

THE USE OF ANATOMICAL DOLLS

Anatomical Dolls should ideally only be used by professionals who have adequate training in the field of child sexual abuse, child development and specific training in the use of anatomical dolls and then, with due caution.

Of the various communication media that can be used with children during Forensic Investigations into allegations of sexual abuse, anatomical dolls are the most controversial. There have been a number of challenges to the use of anatomical dolls. The most important criticism against the use of anatomical dolls is that they are considered leading and overly suggestive. It is therefore of the utmost importance that anatomical dolls should be used with caution.

Using anatomical dolls outside of the recommended guidelines is dangerous and may potentially jeopardize safeguarding a child against further abuse, as well as jeopardize successful prosecution. It is inappropriate to use anatomical dolls as a diagnostic aid, or to base any conclusion regarding whether or not a child has been sexually abused, purely on the child's interaction with anatomical dolls.

GUIDELINES FOR THE USE OF ANATOMICAL DOLLS

1. Ensure that the child **is able to make a representational shift**. This ability is usually established in children from the age 4-5 years. If (a) a child cannot make a representational shift or (b) this ability is not tested by the professional, the use of any information obtained via anatomical dolls is considered invalid. There is strong caution against the use of anatomical dolls in pre-schoolers.
2. Use the dolls only **if needed to clarify** an abuse related disclosure. Dolls are therefore only used after the child has already made a verbal disclosure of abuse.
3. Always use the **least suggestive tool or media first**, in order to clarify abuse related disclosures. Anatomical dolls are therefore only used after the interviewer has clarified the abuse disclosure via body outline or ginger bread outline drawings.
4. Anatomical dolls are **not used to confirm** disclosures of abuse, but are only used to clarify aspects of abuse related information that is still unclear after the use of other less suggestive tools (see point 3).
5. Anatomical dolls should not be used in body inventories or as a tool for general identification of different body parts.

6. Anatomical dolls should not be freely available as a toy for children to play with during assessments or therapy.

STEPS IN THE USE OF ANATOMICAL DOLLS

1. Test whether or not a child can make a representational shift.
2. Present the dolls fully clothed.
3. Present both sex dolls and dolls of different developmental phases so that the child may freely choose a doll with whom he/she associates , as well as freely choose a doll for the alleged perpetrator.
4. Invite the child to show you what happened, using only the words the child has used during the verbal disclosure.
5. Use open-ended questions, inviting the child to explain what he/she is demonstrating with the dolls.
6. Avoid any leading questions, any suggestions or making any assumptions as to what the child is demonstrating.
7. Ask for clarification using forensically sound preferred methods of questioning.
8. Put the dolls away as soon as the child has finished demonstrating.

LITERATURE SOURCES ON THE USE OF ANATOMICAL DOLLS

APSAC (American Professional Society Against Child Abuse) Practice Guidelines. 2012. Annexure B: Using Anatomical Dolls as a Demonstration Aid.

Faller, K.C. 2007. Interviewing Children About Sexual Abuse. Controversies and Best Practice. Oxford University Press: New York.

Kuehnle, K. & Connel, M. 2009. The Evaluation of Child Sexual Abuse Allegations. A Comprehensive Guide to Assessment and Testimony. Wiley & Sons Inc: New Jersey.