

Assessing
Allegations of Sexual Abuse in
Children 18-36 Months



The Problem



- We document child sexual abuse by how well children can talk about what has happened to them
- Children 18 to 36-months of age cannot talk about their experiences in the language needed for documentation.

-yet they are the most vulnerable children we see....



Investigation for Purposes of Prosecution vs. Protection

- These cases cannot be prosecuted in a criminal justice arena
- These cases end up in family or juvenile court

The Language is in the Behavior

- Document behaviors, over time and across situations
- Anchor in standardized measures

"Research on very young children's behaviors has shown a significant difference in the behaviors of sexually abused young children and those children with no abuse history."

- Friedrich, W.N., 1998. Child Sexual Behavior Inventory

Protocol for Assessment with Preverbal Children

- Behavioral indicators
 - Developmental status
 - Emotional status
 - Sexual behaviors
- Over time and across situations
- Use of objective measures to anchor data
- Integration of limited verbal reports

Protocol

- Developmental History
- Current Status
- Sexual History
- Review of Risk Factors

Protocol Continued

- History of Concerns
 - Detailed account of first concern
 - Repeat for each concern
 - Documentation of behavioral repertoire, over time and across situations is the "language" of the very young child

- Screening for Significant Behaviors
 - Separation anxiety
 - Sleep problems
 - Fears/phobias
 - Play changes
 - Toileting/bathing
 - Compulsive behaviors

- Test measures
 - Child Development Inventory (CDI)
 - Child Behavior Checklist (CBCL)
 - Child Sexual Behavior Inventory (CSBI)
- Collateral Sources

- Observations
 - Child alone
 - Possibly child with alleged perpetrator
 - No norms exist for behavior of perpetrator/child interactions at this age
- Rule-Out Hypotheses

Case Examples

- Nathan
 - 2 years 8 months
 - Primary custody with Mom, Dad access
 - Dad has history of drug abuse
 - New reports of meth use
 - Spontaneous report
 - Nightmares
 - Physical reactions

- Mom does direct questioning
- Reports to CPS
 - Not substantiated
 - R/O political concerns
- Evaluation requested
 - Not court ordered...

Evaluation

- Normal developmental history
- No prior concerns
- Other caretakers
- Current status
 - Regression in toilet training
 - Sleep disturbance
 - No phobias/fears

- Behavior logs
 - Upset after visits
 - Re-regulates over time
- Showed penis to relative
- Separation anxiety
 - Upset after visits

- ### Evaluation Findings
- #### Test Results
- Child Development Inventory
 - Age level skills in all categories
 - Child Sexual Behavior Inventory
 - Significant elevation on SASI, normal DRSB
 - Child Behavior Checklist
 - Significant for somatic complaints, sleep problems, emotional reactivity
 - DSM scales: affective and anxiety problems

- ### Alternative Hypotheses
- Mom made this up
 - This is mom's attempt at vengeance
 - These are not atypical behaviors

■ Child unable to be interviewed
■ Testified

The Court Ordered
■ Not enough to restrict contact
■ Children's Safety Center visitation

■ Monitor case over time
■ Day and night time dysregulation
■ Child clearer with statements
■ Father irregular with visits

Ty

- Mom moves out of state
- Final visit
 - Therapy intervention

Ty

- Age 2-8 months
- Couple split
- Child begins to lick mother's boobies
- Kiss her tummy
- "Go downtown" kiss toward crotch
- Finger in butt, "more,more,more"

Ty

- Medical exam
 - Two abrasions between 6 and 8 o'clock
 - Scar at 12 o'clock
 - R/O constipation
 - Reported to CPS

Second exam
"variant of normal tissue folds at 12 o'clock"
Behaviors of concern (kissing mom, go downtown)

Evaluation of Ty

- Developmental history
- Current status
- Sexual history
 - Sexual behaviors with mother
 - Fingers in anus

Risk factors

- Dad angry: OFP for shoving mom
- Dad with new girlfriend: boundaries
- Dad's pornography
- Mom's depression
- Mom's hypervigilance
- Custody battle

History of concerns

- After OFP contact resumed
 - hit mom, kicked her, hyperactive
 - kicked dog
 - up five times per night

- Child adjusted to schedule
- February to April better
- April
 - Cried at drop off
 - Gagged and vomited after drop off
 - 2 hours before looking at mom
 - Spaces out
 - Anal findings

"People hurt my butt"
"Spanky, spanky, spanky"
"Do it to me, do it to me"
'Shut up!! Shut up!!'

- Evaluation of child
 - Observation of child
 - Screen concepts
 - Cannot identify body parts
 - Very active
 - Free play
 - Spontaneous demonstration

Testing

- Developmental Status
 - Normal development
- Child Behavior Checklist
 - Significant on 7/8 scales
- Child Sexual Behavior Inventory
 - DRSB 78, SASI >110, CSBI>110

Collateral Contacts

- Child care daily logs
 - Occasional report of withdrawal on drop off, sad to see mom go
- GAL
 - Observations of father with child are positive

Behavioral logs

- Mom's behavioral logs
 - Daily behavioral logs
- Behavioral charting
 - Before and after visits



■ Limits of the Evaluation

- Father is not interviewed
- No evaluation for possible PTSD after the war



What to say?



Note the problems

- Child too young to talk, but questionable behaviors
- Divorce custody situation
- Mom may be hypervigilant
- Medical exam of concern
- Spontaneous play atypical

Conclusions and Recommendations

- Cannot prove this case
- Risk factors are here
- Focus on the child's safety
- Work with father and child
 - Attachment work
 - Child management

- Coordinate management with both parents
- Psychological evaluations of both
 - PTSD from war for Dad
 - Psychosexual evaluation of Dad
 - Depression/anxiety for Mom

- Work with wider focus of child's life
- communication strategies for parents
- rules for contact with each other
- someone for ongoing work with family

- Interviewing alone does not work for very young children
- Buy time, intervene in critical areas
- Safety measures for the child
- Rehabilitate problem areas
- Prevention education work
- Follow-up

- ### Summary
- Very young children are the most vulnerable
 - Very young children are the least able to report
 - Very young children need protection

- New research is beginning to demonstrate a link between early maltreatment and later psychopathology

■ Our current methods of intervention must adapt to this developmental level, this population needs service

2004, US Government, Health and Human Services

■ Child sexual abuse data:

■ Ages 1-3 years	2.2%
■ Ages 4-7 years	9.1%
■ Ages 8-11 years	11.4%
■ Ages 12-15 years	16.5%

■ This data probably best reflects a language acquisition curve rather than actual frequency of abuse.

■ What are the obstacles we face in protecting this age group?

How Can We Serve This Population?

- Current problems in providing service
 - Police do not follow up
 - CPS doesn't deal with children who don't talk
 - Judges don't have hard data to allow rulings for protection
 - Infant mental health therapists are not often trained to treat trauma and abuse

- Because they can't talk, and the parents can, we often re-expose them to dysfunctional parents
- Whose rights have precedence?

We need to...

- Train intake workers to accept these cases
- Shift assessment from language to behaviors plus language
- Encourage police to gather supporting information
- Take action to protect these children

And...

- Train evaluators
- Train family law attorneys
- Train judges
