someone with sexual abuse, the prosecutor would need much more than a child pointing to a diagram—the MDT would need details establishing the location of the offense, the identity of the perpetrator, and information establishing the genital touch was for sexual or aggressive purposes (as opposed to a medical exam, bath, etc).¹¹⁸ The fact the researchers did not seek such elaborations, limits the applicability of the study to real-world scenarios.

In 2006, Wilcock et al, conducted a study in which children were taken to a fire station or an early learning laboratory and were subjected to innocuous touches while being dressed in a fire hat and a shirt or a fire service costume. One month later, the interviewers introduced **clothed** body diagrams and then asked the children to point on the diagram where they had been touched. The researchers found that 11% of the 5-6 year old children disclosed a genital touch.¹¹⁹ However, since the diagrams are clothed, it is difficult to determine precisely what the children may have been pointing to. Indeed, other scholars have noted the use of clothed diagrams may be a “possible explanation” for the higher rate of false reports.¹²⁰

In 2011, Poole and Dickinson published a “Mr. Science” experiment in which children received two touches

¹¹³ See notes 88-95 and accompanying text.

¹¹⁴ Maggie Bruck, Kristen Kelley, and Debra Ann Poole, *Children's Reports of Body Touching in Medical Examinations: The Benefits and Risks of Using Body Diagrams*, 22 PSYCHOLOGY, PUBLIC LAW & POLICY 1, 6-8 (2016).

¹¹⁵ Kathleen Coulborn Faller & Sandra K. Hewitt, *Special Considerations for Cases Involving Young Children*, in KATHLEEN COULBORN FALLER, INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE 142, 143 (OXFORD UNIVERSITY PRESS 2007).

¹¹⁶ When, for example, the researchers discuss false positives of children undergoing “cued recall” with the diagrams, they note “All of these children were in the younger age group: four 3 year-olds...and one 5 year old...” Maggie Bruck, Kristen Kelley, and Debra Ann Poole, *Children's Reports of Body Touching in Medical Examinations: The Benefits and Risks of Using Body Diagrams*, 22 PSYCHOLOGY, PUBLIC LAW & POLICY 1, 7 (2016).

¹¹⁷ Id. at 9.

¹¹⁸ See e.g. MINN. STAT. SECTION 609.341, SUBD. 11(a).

¹¹⁹ Emma Wilcock, Kirstie Morgan & Harlene Hayne, *Body Maps Do Not Facilitate Children's Reports of Touch*, 20 APPLIED COGNITIVE PSYCHOLOGY 607 (2006).

¹²⁰ Thomas D. Lyon, *Twenty-Five Years of Interviewing Research and Practice: Dolls, Diagrams, and the Dynamics of Abuse Disclosure*, APSAC ADVISOR 14, 17 (WINTER/SPRING 2012).

¹²¹ As described by the researchers, “Mr. Science tried to wrap a small wrist band around the child's wrist, marveled at how big the child's wrist was, wrapped his fingers around the wrist to measure it, and retrieved a larger band that he taped onto the child. After the demonstrations, Mr. Science removed the wrist band and then tried unsuccessfully to stick a worn-out reward sticker on the child's shoulder, after which he handed the child a strip of stickers instead.” Debra Ann Poole & Jason J. Dickinson, *Evidence Supporting Restrictions on Uses of Body Diagrams in Forensic Interviews*, 35 CHILD ABUSE & NEGLECT 659, 662 (2011).

involving the wrist as well as a touch to the shoulder.¹²¹ The children were later read a story with inaccurate information about the events. Months later, the children were interviewed with and without *gender neutral* body diagram figures.

The researchers found that diagrams had “beneficial and detrimental effects on the accuracy of touch reports.”¹²² Without the diagrams, no child reported touching but this increased to 9% when diagrams were introduced.¹²³ The detriment was that some children interviewed with the diagrams reported touches suggested by the story and 14.5% made a “false intrusion of touching by Mr. Science.”¹²⁴ From these findings, the researchers conclude “it is easy for children to make false allegations by pointing to body parts”¹²⁵ and recommend a “moratorium on the practice of introducing body diagrams early in interviews.”¹²⁶

Despite this sharp language, not a single child in the Poole and Dickinson study falsely reported a genital touch. Since, though, the diagrams were gender neutral, it’s not entirely clear how they *could* report a genital touch. Nevertheless, since the presumed concern with diagrams is that a child may falsely report a genital touch, this study provides little support for the conclusion that it is “easy” for children to make “false allegations” (presumably of sexual abuse) or to justify a “moratorium” on the usage of diagrams.

Poole and Dickinson dismiss the absence of genital touch in their study by noting:

A second foreseeable criticism is that no child in our research falsely reported genital touching and other studies collectively found few forensically relevant false reports. However, our body diagrams lacked genitalia, interviewers did not prime genital areas by asking children to name them,¹²⁷ and the children were not in a social environment that expressed concerns about sexual abuse.¹²⁸

In other words, Poole and Dickinson appear to be suggesting that if they used the unclothed diagrams utilized in ChildFirst forensic interviews, children would likely have made a false allegation of genital touch. Although this hypothesis could have been put to the test by using unclothed diagrams, it was not a part of this study.

Professor Tom Lyon notes that Poole & Dickinson “provide no support for their apparent belief that explicit depiction would increase the likelihood of error.”¹²⁹ Lyon contends “the opposite problem might be at work: When the genitalia are not depicted, this increases the risk of misunderstanding.”¹³⁰ Lyon also noted a

¹²²Id. at 665.

¹²³Id. at 665.

¹²⁴Id. at 666.

¹²⁵Id. at 666.

¹²⁶Id. at 668.

¹²⁷ Poole and Dickinson’s reference to interviewers “priming” children to disclose genital touches by asking them to name body parts appears to be a reference to the practice in some ChildFirst interviews of asking a child to identify body parts on a diagram to reach common language for body parts and determine if a child can make a representational shift. The inference, apparently, is that such a use of diagrams would increase the chance a child will falsely allege a genital touch. Again, this could have been tested simply by using unclothed diagrams and asking the children to name body parts as part of the research design.

¹²⁸ Debra Ann Poole & Jason J. Dickinson, *Evidence Supporting Restrictions on Uses of Body Diagrams in Forensic Interviews*, 35 CHILD ABUSE & NEGLECT 659, 668 (2011).

¹²⁹ Thomas D. Lyon, *Twenty-Five Years of Interviewing Research and Practice: Dolls, Diagrams, and the Dynamics of Abuse Disclosure*, APSAC ADVISOR 14, 17 (WINTER/SPRING 2012).

¹³⁰Id. at 17.

number of other shortcomings in the anatomical diagram studies published prior to 2012.¹³¹

In a 2016 study, Dickinson and Poole tried to correct for a number of these design limitations. This study, discussed earlier in this paper, reached the opposite results with the researchers finding that utilizing diagrams early in the interview “did not increase false reports”—a finding that “contrasts with results from our previous investigation...”¹³²

Although Dickinson and Poole’s most recent study did find an increased error rate when the diagrams were used later in the interview, they conclude “it is likely that question format and their location in the interviews, **rather than the presence of a diagram**, accounted for the high error rate in our study” (emphasis added).

What Type of Diagrams?

The image displays four line drawings of children's bodies, arranged in two pairs. The left pair shows a male child from the front and back, unclothed, with the male genitalia clearly visible. The right pair shows a female child from the front and back, unclothed, with the female genitalia clearly visible. Below each drawing is a small copyright notice: "© 2016 Gundersen National Child Protection Training Center" and "ChildFirst®".

Researchers studying anatomical diagrams have often employed diagrams that are clothed or that are “gender neutral”—a design that complicates an assessment of what children may be touching during these studies. The anatomical diagrams used in ChildFirst forensic interviews are unclothed, include the genitals, and depict children of various age groups, races and ethnicities.

¹³¹ “Unfortunately, the studies are not terribly useful in helping us assess the potential utility of diagrams in questioning children about genital touch. Because there was no condition in which children were touched on their genitalia, one cannot calculate the percentage of children who were touched who revealed with or without diagrams. Children often showed very low rates of touch disclosure, but there is no reason not to disclose any of the touches that occurred. It is more likely that they simply forgot the touching or found it unremarkable.” Thomas D. Lyon, *Twenty-Five Years of Interviewing Research and Practice: Dolls, Diagrams, and the Dynamics of Abuse Disclosure*, APSAC ADVISOR 14, 17 (WINTER/SPRING 2012). With respect to the findings of false reports, Lyon finds the absence of genitalia a weakness in the Poole & Dickinson and Wilcock studies and notes the research by Otgaard, discussed earlier, in which unclothed diagrams “produced more accurate information” in younger children. Id. at 17.

¹³² Jason J. Dickinson & Debra Ann Poole, *The Influence of Disclosure History and Body Diagrams on Children’s Reports of Inappropriate Touching: Evidence from a New Analog Program*, LAW AND HUMAN BEHAVIOR, online first publication, July 21, 2016.

The Bottom Line on Diagram Research: The Need for More and Better studies

In 2010, representatives of all of the nation's major forensic interview training programs, including APSAC,¹³³ NICHD,¹³⁴ NCAC,¹³⁵ CornerHouse,¹³⁶ and the National Child Protection Training Center,¹³⁷ got together in an effort to reach consensus on best practices on forensic interviewing of children. The result was a paper published in 2015 by the Office of Juvenile Justice and Delinquency Prevention, a branch of the United States Department of Justice.¹³⁸ With respect to the use of media in forensic interviews, the consensus statement was:

The goal of a forensic interview is to have the child verbally describe his or her experience. A question remains, however, as to whether limiting children to verbal responses allows all children to fully recount their experiences or whether media (e.g. paper, markers, anatomically detailed drawings or dolls) may be used during the interview to aid in descriptions...The use of media varies greatly by model and professional training. Decisions are most often made at the local level, and interviewer comfort and multidisciplinary team preferences may influence them. **Ongoing research is necessary to shed further light on the influence of various types of media on children's verbal descriptions of remembered events** (emphasis added).¹³⁹

We agree with this consensus statement and would recommend the following:

- 1** **More research.** Since the research on diagrams is limited there needs to be more studies on the use of this media in forensic interviews.
- 2** **Better research.** As noted by Professor Lyon, many of the existing studies "are not terribly useful."¹⁴⁰ Simply stated, researchers must design studies that more closely reflect a scenario of abuse and use media that parallels actual forensic interviewing practices. Instead of designing studies that reflect bad interviewing practices, such as employing leading questions and giving children false information, researchers should design at least some studies reflecting quality interviewing practices.
- 3** **Neutral research.** Researchers must be cognizant of the biases implicit in the design and interpretation of these studies and guard against it. Just as MDTs can guard against biases by bringing multiple disciplines and perspectives to the table in evaluating a case of possible

¹³³The American Professional Society on the Abuse of Children

¹³⁴National Institute of Child Health and Human Development

¹³⁵National Children's Advocacy Center

¹³⁶CornerHouse Interagency Child Abuse Evaluation and Training Center

¹³⁷Gundersen National Child Protection Training Center

¹³⁸Chris Newlin, Linda Cordisco Steele, Andra Chamberlin, Jennifer Anderson, Julie Kenniston, Amy Russell, Heather Stewart, Viola Vaughan Eden, *Child Forensic Interviewing: Best Practices*, OJJDP JUVENILE JUSTICE BULLETIN (SEPTEMBER 2015)

¹³⁹Id. at 7.

¹⁴⁰Thomas D. Lyon, *Twenty-Five Years of Interviewing Research and Practice: Dolls, Diagrams, and the Dynamics of Abuse Disclosure*, APSAC ADVISOR 14, 17 (WINTER/SPRING 2012).

maltreatment,¹⁴¹ researchers can make a concerted effort to bring to the table those who see benefits as well as weaknesses in the use of media.

4 **Involve frontline professionals in the design of research.** One of the criticisms of doll and diagram research is that the designs can be markedly different from real world practices with the use of media.¹⁴² These weaknesses can be reduced if researchers are proactive in consulting with frontline professionals in the design of future studies. We are pleased to see that at least one of the most recent studies on diagrams notes some of these limitations and made several steps in the direction of designing research that more realistically reflects the type of cases which result in forensic interviews.¹⁴³ The goal of conducting studies that reflect actual work in the field could be achieved more quickly if frontline professionals were closely consulted in the design.

5 **Cease the use of extreme language when referring to the proponents of media.** Proponents of media are often well-educated, have attended multiple forensic interview training programs, and have significant experience in working as forensic interviewers—a credential very few researchers have. Instead of comparing these proponents to ancient practitioners of sorcery¹⁴⁴ critics should recognize this remains an issue where reasonable minds can differ¹⁴⁵ and encourage and practice a more respectful dialogue until a consensus is reached. Although extreme language may assist in identifying the specificity bias among some researchers, it discourages a healthy debate by denigrating dissenting voices.

6 **Recognize dolls and diagrams are used in physical abuse, emotional abuse, neglect, torture,¹⁴⁶ polyvictimization, as well as sexual abuse investigations.** The research on dolls and diagrams is centered on the use of these tools in cases of sexual abuse. Although forensic interviewers may have historically focused only on sexual abuse,¹⁴⁷ this narrow application is no longer the case. Perhaps the most unique feature of the ChildFirst forensic interviewing protocol is that it takes into account relatively recent research on polyvictimization.¹⁴⁸ Accordingly, even if children are initially interviewed out of

¹⁴¹ Mark D. Everson & Miguel Sandoval, *Forensic Child Sexual Abuse Evaluations: Assessing Subjectivity and Bias in Professional Judgments*, 35 CHILD ABUSE & NEGLECT 287, 297 (2011).

¹⁴² See generally, Mark D. Everson & Barbara Boat, *Anatomical Dolls in Child Sexual Abuse Assessments: A Call for Forensically Relevant Research*, 11 APPLIED COGNITIVE PSYCHOLOGY 55-74 (1997); Amy Russell, *Out of the Woods: A Case for Using Anatomical Diagrams in Forensic Interviews*, 21(1) UPDATE (2008).

¹⁴³ Jason J. Dickinson & Debra Ann Poole, *The Influence of Disclosure History and Body Diagrams on Children's Reports of Inappropriate Touching: Evidence from a New Analog Program*, LAW AND HUMAN BEHAVIOR, online first publication, July 21, 2016 (noting that previous "analog paradigms mimic the dynamics of day care cases in which investigators interviewed numerous children who had not previously reported abuse. In contrast, sexual abuse investigations include a sizeable percentage of children who have already disclosed, and this group may be less suggestible...If this is true, then interviewing techniques that prompt an alarming number of false reports in laboratory studies may not have similar effects in the field...")

¹⁴⁴ Debra Ann Pool & Maggie Bruck, *Divining Testimony? The Impact of Interviewing Props on Children's Reports of Touching*, 32 DEVELOPMENTAL REVIEW 165, 166 (2012).

¹⁴⁵ Thomas D. Lyon, *Twenty-Five Years of Interviewing Research and Practice: Dolls, Diagrams, and the Dynamics of Abuse Disclosure*, APSAC ADVISOR 14 (WINTER/SPRING 2012).

¹⁴⁶ See generally, Barbara L. Knox, Suzanne P. Starling, Kenneth W. Feldman, Nancy D. Kellogg, Lori D. Frasier, Suzanna L. Tiapula, *Child Torture as a Form of Child Abuse*, 27 JOURNAL OF CHILD & ADOLESCENT TRAUMA (2014).

¹⁴⁷ See generally, Kathleen Coulborn Faller, *Forty Years of Forensic Interviewing of Children Suspected of Sexual Abuse, 1974-2014: Historical Benchmarks*, 4 SOCIAL SCIENCES 34-65 (2015).

¹⁴⁸ Id. at 51.

concern about possible sexual abuse, multiple forms of abuse are screened for and, more often than not, children report being abused in multiple ways.¹⁴⁹

7

Design research that places the use of diagrams in the context of not only the entire forensic interview but also the entire MDT investigation. Michael Lamb and colleagues correctly caution us that “our narrowed focus on forensic interviews should not lead” us to “ignore the importance of the overall investigation and the need to see the interview as but one (important) part of the process.”¹⁵⁰ Researchers would do well to take this into consideration in designing research. The use of diagrams is but one small part of the forensic interview process and the interview process is but one part of the MDT investigation. As a matter of law, it would be impossible to charge anyone with a crime simply because a child pointed to the genitals (or any other part) of an anatomical diagram. In a criminal case, the government must prove beyond a reasonable doubt that a child was sexually touched or otherwise violated in a certain time period in a certain jurisdiction by a certain person. In cases of sexual abuse, the government must not only prove a genital touch but prove that it was done with sexual or aggressive intent.¹⁵¹ Meeting these thresholds requires significant details which the MDT acquires not only from the child but also the suspect and other witnesses as well as crime scene investigations.¹⁵² Simply stated, there are multiple checks and balances within and without the forensic interview to guard against a false allegation of abuse. Future studies should at least acknowledge this reality and, if possible, attempt to study whether these checks and balances are effective in making sound charging and other decisions.

8

Recognize that modern MDT investigations have multiple checks to limit false positives—but very few checks on false negatives. As noted above, when a child discloses abuse in an interview, the MDT investigation and, if need be, subsequent trial has a number of checks to reduce the risk of a false positive. In contrast, when a child falsely denies abuse (false negative) in a forensic interview, the investigation typically ceases. Unless there is an extended evaluation,¹⁵³ the child’s opportunity for protection from continuing abuse may be forfeited. Given this risk, as well as the consistent findings in the research that diagrams or dolls may reduce false negatives, they should continue to be an option in MDT investigations.

¹⁴⁹This is based on our clinical observations but is also consistent with the polyvictimization research referenced earlier in this paper.

¹⁵⁰MICHAEL LAMB, ET AL, TELL ME WHAT HAPPENED: STRUCTURED INVESTIGATIVE INTERVIEWS OF CHILD VICTIMS AND WITNESSES 1ST EDITION 269 (2008).

¹⁵¹For a comprehensive overview of the complexities of proving a case of child maltreatment, *see generally*, AMERICAN PROSECUTORS RESEARCH INSTITUTE, INVESTIGATION AND PROSECUTION OF CHILD ABUSE THIRD EDITION (2004).

¹⁵²*See generally*, Victor I. Vieth, *When the Child Has Spoken: Corroborating the Forensic Interview*, 2(5) CENTERPIECE (2010); Victor I. Vieth, *Picture This: Photographing a Child Sexual Abuse Crime Scene*, 1(5) CENTERPIECE (2009).

¹⁵³*See e.g.* Kathleen Coulborn Faller, Marguerite Grabarek, Debra Nelson-Gardell, & Javonda Williams, *Techniques Employed by Forensic Interviewers Conducting Extended Assessments: Results from a Multi-Site Study*, 20 JOURNAL OF AGGRESSION, MALTREATMENT & TRAUMA 237 (2012).

Conclusion

In a law review article on the debate over anatomical diagrams, attorney E. Morgan Kendrick expresses concern that, despite strong support in the literature for the appropriate use of anatomical dolls, many professionals are no longer using them primarily because of the influence of a minority of studies. She then applies this history to the current debate over anatomical diagrams and urges the field not to dismiss the value of diagrams based on limited, poorly designed research.¹⁵⁴

Other professionals have expressed a similar concern. In one of her literature reviews on anatomical dolls, Kathleen Coulborn Faller writes:

It is important to appreciate that attacks on anatomical dolls are but one of a series of maneuvers to undermine efforts to uncover sexual abuse. In the guise of getting at the truth, these maneuvers aim at obscuring the truth—the widespread prevalence of sexual abuse of children.¹⁵⁵

Some scholars have gone even further and have concluded the debate over diagrams and dolls is one small part of an historic shift in our response to cases of child abuse. According to Professor Ross Cheit:

We have, over the last twenty years, discounted the word of children who might testify about sexual abuse. We have become more worried about overreacting to child sexual abuse cases than we are about under-reacting to it.¹⁵⁶

Stated differently, Cheit is arguing we are much more concerned today about false positives than false negatives and that, as a result, our MDT responses to child maltreatment are at risk of becoming out of balance.¹⁵⁷

In the context of the debate over diagrams, consider this recommendation from Poole and Dickinson:

Simply place body diagrams after open-ended questioning when a prop is needed to clarify verbal reports or when case evidence (e.g. images or a definitive medical finding) justifies using a more suggestive memory cue.¹⁵⁸

With some variation, all of the major forensic interviewing models, including ChildFirst®, do not use the diagrams until the child is asked a series of open ended prompts such as those recommended by Poole and

¹⁵⁴ E. Morgan Kendrick, *Diagram Debate: The Use of Anatomical Diagrams in Child Sexual Abuse Cases*, 8 LIBERTY LAW REVIEW 125-168 (2013).

¹⁵⁵ *Id.*

¹⁵⁴ ROSS E. CHEIT, *THE WITCH HUNT NARRATIVE: POLITICS, PSYCHOLOGY, AND THE SEXUAL ABUSE OF CHILDREN X* (OXFORD UNIVERSITY PRESS 2014).

¹⁵⁷ Cheit writes: “Why so many psychologists have aligned themselves with the defense, to the point of demonstrating and even admitting bias in that direction, is a puzzle for another time. What matters for this book is that these politics exist and work to diminish the credibility, and ultimately the safety, of children.” ROSS E. CHEIT, *THE WITCH HUNT NARRATIVE: POLITICS, PSYCHOLOGY AND THE SEXUAL ABUSE OF CHILDREN* 404 (OXFORD UNIVERSITY PRESS 2014).

¹⁵⁸ Debra A. Poole & Jason Dickinson, *Evidence Supporting Restrictions on Uses of Body Diagrams in Forensic Interviews*, 35 CHILD ABUSE & NEGLECT 659, 668 (2011)

Dickinson (e.g. asking children why they are here today).¹⁵⁹ Indeed, in their most recent study, Dickinson and Poole note that “recent modifications” to the ChildFirst interviewing programs “have added narrative practice and open-ended topic introduction to their procedures, thereby elbowing out media, such as dolls and BDs, from the first part of the interview.”¹⁶⁰

Nonetheless, when open ended questioning falls short, the alternative option proposed by these researchers of using diagrams only when there are “images” or a “definitive medical finding” sets an extraordinarily high bar. For example, even in pre-pubertal children who are penetrated, medical evidence is extraordinarily rare.¹⁶¹ Obviously, if our primary focus is only on preventing a false allegation, we may wish to set the bar this high. If, though, we are also concerned about false denials, a broader discussion and more focused research is warranted.

If this broader discussion is accompanied with a more respectful dialogue and stronger research, a consensus on the use of media in forensic interviews and MDT investigations may one day be reached.

¹⁵⁹ Id. at 668. Under the ChildFirst protocol all children are asked why they are here today and, if they indicate maltreatment, that issue is explored through open ended questions prior to the use of diagrams. See ChildFirst forensic interview training binder (2016).

¹⁶⁰ Jason J. Dickinson & Debra Ann Poole, *The Influence of Disclosure History and Body Diagrams on Children’s Reports of Inappropriate Touching: Evidence from a New Analog Program*, LAW AND HUMAN BEHAVIOR, online first publication, July 21, 2016.

¹⁶¹ See e.g., Astrid Heger, et al, *Children Referred for Possible Sexual Abuse: Medical Finding in 2384 Children*, 26 CHILD ABUSE & NEGLECT 645-659 (2002).