

# **Sexual Abuse Assessment Outline**

## **Child Assessment:**

- Statements Made by the Child
- Behaviors Exhibited by the Child
- Child Developmental Considerations and Limitations
- Child Developmental Delays & Trauma as Evidence
- Assessment of Child's School Records
- Assessment of Child's Medical Records
- Assessment of Child's Mental Health and Therapy Records

## **Caregiver/Reporting Party Assessment:**

- Reporting Party's Behavior
- Reporting Party's Statements
- Reporting Party's Personal History
- Reporting Party's Criminal History

## **Alleged Perpetrator Assessment:**

- Alleged Perpetrator's Behavior
- Alleged Perpetrator's Statements
- Alleged Perpetrator's Personal History
- Alleged Perpetrator's Criminal History
- Alleged Perpetrator's Presence of any Precipitating Factors
- Alleged Perpetrator's Presence of any Propensity Factors

## **Exploration of Context and Validity:**

- Circumstances Surrounding Original Outcry from Child
- Presence of any Suggestibility or Signs of Coaching
- Presence of any Motives for False Reporting
- Risk Factors in the Child's Home and Presence of Supportive Caregivers

## **Due Diligence Searches:**

- Presence of any Law Enforcement History
- Presence of any Child Protection Services History

## **Search for Other Victims:**

- Within the Alleged Perpetrator's Family
- Within the Alleged Perpetrator's Current or Past Relationships
- Within the Alleged Perpetrator's Social Circles

# Sexual Abuse Behavioral Assessment - 2-6yo Boys

## General Behaviors:

- Dependent
- Negative affect
- Strong need for approval
- Strong need for closeness
- Strong need for help
- Anxious
- Withdrawn
- Disruptive in the classroom
- Unpopular
- Poor comprehension of classroom activities
- Varied emotional problems
- Fear of a specific adult
- Fear of a specific place
- Poor coping skills

## Regressive Behaviors:

- Bed-Wetting
- Thumb-Sucking
- Separation Anxiety
- Loss of Speech
- Tantrums
- Fear of the Dark
- Regressive Play

## Concerning Aggressive Behaviors:

- Physical Violence
- Destructive Behavior
- Verbal Threats
- Animal Cruelty
- Bullying
- Weapon Use
- Unprovoked Aggression

## Concerning Hyperactivity Behaviors:

- Impulsivity
- Inability to Focus
- Excessive Talking
- Restlessness
- Disruptive Behavior
- Risk-Taking
- Sleep Disturbances

## Cognitive and Attentional Behaviors:

- Inability to concentrate for periods of time
- Confused or seems to be in a fog
- Daydreams and gets lost in internal thoughts often
- Stares blankly

## Concerning Sexual Behaviors:

- Explicit Sexual Language
- Sexual Role-Playing
- Genital Exposure
- Sexualized Play with Toys
- Excessive Masturbation
- Interest in Adult Sexual Activities
- Puts mouth on sex parts
- Asks to engage in sex acts
- Masturbates with an object
- Inserts objects into anus
- Imitates sexual intercourse
- Makes sexual sounds
- French kisses
- Undresses other people
- Touches other people's sex parts
- Rubs their body against other people
- Hugs stranger adults
- Masturbates with their hand
- Asks to watch explicit TV/media
- Child draws or writes about sexually explicit things

## Concerning Externalizing Behaviors:

- Aggressive or Angry Outbursts
- Defiance and Oppositional Behaviors
- Destruction of Property
- Theft
- Lying
- Hyperactivity

## Emotional and Psychological Behaviors:

- Feels worthless or inferior
- Nervous, high-strung, or tense
- Too fearful or anxious
- Feels too guilty
- Unhappy, sad, or depressed
- Worries often
- Sudden changes in mood or feelings

## Social and Interpersonal Behaviors:

- Argues often
- Clings to adults and too dependent
- Doesn't get along with other children well
- Secretive and keeps things to themselves

## Disruptive and Oppositional Behaviors:

- Disobedient often at home
- Temper tantrums or hot temper

## Physical and Physiological Behaviors:

- Bowel movements outside of toilet
- Cries a lot
- Trouble sleeping

# **Sexual Abuse Behavioral Assessment - 2-6yo Girls**

## **General Behaviors:**

- Dependent
- Negative affect
- Strong need for approval
- Strong need for closeness
- Strong need for help
- Anxious
- Disruptive in the classroom
- Unpopular
- Poor comprehension of classroom activities
- Varied emotional problems
- Fear of a specific adult
- Fear of a specific place
- Poor coping skills

## **Regressive Behaviors:**

- Bed-Wetting
- Thumb-Sucking
- Separation Anxiety
- Loss of Speech
- Tantrums
- Fear of the Dark
- Regressive Play

## **Concerning Aggressive Behaviors:**

- Physical Violence
- Destructive Behavior
- Verbal Threats
- Animal Cruelty
- Bullying
- Weapon Use
- Unprovoked Aggression

## **Concerning Withdrawal Behaviors:**

- Social isolation
- Loss of interest
- Emotional flatness
- Avoidance of eye contact
- Reduced verbalization / talking

## **Cognitive and Attentional Behaviors:**

- Inability to concentrate for periods of time
- Confused or seems to be in a fog
- Daydreams and gets lost in internal thoughts often
- Stares blankly

## **Physical and Physiological Behaviors:**

- Bowel movements outside of toilet
- Wets themselves during the day
- Cries a lot
- Trouble sleeping

## **Concerning Sexual Behaviors:**

- Explicit Sexual Language
- Sexual Role-Playing
- Genital Exposure
- Sexualized Play with Toys
- Excessive Masturbation
- Interest in Adult Sexual Activities
- Puts mouth on sex parts
- Asks to engage in sex acts
- Masturbates with an object
- Inserts objects into vagina or anus
- Imitates sexual intercourse
- Makes sexual sounds
- French kisses
- Undresses other people
- Touches other people's sex parts
- Rubs their body against other people
- Hugs stranger adults
- Masturbates with their hand
- Touches their sex parts in public
- Child draws or writes about sexually explicit things

## **Concerning Internalizing Behaviors:**

- Excessive worrying
- Mood swings
- Fearfulness
- Somatic complaints (stomach aches/head aches)
- Sleep disturbances
- Selective mutism (refusing to speak when it's expected)

## **Emotional and Psychological Behaviors:**

- Feels worthless or inferior
- Nervous, high-strung, or tense
- Too fearful or anxious
- Feels too guilty
- Unhappy, sad, or depressed
- Worries often
- Sudden changes in mood or feelings

## **Social and Interpersonal Behaviors:**

- Argues often
- Behaves like opposite sex (boy)
- Fears certain animals, situations and places
- Clings to adults and too dependent
- Doesn't get along with other children well
- Secretive and keeps things to themselves

## **Disruptive and Oppositional Behaviors:**

- Disobedient often at home
- Temper tantrums or hot temper

# **Sexual Abuse Behavioral Assessment - 7-12yo Boys**

## **General Behaviors:**

- Dependent
- Impulsive
- Negative affect
- Strong need for approval
- Strong need for closeness
- Strong need for help
- Anxious
- Withdrawn
- Disruptive in the classroom
- Unpopular
- Poor comprehension of classroom activities
- Varied emotional problems
- Fear of a specific adult
- Poor coping skills

## **Academic Decline:**

- Falling Grades
- Incomplete Assignments
- Lack of Engagement
- Absenteeism
- Difficulty Concentrating
- Avoidance
- Behavioral Issues in School

## **Concerning Social Isolation Behaviors:**

- Withdrawal from Friends
- Avoidance of Social Activities
- Loss of Interest in Hobbies
- Excessive Screen Time
- Emotional Detachment
- Reluctance to Leave Home
- Negative Self-Talk

## **Concerning Sleep Dysregulation:**

- Frequent Nightmare Episodes
- Intense Fear
- Daytime Anxiety
- Sleep Avoidance
- Recurrent Themes
- Disorientation Upon Waking
- Impact on Daily Life

## **Concerning Risk-Taking Behaviors:**

- Dangerous Physical Activities
- Substance Experimentation
- Disobeying Safety Rules
- Theft or Vandalism
- Inappropriate Social Behavior
- Reckless Use of Technology

## **Concerning Sexual Behaviors:**

- Explicit Sexual Language
- Sexual Role-Playing
- Genital Exposure
- Sexualized Play with Toys
- Excessive Masturbation
- Interest in Adult Sexual Activities
- Puts mouth on sex parts
- Asks to engage in sex acts
- Masturbates with an object
- Inserts objects into anus
- Imitates sexual intercourse
- Makes sexual sounds
- Undresses other people
- Touches other people's sex parts
- Rubs their body against other people
- Masturbates with their hand
- Touches their sex parts in public
- Kisses non-family children
- Asks to watch explicit TV/media
- Looks at nude pictures
- Tries to look at people undressing
- Sexually interested in people of same or opposite sex
- Child draws or writes about sexually explicit things

## **Concerning Physical Aggression Behaviors:**

- Frequent Fighting
- Use of Weapons
- Destruction of Property
- Animal Cruelty
- Unprovoked Attacks
- Bullying
- Assault on Adults

## **Additional Concerning Behaviors:**

- Clings to adults and too dependent
- Confused or seems to be in a fog
- Cries a lot
- Daydreams and gets lost in internal thoughts often
- Disobedient often at home
- Doesn't get along with other children well
- Feels worthless or inferior
- Nervous, high-strung, or tense
- Too fearful or anxious
- Feels too guilty
- Secretive and keeps things to themselves
- Stares blankly
- Sudden changes in mood or feelings
- Temper tantrums or hot temper
- Unhappy, sad, or depressed
- Worries often

# **Sexual Abuse Behavioral Assessment - 7-12yo Girls**

## **General Behaviors:**

- Dependent
- Impulsive
- Negative affect
- Strong need for approval
- Strong need for closeness
- Strong need for help
- Anxious
- Withdrawn
- Disruptive in the classroom
- Unpopular
- Poor comprehension of classroom activities
- Varied emotional problems
- Fear of a specific adult
- Poor coping skills
- Bed wetting
- Wetting self during the day

## **Academic Decline:**

- Falling Grades
- Incomplete Assignments
- Lack of Engagement
- Absenteeism
- Difficulty Concentrating
- Avoidance
- Behavioral Issues in School

## **Concerning Social Isolation Behaviors:**

- Withdrawal from Friends
- Avoidance of Social Activities
- Loss of Interest in Hobbies
- Excessive Screen Time
- Emotional Detachment
- Reluctance to Leave Home
- Negative Self-Talk

## **Concerning Sleep Dysregulation:**

- Frequent Nightmare Episodes
- Intense Fear
- Daytime Anxiety
- Sleep Avoidance
- Recurrent Themes
- Disorientation Upon Waking
- Impact on Daily Life

## **Concerning Self-Harming Behaviors:**

- Cutting or Scratching Self
- Burning Self
- Pulling Out Own Hair
- Biting Self
- Banging Own Head Against Things
- Picking at Wounds
- Swallowing Harmful Substances

## **Concerning Sexual Behaviors:**

- Explicit Sexual Language
- Sexual Role-Playing
- Genital Exposure
- Sexualized Play with Toys
- Excessive Masturbation
- Interest in Adult Sexual Activities
- Puts mouth on sex parts
- Wants to be the opposite sex
- Asks to engage in sex acts
- Undresses other people
- Touches other people's sex parts
- Rubs their body against other people
- Hugs stranger adults
- Touches their sex parts in public
- Kisses non-family children
- Asks to watch explicit TV/media
- Looks at nude pictures
- Tries to look at people undressing
- Sexually interested in people of same or opposite sex
- Child draws or writes about sexually explicit things

## **Concerning Eating Disorder Behaviors:**

- Extreme Caloric Restriction
- Binge Eating
- Purging
- Obsession with Body Image
- Excessive Exercise
- Food Rituals
- Physical Symptoms of Malnutrition

## **Additional Concerning Behaviors:**

- Clings to adults and too dependent
- Confused or seems to be in a fog
- Cries a lot
- Daydreams and gets lost in internal thoughts often
- Disobedient often at home
- Doesn't get along with other children well
- Feels worthless or inferior
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- Feels too guilty
- Secretive and keeps things to themselves
- Stares blankly
- Sudden changes in mood or feelings
- Temper tantrums or hot temper
- Unhappy, sad, or depressed
- Worries often

# **Sexual Abuse Behavioral Assessment - 13+yo Boys**

## **General Behaviors:**

- Dependent
- Impulsive
- Negative affect
- Strong need for approval
- Strong need for closeness
- Strong need for help
- Anxious
- Disruptive in the classroom
- Unpopular
- Poor comprehension of classroom activities
- Varied emotional problems
- Fear of a specific adult
- Poor coping skills
- Bed wetting
- Wetting self during the day

## **Concerning Substance Abuse Behaviors:**

- Frequent Intoxication
- Secretive Behavior
- Drug Paraphernalia
- Sudden Mood Swings
- Neglect of Responsibilities
- Social Isolation
- Legal Troubles

## **Concerning Promiscuity Behaviors:**

- Multiple Sexual Partners
- High-Risk Sexual Behavior
- Secretive Behavior
- Substance Use Before Sex
- Compulsive Sexual Behavior
- Sexual Activities for Validation
- Inappropriate Sexual Advances

## **Concerning Sleep Dysregulation:**

- Frequent Nightmare Episodes
- Intense Fear
- Daytime Anxiety
- Sleep Avoidance
- Recurrent Themes
- Disorientation Upon Waking
- Impact on Daily Life

## **Concerning Sexual Behaviors:**

- Severe Gender Dysphoria
- Sexual Behaviors that Cause Themselves Physical Pain
- Sexual Behaviors that Cause Themselves Emotional Distress
- Sexual Behaviors Involving Children 4+ Years Younger than They Are
- Sexual Behaviors Involving Coercion or Threat
- Sexual Behaviors Involving Physical Force
- Sexual Paraphilic Disorders (Voyeurism, Exhibitionism, Frotteurism, Fetishistic Disorders, etc...)
- Sexual Behaviors Involving Animals
- Significant Addiction to Pornography
- Significant Addiction to Masturbation

## **Concerning Depression Behaviors:**

- Persistent Sadness
- Social Withdrawal
- Change in Academic Performance
- Sleep Disturbances
- Appetite Changes
- Lack of Energy
- Self-Harm or Suicidal Ideation

## **Concerning Anger Issues and Behaviors:**

- Frequent Outbursts
- Physical Aggression
- Verbal Abuse
- Defiance

## **Concerning Delinquency Behaviors:**

- Theft or Shoplifting
- Burglary
- Vandalism
- Truancy
- Defiance of Authority
- Drug Use or Selling Drugs
- Involvement in Other Illegal Activities

## **Concerning Self-Harming Behaviors:**

- Cutting or Scratching Self
- Burning Self
- Pulling Out Own Hair
- Biting Self
- Banging Own Head Against Things
- Picking at Wounds
- Swallowing Harmful Substances

# **Sexual Abuse Behavioral Assessment - 13+yo Girls**

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- Sexual Behaviors Involving Animals
- Significant Addiction to Pornography
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## **Concerning Depression Behaviors:**

- Persistent Sadness
- Social Withdrawal
- Change in Academic Performance
- Sleep Disturbances
- Appetite Changes
- Lack of Energy
- Self-Harm or Suicidal Ideation

## **Concerning Anxiety Disorders and Behaviors:**

- Excessive Worry
- Panic Attacks
- Obsessive-Compulsive Behaviors
- Phobias
- Sleep Disturbances
- Hyper-vigilance
- Excessive Alertness
- Startle Response
- Avoidance of Certain Places or People
- Safety-Seeking Behaviors
- Intrusive Thoughts
- Difficulty Focusing

## **Concerning Relationship Issues and Behaviors:**

- Attachment Issues
- Distrust of Others
- Boundary Violations
- Conflict Avoidance
- Repetition of Abusive Patterns

# Child Sexual Abuse Social Assessment

## Common Risk Factors for Sexual Abuse:

- Presence of a step-father or non-biological male father-figure in the home
- Mother never finished high school
- Mother is sexually repressive/punitive
- No physical affection from father
- Child not close to mother
- Child lived without mother for some period of time during childhood
- Family income is considered at the poverty level
- Few friends (2 or less) during childhood years

## Family Structure and Dynamics:

- Single-Parent Homes: Particularly those where the single parent has multiple partners.
- Blended Families: Stepfamilies may sometimes have less clear boundaries, making it easier for abuse to occur.
- Large Families: Overcrowding and lack of privacy can sometimes be a factor.
- Parental Absence or Neglect: Lack of supervision or emotional neglect from parents.
- Domestic Violence: Presence of other forms of abuse or violence in the home.

## Socioeconomic Factors:

- Poverty: Financial stress can exacerbate other risk factors.
- Low Educational Levels: Parents with lower educational attainment may lack awareness of signs or risks.
- Unemployment: Financial instability and stress can contribute to a higher risk environment.

## Substance Abuse:

- Alcohol or Drug Abuse: By caregivers or other family members can impair judgment and lower inhibitions.

## Psychological Factors:

- Parental History of Abuse: Parents who were abused as children may be more likely to have children who are abused.
- Mental Health Issues: Particularly untreated mental illness in parents or caregivers.

## Cultural or Community Factors:

- Normalization of Physical Punishment: In some cultures or communities, physical punishment is normalized, which can sometimes escalate into abuse.
- Stigma Around Discussing Sexuality: In some cultures, discussing sex or sexuality is taboo, making it difficult for children to report abuse.
- Lack of Community Support: Isolated families without a support network may be at higher risk.

## Other Factors:

- Frequent Changes in Caregivers: Can make it difficult to establish trust and clear boundaries.
- Access to Children: Homes where non-family members have unsupervised access to children.
- Secrecy and Shame: Family cultures that prioritize secrecy and discourage open communication.



# Child Sexual Abuse Outcry Assessment

## Timing and Circumstances Surrounding Original Disclosure of Sexual Abuse:

- Child discloses in the absence of the offender
- Absence of secondary gain or motive
- Child displaying avoidance and anxiety regarding questions about sex
- Initial disclosure is spontaneous (not under pressure from a caregiver)
- Child displays hesitancy regarding divulging about sexual abuse
- Child makes specific statements about being abused (who did it, what happened and/or where it happened)

## Behavioral Elements Surrounding Original Disclosure of Sexual Abuse:

- Post-Disclosure Behavior: Behavioral changes like withdrawal or aggression post-disclosure.
- Avoidance: Avoidance of the abuser or places where abuse occurred.
- Seeking Support: Attempts to seek help or confide in trusted individuals.

## Contextual Elements to Consider Surrounding Original Disclosure of Sexual Abuse:

- Timing: The time between the event and the disclosure.
- Setting: The environment in which the disclosure is made.
- Recipient: The person to whom the disclosure is made and their relationship to the victim.

## Examination of Quantity and Quality of Details in Forensic Interview of Sexual Abuse:

- Idiosyncratic event
- Good recall of details including sensory motor
- Increasingly progressive sexual acts over time (in continuous cases)
- Explicit description and/or demonstration of sexual abuse
- Information about who did it and what happened, possibly where it happened
- Information about where other people were at (if they were there, in another room, or gone doing something else)
- Information about what the child and/or offender was wearing
- Information about any clothing that was taken off during sexual abuse
- Affective information (either in account or in display of behavior during interview)
- Details characteristic of the offense
- Superfluous details, peripheral details, or unusual details
- Descriptions of interactions with sequences of actions and reactions
- Spontaneous corrections

## Examination of Logical Consistency of Child's Statements About Sexual Abuse:

- Consistency: Repeated accounts of the incident that remain consistent over time.
- Detail: Specific details about the abuse, such as location, actions, and words spoken.
- Affect: Emotional responses that are congruent with the traumatic experience.
- Spontaneity: Voluntary and unprompted disclosure without leading questions.
- Context: The setting and timing of the disclosure can also be significant.
- Physical Evidence: Any physical signs or symptoms that corroborate the child's account.
- Corroboration: Statements or evidence from other sources that support the child's account.
- Developmental Appropriateness: The child's account is developmentally appropriate for their age and understanding.
- Absence of Motive: Lack of apparent motive to fabricate the story.
- Behavioral Indicators: Changes in behavior, such as withdrawal or aggression, that coincide with the timing of the alleged abuse.

# **Child Sexual Abuse Outcry Assessment (continued)**

## **Linguistic Elements:**

- Specificity: The use of specific nouns and verbs to describe the incident.
- Temporal Markers: Use of time-related words to sequence events.
- First-Person Pronouns: Use of first-person pronouns ("I," "me") to describe personal experiences.

## **Emotional Elements:**

- Affective Statements: Emotional words or phrases that align with the traumatic experience.
- Non-Verbal Cues: Emotional expressions like crying or trembling that are congruent with the narrative.
- Emotional Consistency: Emotional tone that remains consistent throughout the disclosure.

## **Cognitive Elements:**

- Logical Structure: A coherent and logical sequence of events.
- Detail Recall: Ability to recall peripheral details like smells, sounds, or room layout.
- Memory Gaps: Acknowledgment of memory gaps, which is normal in traumatic recall.

## **Descriptions of Perpetrator Behaviors:**

- Psychological coercion
- Threatening or bribing the child to keep the sexual secret
- Descriptions of statements made by the perpetrator to gain compliance from the child for the sexual abuse
- Attribution of thoughts, feelings, or motivations to the perpetrator (in older children)
- Pressures within the family to recant (in non-supportive environments)

## **Repetition of Disclosure Over Time (External and Internal Consistency):**

- Child makes statements regarding abuse in the absence of the offending parent (in incest cases)
- Vocabulary may change but events stay consistent
- Consistency in reporting major facts of sexual victimization (minor details may vary)
- Child makes statements to others (children and adults) consistent with their previous disclosures
- Consistency in salient details
- Making consistent disclosure to more than one person
- Repeating information disclosed through drawings, play, journaling, etc...
- Consistency even in the face of challenge

## **Emotional Reaction of Child During Interview:**

- Consistent with accusations
- Overdetermined denial in response to questions about sexual allegations
- Overdetermined avoidance in response to questions about sexual allegations
- Anxiety in response to questions about sexual allegations
- Fear
- Disgust
- Anger
- Sexual arousal
- Self-deprecation or assumption of blame
- Pardoning or excusing the perpetrator for the abuse

# **Areas of Concern for False Report or Coaching**

## **Common Elements Seen in Malicious and Non-Malicious Coaching:**

- Parroting or indications of statement rehearsal
- Child using language that is clearly not appropriate for their age or developmental capacity
- Evidence of pressure to disclose or high levels of coaching and suggestible behavior
- Repeated questioning by a caregiver to the child regarding the sexual abuse
- Lack of sufficient details to support the disclosure and investigation

## **Inconsistencies in the Child's Account:**

- **Frequent Changes in Story:** Major inconsistencies or frequent changes in the child's account of events.
- **Lack of Emotional Affect:** The child's emotional state does not align with the severity of the alleged abuse.
- **Overly Scripted Language:** The child uses language or phrases that seem too advanced or rehearsed for their age.

## **Parental or Guardian Behavior:**

- **Over-Involvement:** Parents or guardians who are overly involved in the child's disclosure process.
- **Leading Questions:** Use of leading or suggestive questions by the parent or guardian.
- **Inconsistencies in Parental Accounts:** Discrepancies between what the child and parent report.
- **Parental Motive:** Presence of a motive for false reporting, such as custody battles or financial gain.

## **Interview Techniques:**

- **Multiple Interviews:** The child has been interviewed multiple times, increasing the risk of suggestive questioning – if the child was interviewed by forensic interviewers using proper established protocols (such as MSFI) than this would not apply.
- **Inappropriate Interview Setting:** The setting where the child is interviewed is not neutral or is leading in some way.

## **Behavioral Indicators:**

- **No Behavioral Changes:** Lack of any behavioral changes in the child that would typically be associated with abuse.
- **Lack of Secondary Signs:** Absence of secondary signs of abuse such as nightmares, regression, or changes in eating habits.

## **External Factors:**

- **Media Influence:** Exposure to media or other external sources that could have influenced the child's account.
- **Peer Influence:** Cases where peer conversations or suggestions may have influenced the child's account – typically when the child has a pattern of behavior for attention-seeking, or other false reporting history consistent with histrionic personality disorder characteristics.

# Assessing Speech and Memory in Children

## 2-3 Years Old Children:

### **Cognitive Elements:**

- Basic Cause and Effect: Understands simple cause-and-effect relationships.
- Object Permanence: Knows that objects continue to exist even when not visible.

### **Language Elements:**

- Limited Vocabulary: Around 200-1,000 words.
- Simple Sentences: Uses two- to three-word phrases.

### **What to Expect in Disclosure:**

- Limited Detail: May only provide basic details like naming the abuser or pointing to body parts.
- Concrete Terms: Likely to use very concrete terms to describe events.

## 4-6 Years Old Children:

### **Cognitive Elements:**

- Basic Logic: Can sort objects and understand the concept of numbers.
- Time Concepts: May understand "yesterday," "today," and "tomorrow."

### **Language Elements:**

- Expanded Vocabulary: Around 2,500 words.
- Complex Sentences: Can form sentences with multiple clauses.

### **What to Expect in Disclosure:**

- More Detail: Can provide more details but may still be vague about sequencing.
- Literal Interpretation: May interpret questions very literally.

## 7-9 Years Old Children:

### **Cognitive Elements:**

- Concrete Operational Thought: Can think logically about concrete events.
- Cause and Effect: Understands more complex cause-and-effect relationships.

### **Language Elements:**

- Advanced Vocabulary: Vocabulary expands significantly.
- Narrative Skills: Can tell a story with a clear beginning, middle, and end.

### **What to Expect in Disclosure:**

- Detailed Account: Can provide a more detailed and logically structured account.
- Understanding of Morality: May express concepts of right and wrong.

# Assessing Speech and Memory in Children (continued)

## 10-12 Years Old Children:

### **Cognitive Elements:**

- Abstract Thinking: Begins to think more abstractly and critically.
- Problem-Solving: Improved problem-solving and hypothesis-testing skills.

### **Language Elements:**

- Advanced Syntax: Uses complex sentence structures.
- Metaphorical Language: Begins to understand and use metaphorical language.

### **What to Expect in Disclosure:**

- Analytical Detail: Can provide a detailed, analytical account of the event.
- Temporal Sequencing: Can sequence events more accurately.

## 13+ Years Old Children:

### **Cognitive Elements:**

- Formal Operational Stage: Capable of abstract and theoretical reasoning.
- Ethical Understanding: Develops a more nuanced understanding of ethics and morality.

### **Language Elements:**

- Adult-Level Vocabulary: Near-adult level vocabulary and language comprehension.
- Rhetorical Skills: Capable of using rhetoric and debating.

### **What to Expect in Disclosure:**

- Comprehensive Detail: Can provide a comprehensive and nuanced account.
- Emotional Insight: May offer insight into their emotional state and the abuser's motivations.

# Normal Sexual Behaviors in Children

## 0-4 Years Old Children:

- Touching or rubbing own genitals and showing others own genitals
- Touching or looking at private parts of other children or familiar adults, e.g. when in the bath
- Being nude, and playing doctors, nurses or mummies and daddies
- Using slang words/dirty language for bathroom and sexual functions e.g. “shit” or talking about “sexing”
- Playing age appropriate games or videos on electronic devices, under supervision (low risk for sexually abusive behaviors)

## 5-9 Years Old Children:

- Awareness of privacy about bodies
- Self-touching and masturbation
- “Show me yours/I’ll show you mine” (with peers)
- Stories, questions, names, or swearing regarding private parts and body functions
- Kissing and holding hands (with peers)
- Observed behavior (e.g. pinching a bottom)
- Online social contact: skill based or dress up games
- Using photos, videos to record their life, and
- Accidental access to pornography (Normal but could be a risk for sexually abusive behaviors)

## 9-12 Years Old Children:

- Growing need for privacy
- Masturbating in private
- “Show me yours/I’ll show you mine” (with peers)
- Kissing and flirting (with peers)
- Talking about genitals or reproduction (with peers)
- Using dirty words, story telling, and dirty jokes (with peers)
- Exhibitionism (e.g. occasional flashing or mooning - with peers)
- Having own social media accounts that are monitored by parents/carers
- Using photos, videos to record their life (low risk)
- Playing age appropriate games online (low risk)
- Access to pornography (low risk)

## 13+ Years Old Children:

- Need for privacy
- Masturbating in private
- Sexually explicit conversations, obscenities or jokes relevant to own culture (with peers)
- Sexual teasing and flirting (with peers)
- Kissing, hugging, and holding hands (with peers)
- Foreplay with mutual consent (with peers)
- Sexual intercourse plus full range of sexual activity with similar age partner
- Viewing sexual content for arousal (low risk)
- Sending/receiving sexual images of others with consent (low risk)

# Concerning Sexual Behaviors in Children

## 0-4 Years Old Children:

- Keeps masturbating after being told to stop
- Forcing another child to engage in sexual play
- Sexualized play with dolls, e.g. “humping” a teddy bear
- Touching the private parts of an animal or an unfamiliar adult
- Following other children into a toilet or bathroom to look at or touch their private parts
- Spending a lot of time using technology and being upset when devices are removed (risk of inappropriate content and contacts)

## 5-9 Years Old Children:

- Continually rubbing/touching own genitals in public
- Persistent nudity and/or exposing private parts in public
- Continually wanting to touch other children’s private parts
- Persistently using dirty words
- Wanting to play sex games with much older or younger children
- Sending/receiving “dick” pics (exploitation risk)
- Accessing pornography and playing violent or sexual video games (risks: grooming, lowers inhibitions)
- Having own social media accounts and spending a lot of time online (risks: grooming, less time with peers, inappropriate posts)

## 9-12 Years Old Children:

- Attempting to expose other people’s genitals
- Pre-occupation with masturbation
- Mutual masturbation with a peer or group
- Simulating foreplay or intercourse with peers, with clothes on
- Sexual knowledge too great for their age, when the context is considered
- Talking about fear of pregnancy or sexually transmitted infection
- Peeping, exposing themselves, using obscenities
- Seeking out pornography
- Taking nude, sexual images of themselves
- Secretive about using the internet/social media (risk of being groomed or exploited)

## 13+ Years Old Children:

- Being pre-occupied with/anxious about sex
- Being promiscuous (not making informed decisions about sexual relationships/have had frequent sexual relationships that they have felt uncomfortable about)
- Being interested in or using themes or obscenities involving sexual aggression
- Spying on others who are nude or engaged in sexual activity
- Engaging in unsafe sexual behavior
- Seeking out pornography
- Having oral sex or intercourse with someone more than 2 years older/younger
- Sending/receiving sexual images of multiple people with their consent

# **Seriously Problematic Sexual Behaviors in Children**

## **0-4 Years Old Children:**

- Persistently touching or rubbing self to the exclusion of normal childhood activities; hurting own genitals by rubbing or touching
- Simulating sex with other children with or without clothes on
- Oral sex
- Sexual play involving forceful anal or vaginal penetration with objects
- Accessing sexual material online

## **5-9 Years Old Children:**

- Touching or rubbing self persistently in private or public, to the exclusion of normal childhood activities
- Rubbing their genitals on other people
- Forcing other children to play sexual games
- Sexual knowledge too great for age
- Talking about sex and sexual acts habitually
- Posting sexual images or videos online
- Accessing/showing pornography to others
- Cyber bullying others using intimate images to extort other children
- Grooming other children
- Meeting online 'friends' face to face (risk of sexual assault)

## **9-12 Years Old Children:**

- Compulsive masturbation, including interrupting tasks to masturbate
- Repeated/chronic peeping, exposing, using obscenities
- Chronic interest in adult/child pornography
- Making others watch pornography
- Degrading/humiliating self or others using sexual themes
- Touching other children's genitals without permission
- Forcing others to expose their genitals
- Making written or verbal sexually explicit threats
- Simulating intercourse with peers, unclothed
- Penetration of dolls, other children or animals
- Taking/sharing nude sexual images of others
- Sharing nude sexual images of themselves
- Having suggestive avatars (online characters) or usernames (risk of grooming)
- Meeting online 'friends' face to face

## **13+ Years Old Children:**

- Compulsive masturbation (especially in public)
- Degrading/humiliating self or others using sexual themes
- Chronic preoccupation with sexually aggressive pornography/child pornography
- Attempting to expose other people's genitals
- Touching others genitals without permission
- Making written/verbal sexually explicit threats
- Making obscene phone calls, exhibitionism, voyeurism, or sexually harassing others
- Sexual contact with much younger people
- Sexual contact with animals
- Penetrating another person forcefully
- Taking sexual images of others to exploit them(child pornography, exploitation risk)
- Having multiple nude images of others (risks as above plus exploitation)