# PERFORMING INCEST VALIDATION ASSESSMENTS

Philip Witt, Ph.D., Howard Silverman, Ph.D.,
And Ellen Ciccone Zupkus, Ph.D.

## Introduction

When incest is suspected, attorneys and child protection agencies often refer families to psychologists to determine whether, in fact, incest did occur. In these difficult evaluations, which are called validation assessments, the alleged perpetrator, usually the father or stepfather, may deny molesting the victim. In cases of incest, there are rarely witnesses. Therefore, legal action against the offender frequently depends heavily upon the persuasiveness of the victim's account of the abuse. Medical examinations of the victim are often inconclusive unless the abuse involved genital or rectal penetration, and the examination was done immediately following the incident. Therefore, if the psychologist is unable to help the child provide accurate information, the offender may remain at risk to molest again.

There is no easy method for performing accurate assessments. The evaluating psychologist must estimate probabilities based upon his or her experience and knowledge of the available literature. Before attempting a validation assessment, a psychologist must be aware of the range of problems, and the methods to be employed in performing such an assessment.

## Young Children

If the victim is quite young, the assessment becomes extremely difficult. Most children are reluctant to talk about sexual abuse. Moreover, any psychologist who has administered standardized testing to young children knows that many children have short attention spans, become restless rapidly, and have difficulty discussing one topic for any length of time. The embarrassment and vocabulary difficulties of young children when discussing sexual abuse further compound the interviewing problem. While it is often suggested that we talk to a child in the child's own language, it is frequently difficult to understand a young child's use of terms clearly enough to conduct an interview with as much clarity as one would with an older child or adult. Moreover, inconsistencies and distortions that would decrease the credibility of the account of an older child may simply be a reflection of the young child's preoperational cognitive processes (de Young, 1986).

The examiner must make a particular effort to reassure the child that it is acceptable to talk about sex. A child who has been molested has frequently been threatened with harm by the perpetrator unless she keeps the molestation secret. In fact, the very elicitation of details from a young child that the perpetrator instructed her to remain silent about the abuse increases the credibility of the child's account (de Young, 1986). Moreover, children are usually taught not to discuss sexual matters. Therefore, it is difficult for a child to understand that it is exactly this topic that the examiner wishes her to discuss.

## Anatomically Correct Dolls

Many evaluators have begun to use anatomically correct dolls to elicit information from victims. However, these dolls must be used with caution. There is as yet no standard protocol for using the dolls. Some evaluators specifically ask the child to recreate the incest using the dolls; others merely ask the child to play with the dolls; others have the child dress and undress the dolls. Obviously, this variability in use can make interpretation of the interview results difficult. An inexperienced evaluator would be well advised to follow a standard format (e.g., Friedemann & Morgan, 1985).

Proper use of anatomically collect dolls can add immeasurably to the assessment process. Children who are able to describe sexual acts in detail while demonstrating the behavior with the dolls can be quite persuasive, as the following vignette of an interview using anatomically correct dolls with a five-year-old girl illustrates:

*Victim*: Daddy asked me to rub his ding-dong because it was itchy. Then we rubbed it together and it became humongus.

*Examiner*: What does humongus mean?

*V*: Big

*E:* Then what happened?

*V*: Then white, sticky stuff came out and it got on my hand.

*E*: Then what happened?

*V*: Well, his ding-dong was small, and I washed my hands.

*E*: I wonder what it tastes like. [Probing for the possibility of fellatio.]

*V*: I didn't taste it. (Laughs)

The child's overall presentation was convincing enough that a grand jury indicted the father.

## Retractions

Because sexual abuse is so traumatic, it is understandable that children may want to forget these experiences. Suppression of the memory of these events may temporarily help the child cope. Some children not only suppress the incest, but also retract their allegations. Allegations of sexual abuse create turmoil in a family. The child's retraction is frequently an attempt to minimize the emotional pain the child and family are experiencing. In fact, retractions have become so common (Summit, 1983) that some examiners are videotaping the initial interviews with the child to document the quality of the original allegation.

Retractions can be quite distressing to professionals, friends, and relatives. Retractions can sometimes damage the credibility of the original allegation. On the one hand, if the original allegation was accurate, a perpetrator may not be dealt with legally or therapeutically. On the other hand, if the original allegation was inaccurate, and the retraction is valid, an innocent parent could be prosecuted unjustly. Under these circumstances, continued psychotherapy with the victim can sometimes lead to an accurate assessment of the validity of the incest allegation.

## Abuse by an Unknown Perpetrator

On occasion, it is clear that sexual abuse of a child has occurred, but due to the child's inability or unwillingness to speak about the abuse, it is not clear who the perpetrator was. For example, in one case, referral material indicated numerous incidents of inappropriate sexual behavior by a young boy. When interviewed using anatomically correct dolls, he demonstrated oral sex with the dolls. However, at no time would he say who taught him this sexual activity. Cases such as these frequently ignite a witch hunt for the perpetrator. Although it is most disturbing to know that a child may be left in a home where he or she is at risk of being sexually abuse, it is also disturbing to think that adults in the household may be falsely accused of having committed sexual abuse.

In such cases, continued clinical contact with the victim can have a number of benefits. First, the identity of the perpetrator may become clear over time. This would allow the psychologist to make an informed recommendation as to the placement and treatment of the offender, family, and victim. Second, the child needs to be provided with a therapeutic relationship until the emotional and behavioral symptoms of the abuse subside. Third, the family's behavior can be observed to determine, for example, if the mother has sufficient willingness and interpersonal power in the household to adequately protect the victim.

## Custody Disputes

One particularly difficult situation in which to perform a validation assessment is a custody dispute. Frequently one hears the alleged perpetrator claim that the child was coached and persuaded by her mother to make a false accusation. The presumed purpose of this accusation is to damage the father's character so as to allow the mother to have custody of the child. Typically the father has his own set of counter allegations. Emotions run high in divorces, and this scenario is not uncommon in a disturbed family. Although a case in which the mother entirely fabricates the story of abuse and coaches the child may be relatively easy to assess, the case when the mother overreacts to marginal evidence is much more difficult (Bresee et al, 1986).

In fact, we have seen one family in which, in the context of divorce proceedings, a child claimed that her father's male friend (who live with the family) molested her. Six months later, after the New Jersey Division of Youth and Family Services had investigated and removed the father's friend from the home as a precaution until the case was resolved, the husband and wife were reconciling. At that time, the child retracted her story and said that no abuse whatever had occurred. What does one believe?

## Perpetrator Confessions

The validation process becomes much easier, obviously, if the perpetrator confesses. An admission of guilt allows the assessment to focus on the clinical issues in the case, rather than on the factual issues. Further, if the father has been removed from the home, an admission of guilt may allow the family to be reunited earlier than would otherwise be the case. Finally, a confession lessens the likelihood that the child victim will be placed in an adversarial position with an important, if not loved, family member.

While many perpetrators admit to their actions soon after disclosure, others will deny having committed incest for years despite overwhelming evidence to the contrary. Other perpetrators will initially deny the offense, but later admit their actions during the

clinical evaluation. Some men, when made aware of the negative consequences to their child of not being believed will make an admission or partial admission of guilt.

The contingencies for a perpetrator admitting that he committed incest are complex. Although by confessing, the perpetrator may relieve the victim of considerable stress and facilitate the reuniting of his family, he may also place himself at risk legally. While legal authorities are frequently responsive to expert opinion regarding suitability of an offender for probation, they are not always so. Hence, even if family therapy is progressing well, the mother can adequately monitor the family and protect the child, and the victim herself wants the perpetrator to remain at home, the offender may still be incarcerated. A confession may, in fact, make his incarceration more likely because the prosecutor would then have enough material to prosecute the case forcefully. If the offender does not confess, the prosecutor's case may be weaker, resulting in a plea bargain to a lesser charge. These are difficult issues that must be weighed in the specific case at hand.

## Assessment Guidelines

There are some accepted signs that a child has experienced sexual abuse. The standard observable indicators are sexual preoccupation or precocity, the sudden onset of nightmares, depression, eating disorders or behavioral problems, and a rapid drop in school performance. Probably the most heavily weighted factor is the child's sexual preoccupation or precocity. However, each additional factor makes it more likely that the child was sexually abused. Unfortunately, many of these symptoms occur when a child is subjected to any trauma, not necessarily a sexual trauma. Even if an evaluator uses a conceptual framework such as Finklehor and Browne's (1985) for differentiating sexual trauma symptoms from other trauma symptoms, the diagnostic issues are still difficult.

A firm rule in validation assessments is that one must obtain information form as many sources as possible. The examiner should talk to the victim, interview other family members including any extended family, talk to the social worker or attorney involved in the case, and read all police and investigator reports. Using many sources of information reduces the probability that one will be misled by the distortions in any one point of view.

The examiner should carefully assess the alleged perpetrator's sexual arousal pattern by taking a detailed sexual history from him, and obtaining his description of his current sexual functioning. Confirming descriptions of his sexual activity from his wife or girlfriend are quite useful. In forensic assessments, offenders usually deny deviant sexual arousal or deviant sexual activity. They, quite accurately, believe that the legal consequences for them will be minimized if the court believes them to be relatively normal in this regard. Therefore, the alleged perpetrator's self-report should be viewed with some skepticism.

There is some controversy regarding whether incestuous fathers have deviant sexual arousal patterns. One school of practitioners contends that incest is an interpersonal, family disorder in which the daughter is selected as a wife surrogate (Mayer, 1983). As such, no deviant sexual arousal would be expected. One supporting study found that some incestuous fathers' sexual arousal patterns were more like normal sexual arousal patterns than those of non-incestuous pedophiles (Quinsey, Chaplin, and Carrigan, 1979). However, other researchers have found that some incestuous fathers do indeed have sexual arousal patterns quite like those of non-incestuous pedophiles (Abel et al, 1981; Finklehor, 1984). Clearly, incest may have more than one cause; some cases may well be the result of interpersonal pathology, other cases may well be the result of deviant sexual arousal, while yet other cases may be the result of both causes. The assessment issues are subtle.

Performing forensic assessments of sex offender's is a role with which many psychologists are unfamiliar. The psychologist must maintain a delicate balance between the usual role of assessing the dynamics of an individual's personality and the unaccustomed role of a forensic investigator who seeks to establish the facts in a situation. In the end, the psychologist's goal is to construct a coherent, sensible explanation, informed by training and experience in human behavior and personality, with regards to the examinee's illegal sexual behavior.

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