

FORENSIC PSYCHOLOGICAL ASSESSMENT OF CHILD SEXUAL ABUSE: A REVIEW OF PROCEDURES AND INSTRUMENTS

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The aim of the present study was to present an overview of the forensic assessment and psychological testing techniques of child sexual abuse. Eighty-two original articles which included information about psychological instruments on child sexual abuse assessment were gathered. Most of these articles (71.9%) were focused on clinical measures based on psychological and emotional indicators of sexual abuse, while 28.1% addressed the credibility of the allegations of child sexual abuse. The majority of the clinical measures were developed in the United States, whereas European countries were more involved in the development of instruments to assess the credibility of children's testimony. A multidimensional and comprehensive approach is recommended in these cases, including different instruments and techniques.

Key Words: Sexual abuse, Childhood, Assessment, Forensic psychology, Psychological instruments

El objetivo del presente trabajo fue realizar una revisión de los procedimientos e instrumentos publicados para la exploración psicológica forense del abuso sexual infantil. Se obtuvieron 82 artículos originales con información relativa a instrumentos psicológicos para la evaluación del abuso sexual infantil. El 71,9% de los artículos se centraron en instrumentos clínicos, basados en indicadores psicológicos y emocionales, mientras que el 28,1% se basaron en el análisis de la credibilidad del relato. Se muestra la hegemonía de Estados Unidos en la creación de aquellas medidas que valoran los posibles indicadores clínicos, mientras que los países europeos se muestran más activos en el desarrollo y adaptación de instrumentos para evaluar la credibilidad del testimonio. No existe suficiente evidencia para abogar por una metodología única en la evaluación psicológica del abuso sexual infantil, siendo lo más recomendable un enfoque mutidimensional y comprehensivo que incluya el uso de diferentes instrumentos y técnicas.

Palabras clave: Abuso sexual, Infancia, Evaluación, Psicología forense, Instrumentos psicológicos

Child sexual abuse is an important problem in public health care that affects one of the most vulnerable populations in society, children, and at the same time has repercussions on the well-being of families and of society as a whole (MacMillan, 1998).

There are numerous studies that show the important physical, psychological and social repercussions that this type of abuse has on the individuals subjected to it, both in childhood (for a review, see Pereda, 2009) and, in some cases, in adulthood (Pereda, 2010). It becomes apparent that experiencing child sexual abuse and its resulting physical and emotional lesions deserves special attention on the part of professionals qualified for psychological assessment and intervention with minors. Diverse authors underline the need for specialized instruments with robust psychometric properties within this area of work (e.g. Berliner and Conte, 1993; Briere, 1991). An adequate psychological assessment of the situation increases the probability of interrupting the

sexual abuse, preventing new abuse, identifying its consequences and, therefore, guiding the intervention in an adequate manner, as well as, and most importantly, improving the well-being of minors who are victims of this situation (Laraque, DeMattia and Low, 2006).

The high prevalence rate of this victimization, which ranges between 7.4% in males and 19.2% in women according to the latest meta-analysis study carried out at the international level (Pareda, Guilera, Forns and Gómez-Benito, 2009), together with the fact that it is one of the most sought after evaluations in the judicial area, emphasizes the importance of developing forensic psychological assessment instruments with adequate theoretical support whose results are valid and reliable.

It is worth highlighting that the assessment of child sexual abuse is probably one of the areas in the clinical-forensic field that has generated the greatest controversy and the largest number of technical difficulties (Pons-Salvador, Martínez, Pérez and Borrás, 2004). Assessment, in this setting, is centered on clarifying the credibility of the testimony given by the minor through diverse techniques whose results should be integrated with and related to the

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rest of the available information with the purpose of obtaining an overall view that provides the evaluation with the greatest guarantee (Jiménez and Martín, 2006). Nevertheless, some of the instruments that are used to perform this assessment have not been standardized (e.g., play activity, see the review by Murrie, Martindale and Epstein, 2009), many specific instruments are not validated and, in those cases where an instrument has norms, a register of relevant validity studies has not been developed (Cantón and Cortés, 2000).

On the other hand, it should be kept in mind that, in many cases, the lack of knowledge about the most adequate evaluation techniques on the part of the professionals means a risk of secondary victimization for the minor. In these cases, the subject's psychological discomfort is intensified as a consequence of the bad use of the assessment procedures by the professionals involved in the process for certifying the notification of sexual abuse (Conte, 2001).

In this context and given the absence of studies in this regard in Spain, the aim of the present paper was to provide a descriptive analysis of the psychological assessment procedures and instruments used by professionals to carry out the forensic exploration of child sexual abuse. To this end, a review of the scientific literature that deals with the psychological instruments that, through direct or indirect measures, have been used to confirm or refute a complaint of sexual abuse has been carried out.

METHOD

In the present study, those articles published in scientific journals in the last twenty years (1990 – 2010), whose abstract was found in Spanish or English, were included given the important advances that have been produced in this area during the last decade. The articles were selected using the following inclusion criteria: a) its main objective was to develop, adapt or review child sexual abuse assessment instruments, and b) the instrument was directed at minors (boys, girls or adolescents).

The search was carried out in January, 2011 through the Psycinfo and Medline of the Web of Science data bases, using the following terms: (*assessment OR forensic assessment OR evaluation OR instrument*) AND (*sexual abuse OR child sexual abuse*). Also examined were the reference lists of studies published about psychological assessment of child sexual abuse with a view to obtaining additional information.

As exclusion criteria, all those studies were excluded in which the abstract did not include the review topics or which made reference to topics which were related, but not directly connected, such as the assessment of the physical indicators of sexual abuse, the assessment of the abuser or those referring to other types of child maltreatment.

Codification of studies

The variables taken into account were: a) the authors of the study, b) the year of its publication, c) the country where the study was carried out, and d) the instrument presented.

Following Glaser and Frosh (1988), a distinction has been made between those instruments used to investigate the credibility of an allegation of sexual abuse and those used to analyze a suspicion. Although both situations are found connected to the forensic field, while the former leads to investigation and the attainment of proof and evidence the latter leads to clinical diagnosis and the assessment of the effects associated to sexual abuse.

RESULTS

Characteristics of the studies

Eighty-two original articles fulfilling the inclusion criteria (see * in the reference list) were obtained, with information relative to psychological instruments for the assessment of child sexual abuse developed or adapted in 16 different countries.

Seventy-one point nine per cent of the articles focused on clinical instruments, based on psychological and emotional indicators. Of these, most of them, 66.1% (39) were published about instruments created and standardized in the United States, 16.9% (19) were European adaptations (two of them in collaboration with the United States), 6.8% (4) belonged to Canada, 5.1% (3) to Latin America, 3.4% (2) to Australia and one article with adaptations of three instruments to South Africa (1.7%).

Twenty-eight point one percent (23) of the remaining articles were based on instruments directed at analyzing the credibility of the minor's report through protocols, guidelines and interview criteria (82.6%) (19), tests to assess the suggestibility of the minor (8.7%) (2), the use of drawings of the human figure (4.3%) (1) and of anatomical dolls (4.3%) (1) in the forensic interview. Of these, 43.5% (10) are studies carried out in the United States while 56.5% (13) were developed in Europe (five of these in collaboration with the United States).



TABLE 1
INSTRUMENTS FOR THE ASSESSMENT OF THE
SYMPTOMATOLOGY RELATED TO CHILD SEXUAL ABUSE

Instrument	Country	Authors	Year of publication	
Trauma Symptom Checklist for Children and Young Children	United States	Briere et al.	2001	
		Lanktree et al.	2008	
	Sweden	Sadowski & Friedrich	2000	
		Nilsson, Wadsby & Svedin	2008	
Netherlands	Bal and Uvin	2009		
Children's Impact of Traumatic Events Scale (CITES)	Canada	Wolfe, Gentile, Michienzi, Sas & Wolfe	1991	
	United States	Crouch et al.	1999	
Children's Impact of Traumatic Events Scale-Revised (CITES-R)	United States	Chaffin & Schultz	2001	
Child Behavior Checklist	United States	Ruggiero & McLeer Sim et al.	2000 2005	
Child Dissociative Checklist	United States	Wherry, Jolly, Feldman, Adam & Manjanatha	1994	
		Malinosky-Rummell & Hoier	1991	
		Putnam & Peterson	1994	
		Putnam, Helmers & Trickett	1993	
	Turkey	Zoroglu, Tuzun, Ozturk & Sar	2002	
	Puerto Rico	Reyes-Pérez, Martínez-Taboas & Ledesma-Amador	2005	
	Adolescent Dissociative Experiences Scale	United States	Smith & Carlson	1996
Armstrong, Putnam, Carlson, Libero & Smith			1997	
United Kingdom		Seeley, Perosa & Perosa	2004	
		Farrington, Waller, Smerden & Faupel	2001	
Turkey		Zoroglu, Sar, Tuzun, Savas & Tutkun	2002	
Netherlands		Muris, Merckelbach & Peeters	2003	
Puerto Rico		Martínez-Taboas et al.	2004	
Child Sexual Behavior Inventory		United States	Friedrich et al.	1992
			Friedrich et al.	2001
			Wherry, Jolly, Feldman, Adam & Manjanatha	1995
	United States/ Holland	Friedrich, Sandfort, Oostveen & Cohen-Kettenis	2000	
		Sweden/ United States	Larsson, Svedin & Friedrich	2000
	Holland/ Belgium	Sandfort & Cohen-Kettenis	2000	

TABLE 1 (CONT.)
INSTRUMENTS FOR THE ASSESSMENT OF THE
SYMPTOMATOLOGY RELATED TO CHILD SEXUAL ABUSE

Instrument	Country	Authors	Year of publication
Children Attributions and Perceptions Scale	United States	Mannarino, Cohen & Berman	1994
	Spain	Pereda & Forns	2005
Structured Interview of Symptoms Associated with Sexual Abuse (SASA)	United States	Wells, McCann, Adams, Voris & Dahl	1997
Negative Life Events (NLEs) Negative Cognitive Assessments (NCAs)	United States	Spaccarelli	1995
Beck Self-Concept Inventory for Youth	United States	Runyon, Steer & Deblinger	2009
Louisville Behavior Checklist	United States	Chantler, Perco & Mertin	1993
		Young, Bergandi & Titus	1994
Rosebush Picture Q-Sort	Canada	Carter, Allan & Boldt	1992
Rorschach Test	United States	Clinton & Jenkins-Monroe	1994
		Friedrich, Einbender & McCarty	1999
		Leifer, Shapiro, Martone & Kassem	1991
	Canada	Billingsley	1995
	Thematic Apperception Test	United States	Ornduff, Freedendfeld, Kelsey & Critelli
Ornduff & Kelsey			1996
Pistole & Ornduff			1994
Canada		Stovall & Craig	1990
		Henderson	1990
Test House-Tree-Person		United States South Africa	Palmer et al. Louw & Ramkinsson
Family test	United States	Hackbarth, Murphy & McQuary	1991
Human figure test	South Africa	Louw & Ramkinsson	2002
Roberts Apperception Test	United States	Friedrich & Share	1997
	South Africa	Louw & Ramkinsson	2002
Drawing	United States	Chantler et al.	1993
		Hibbard & Hartman	1990
		Sadowski & Loesch	1993
Play	Australia	Harper	1991
	United States	Wershba-Gershon	1996
		Zinni	1997
Anatomic Dolls	United States	Cohn	1991
		Faller	2005
		Levy, Markovic, Kalinowski, Ahart & Torres	1995
	Argentina	Durantini	2006



DISCUSSION

The review of publications about forensic assessment instruments in cases of child sexual abuse shows the hegemony of the United States in the creation of these measures, especially in those that are used to evaluate the possible clinical indicators related to the experience of sexual abuse. European countries are more active in the development and adaptation of instruments destined to the evaluation of the credibility of the minor's report, highlighting the application to this declaration of the so-called reliability indicators of the Criteria-based Content Analysis (CBCA) because of its extensive use and acceptance.

Nonetheless, although many of these instruments are being used, they have not been adapted and validated to the culture in which they are applied in all cases, as happens with the CBCA in Spain (Godoy-Cervera and Higuera, 2005; Masip, Garrido and Herrero, 2003), or the NICHD in France (Cyr, Lamb, Pelletier, Leduc and Perron, 2006), despite the importance that these cultural adaptations have for the correct use of the instrument and to be able to take advantage of the goodness of these in their original version (Prieto, Muñiz, Almeida and Bartram, 1999; Seisdedos, 2000). It is worth highlighting that the revelation of sexual abuse and the context it is produced it is influenced by cultural factors, which should be taken into account at the time of assessment (Fontes and Plummer, 2010).

There are many professionals who defend the idea that the statement made by the minor is the best indicator for evaluating whether sexual abuse has taken place (Berliner and Conte, 1993; Conte, 1992). This affirmation is based on the scarce number of false accusations observed in these cases, generally varying between 2 and 8% (Trocmé and Bala, 2005) and the fact that, when they happen, they tend to be either devised by adults or erroneous interpretations of the child's testimony rather than a deliberate fabrication by the minor (Berliner and Conte, 1993; Brown, Frederico, Hewitt and Sheehan, 2001). Thus, it is considered that when a minor reveals a situation of alleged sexual abuse, there is a great probability that the abuse has happened (Dammeyer, 1998), making the risk of false negatives an important problem in the estimation of child sexual abuse (Berliner and Conte, 1995; Oates et al., 2000). Nevertheless, the interviewers do not generally follow the indications or apply the techniques that are recommended in the interview protocols so that the results of the interview are

not always as valid as would be desirable unless the interviewers receive specific, intensive training and are supervised by professional experts (see, for example, the recent study on the Norwegian police by Thoresen, Lønnum, Melinder and Magnussen, 2009; but also the study by psychologists, psychiatrists and the Finnish police by Santtila, Korkman and Sandnabba, 2004; or social workers and the police in England and Wales by Sternberg, Lamb, Davies and Westcott, 2001).

In this respect, and according to the number of publications reviewed, professionals seem to rely more on the so-called clinical indicators or behavior patterns shown by the minor and that, in the best of cases, have been observed in an important number of victims of sexual abuse, such as sexualized behavior (also denominated eroticized behaviors; for a review, see the study by Kellogg, 2009, on normal sexual behavior and sexual behavior problems in boys and girls), the attributions and distorted perceptions presented by the minor with regard to him/herself and the world, or the posttraumatic symptomatology associated to sexual abuse. The use of these criteria intends to facilitate the assessment of these situations and to help the professional differentiate between a real case of sexual abuse and a case of false testimony. However, it must be kept in mind that there is no single pattern of symptoms, but rather an extensive variety of heterogeneous symptoms in these victims (O'Donohue and Elliott, 1991), and that the total absence of symptoms in some of them may even be observed preventing the establishment of a syndrome that defines and includes the emotional, cognitive and social problems that are related to the experience of sexual abuse (Kendall-Tackett, Meyer and Finkelhor, 1993).

One solution to this difficulty is to base the children's assessment on the consideration of sexual abuse as a vital experience, not a clinical condition, and to take into account the importance of mediating variables, or those variables whose presence or absence may increase or reduce the symptomatology shown by the victim, a perspective that has received the name *scientist-practitioner model* (Kuehnle, 1998). It is worth considering that the presence or absence of these frequent symptoms does not prove the existence or not of child sexual abuse, but it is a useful addition to the information obtained using more adequate techniques, such as the interview (Babiker and Herbert, 1996).

In a similar way, the use of classical psychological instruments not specifically designed for the assessment of



sexual abuse shows great limitations in the confirmation of the child's testimony and impedes the establishment of reliable conclusions to this respect; however, it may be of great use in subsequent clinical intervention (Waterman and Lusk, 1993).

Outstanding is the use of the *Child Behavior Checklist* (Achenbach, 1991) for the assessment of the internalized and externalized psychopathological symptomatology associated with child sexual abuse in North American samples, and also Francophone samples in Canada, (Hébert, Parent, Daignault and Tourigny, 2006), although results have not been published about their adaptation to this or other cultures. These studies, mainly carried out in the United States, predominantly obtain significant differences between the high scores on both scales presented by the victims of child sexual abuse when they are compared with control groups (Swanston et al., 2003); however, the victims of child sexual abuse do not show significant differences in internalized and externalized scale scores when they are compared to psychiatric samples or with other abuse victims, with the exception of a higher score related to the presence of sexualized behaviors (e.g., Cosentino, Meyer-Bahlburg, Alpert, Weinberg and Gaines, 1995). The reviews carried out on this subject confirm these results (Kaufman, 1996; Wolfe and Birt, 1997) and show the need for specific scales for specific events (Sim et al, 2005). Notwithstanding, and in spite of the relative frequency of this conduct in children who are victims of sexual abuse, other authors warn that sexualized conduct and eroticized behaviors are not good indicators, in themselves, for diagnosing child sexual abuse (Drach, Wientzen and Ricci, 2001).

The *Trauma Symptom Checklist for Children*, primarily centered on the assessment of sexualized behavior, posttraumatic symptomatology, anxiety and depression, is one of the most utilized instruments at an international level (e.g., Australia: Barrett, Sonderegger and Sonderegger; Island: Bödvarsdóttir, Elkit, Gudmundsdóttir, 2006; Slovenia: Šprah, 2008; The Netherlands: Bal and Uvin, 2009) and has been applied to different cultural groups (e.g., Hispanic-Americans and Afro-Americans: Shaw, Lewis, Loeb, Rodríguez and Rosado, 2001); however, in many cases it is not standardized to the culture it is applied to. In other cases, it has been standardized but not with victims of sexual abuse (e.g., China: Li et al., 2009).

One of the areas where a greater adaptation of

TABLE 2
TOOLS FOR THE ASSESSMENT OF CHILD SEXUAL ABUSE STATEMENTS

Instrument	Country	Authors	Publication Year
Statement Validity Analysis (SVA)	United States	Raskin & Esplin	1991
	Sweden	Gumpert & Lindblad	2000
	Holland	Lamers-Wilkelman	1999
Criteria-Based Content Analysis (CBCA)	Germany	Steller & Wolf	1992
	United States	Anson, Golding & Gully	1993
	United States/ Israel	Horowitz et al. Lamb et al.	1997 1997
Forensic Evaluation Protocol	United States	Carnes, Nelson-Gardell & Wilson	1999
Interview protocol	United States	Sternberg, Lamb, Esplin & Baradaran	1999
NICHD Investigative Interview Protocol	United States / Israel	Orbach et al.	2000
	Israel/ United Kingdom	Hershkowitz, Fisher, Lamb & Horowitz	2007
	United Kingdom/ Estados Unidos/ Israel	Lamb, Orbach, Hershkowitz, Esplin & Horowitz	2007
	United Kingdom/ United States	Lamb et al.	2009
Child Abuse Interview Interaction Coding System (CAIICS)	United States	Wood, Orsak, Murphy & Cross	1996
Narrative elaboration	United States	Saywitz & Snyder	1996
Practice parameters for the forensic evaluation of minor victims of sexual or physical abuse	United States	American Academy of Child and Adolescent Psychiatry	1997
Child Sexual Abuse Interview Protocol	United States	Cheung	2008
		Cheung & Bouffé-Queen	2010
Structured quality assessment of expert testimony (SQX-12)	Sweden	Gumpert, Lindblad & Grann	2002
Bonn Test of Statement Suggestibility	Germany	Endres	1997
	Finland	Finnilä, Mahlberg, Santtila, Niemi & Sandnabba	2003
Drawing of human figure	United Kingdom	Aldridge, Lamb, Sternberg, Orbach, Esplin & Bowler	2004
Anatomic dolls	United States/ United Kingdom	Thierry, Lamb, Orbach & Pipe	2005



instruments is found is dissociation, both in boys and girls as well as in adolescents, given its high frequency in victims of childhood sexual abuse. The *Adolescent Dissociative Experiences Scale* has been used with different samples in distinct countries, although its psychometric properties have not always been shown (e.g., Finland: Tolmunen et al., Japan: Yoshizumi, Murase, Honjo, Murakami and Kaneko, 2004).

The use of projective instruments, such as drawings (Williams, Wiener and MacMillan, 2005) or the use of play (Murrie et al., 2009) by professionals involved in child sexual abuse assessment, has also been observed, although there are various studies that have demonstrated their scarce utility as sole indicators in the assessment of child sexual abuse (see the review study by Garb, Wood and Nezworski, 2000; or the recent work by Amil and Ducos López, 2010).

With respect to anatomical dolls, these are considered to be a controversial assessment instrument, although, as derived from the studies analyzed, they have been used to assess the possible effects of sexual abuse on the sexual and affective behavior of the minor as well as to evaluate the credibility of the testimony. Many professionals have criticized their use and consider that the dolls suggest or overstimulate sexuality, communicating to the child that he or she is expected to speak about sexual topics, which could lead to false testimonies and non-veridical accounts (for a review of these criticisms see Cantón and Cortés, 2000). However, recent studies defend their utility during the forensic interview, although it has been established that they should not be considered as a diagnostic test and, in case they are used, their use should be limited to helping the minor clarify and support his/her report (Hlavka, Olinger and Lashley, 2010).

In essence, it should be stressed that, based on controlled studies and on the use of standardized tests, currently there is not sufficient evidence to advocate for a single, simple methodology in the psychological assessment of child sexual abuse (Babiker and Herbet, 1998); the utilization of a comprehensive, multidimensional approach that includes the use of different instruments and techniques is the most recommendable (American Academy of Child and Adolescent Psychiatry, 1988; American Professional Society on the Abuse of Children, 2002).

Along these lines and based on the results obtained, the following is proposed: (a) the principal use of interview protocols adapted to the victims of child sexual abuse; (b)

the application of reliability scales of the results obtained in the interview; (c) the administration of clinical instruments, adequately validated to the Spanish context, which reinforce the presence of psychopathological symptomatology in the victim on being compared with non-victims and victims of other traumatic events, whenever possible; (d) as well as the utilization of information proceeding from the child's environment through an exhaustive psychosocial analysis, and; (e) the analysis of the clinical evolution of his/her medical history as a comprehensive methodology that allows the confirmation or refutation of the existence of sexual abuse.

CONCLUSION

The intention of the present paper was to bring those instruments that are being used in a national and international context closer to the professionals in the clinical-forensic field, facilitating to them sources of reference in which to search for the latest methodological advances in this regard. There has been much advancement in the last decades in the area of child abuse. However, the assessment of boys, girls and adolescents who are victims of sexual abuse continues to be a challenge for professionals owing to the complexity of the phenomena. It is essential to continue to work in the improvement of assessment instruments with a view to transferring the results obtained at an empirical level to clinical and forensic practice, which would permit better detection and judicial and psychological treatment of the child victim, as well as reducing the risk of secondary victimization associated with these cases.

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