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AUTHOR Webster, Raymond E.
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ABSTRACT

This paper presents a summary of the research literature concerning the psychological and behavioral impact of sexual abuse of children and adolescents. It examines the dynamics involved in the process of making such determinations and examines the utility of using Human Figure Drawings as part of an assessment battery to determine the probability of whether a child has been sexually abused. In addition, it presents findings from an ongoing research study involving 62 sexually abused children and their performance patterns on Human Figure Drawings. It contains an objective scoring system that can be used as a tool by school psychologists to analyze Human Figure Drawings. This system can be used to determine the probability that a child demonstrating learning, emotional, or behavioral adjustment problems may be in need of further psychological evaluation to rule out the possibility of sexual abuse. Table 1 is "Definition of Emotional Indicators"; table 2 is "Descriptive Statistics for the Abused and Control Groups"; table 3 is "Order of Drawings Relative to the Child's Own Gender by Group"; table 4 is "Number of EIs made by Individuals within Each Group"; and table 5 is "Distribution of Total EIs < 10 for Abused Children." Also included is the "Summary Sheet of Emotional Indicators in Human Figure Drawings." (Contains 10 references.) (JDM)

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Identifying Sexually Abused Children Using Human Figure Drawings

Raymond E. Webster, Ph.D.*

Department of Psychology

East Carolina University

Greenville, NC 27858-4353

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* e-mail address: websterr@mail.ecu.edu

Paper presented at the annual meeting of the National Association of School Psychologists, New Orleans, March 28 - April 1, 2000.

Identifying Sexually Abused Children Using Human Figure Drawings

Summary

Statistics compiled by the National Center of Child Abuse and Neglect (NCCAN, 1996) indicate that about 300,000 children are sexually abused annually. These actual rates of abuse are significantly higher than what was believed by most professionals and the general public and represent about a 600% increase in actual reported cases since 1980 (Burgdorf, 1980). When examined according to the gender of the sexually abused child, four times as many females than males are abused. For females the abuse usually begins at a young age, seems to reach its maximum frequency and intensity around ages 7 to 8 years, and extends up through adolescence. The average duration of the sexual abuse is around two years (Trickett & Putnam, 1998). With males the sexual abuse typically occurs prior to puberty and has a shorter span of duration (NCCAN, 1996).

The above facts reflect statistically summarized data, with individual cases of sexual abuse varying widely from child to child. What is clear, though, is that for both genders the abuse is typically a repeated incident that produces significant negative effects on both their behavioral and emotional adjustment.

It is often very difficult to identify when a child is being sexually abused, especially when the findings from the medical physical examination are either uncertain or absent altogether because the child has not been subjected to actual physical penetration using objects or body parts that produce internal scarring or lesions. Moreover, abused children have been found to be more compliant with adult demands, will often falsify their reported feelings to others to protect their parents or the perpetrator, and are highly vigilant to their parents non-verbal and verbal cues both before and during the

evaluation process (Crittendon, 1992). This phenomenon is typically referred to as compulsive compliance.

A summary of the research literature on the effects of sexual abuse indicates that many children have long-term physical abnormalities in their genitals from injury (Kolko, Moser, & Weldy, 1990), show specific physiological effects such as dysregulated cortisol levels, elevated catecholamine levels and immunological problems (DeBellis, Burke, Trickett, & Putnam, 1996) that often persist well after the abuse has terminated, and show a number and variety of social adjustment problems to include aggression, poor social skills, prone toward more frequent periods of anxiety and depression, oppositional defiant disorder, ADHD, poor peer relationships, lowered school achievement, increased precocious sexual activity, and an increased probability of suicide attempts (Kendall-Tackett, Williams, & Finkelhor, 1993; Tong, Oates, & McDowell, 1987). As the female victims physically mature, they have a higher probability of being raped or battered (Russell, 1986) and have more frequent and serious problems with child rearing and management (Burkett, 1991) when they become mothers.

The purposes of this presentation are to present a review of the research literature concerning the psychological and behavioral impact of sexual abuse of children and adolescents, to examine the dynamics involved in the process of making such determinations, to discuss the utility of Human Figure Drawings as part of an assessment battery to determine the probability of a child having been sexually abused, and to present the findings from an ongoing research study involving 62 sexually abused children and their performance patterns on Human Figure Drawings. The session will benefit participants in that they will be provided with a review of the literature regarding the effects of sexual abuse on children so that these

characteristics can be more readily acknowledged and recognized in children referred for school psychological services. In addition, participants will be provided with an objective scoring system to use to analyze Human Figure Drawings to determine the probability that a child showing learning, emotional, or behavioral adjustment problems in school may be in need of further comprehensive psychological evaluation to rule out the possibility of sexual abuse as the cause of the school-based problems. The presentation will offer a balanced approach between presenting empirical research to provide a data-based perspective to these kinds of assessment decisions and a clinically supported approach to assist the clinician in a practical and applied way in making such decisions. Actual drawings will be presented, analyzed, and reviewed with participants so they can gain some practical knowledge and skill about using the scoring system.

Table 1

Definitions of the Emotional Indicators

<u>Emotional Indicator</u>	<u>Definition and Criterion</u>
Broken or sketchy lines	HFD has faint, sketched, or broken lines.
Cut off edge of paper	HFD on either top, bottom or side of paper with part of the figure extending off the page.
Poor figure integration	One or more body parts not attached to the figure; body is connected only by one line; or head is over 1/3 size of figure.
Face shaded	Full or partial shading or freckles drawn on either part or entire face.
Body or limbs shaded	Full or partial shading on either body or at least one of the legs or arms.
Hands or neck shaded	Full or partial shading on either neck or hands.
Limb asymmetry	One arm or leg differs in shape from the other by at least 50%.
Slanting figure	HFD shows a 15 degree or greater tilt from the perpendicular axis.
Transparencies	Body or limbs are visible through the clothing.
Small figure	HFD is less than two inches in height.
Large figure	HFD is greater than nine inches in height if drawn with paper turned upright; greater than seven inches if paper is turned sideways.
Crossed eyes	Pupils in eyes are not aligned symmetrically.
Eyes toward one side	Pupils are placed toward the side of the eye and are not centered.
Vacant eyes	Eye is a circle with no pupil represented.
Teeth	One or more teeth are shown in the mouth.
Short arms	Stubs for arms or arms are not long enough to reach the waist.
Long arms	Arms extend below waist and reach the knee.
Arms clinging to side of the body	Arms are straight and attached to the body with no space evident.
Large hands	Size of the hands is as large or larger than the face of the HFD.

Hands omitted or all fingers missing	No hands or fingers present; hands behind back or placed in the pockets.
Legs pressed together	Both legs touch with no space between the legs evident.
Presence of genitals	Presence of genitals either realistically or symbolically.
Grotesque or monster-like figure	HFD is deliberately drawn in a degraded or non-human form which is not the result of motor or drawing skill deficits.
Clouds or rain present	Any representation of clouds or rain.
Three figures drawn	Three or more total figures drawn.
Omission of essential body parts	One point is given for each of the following details omitted from the HFD: eyes; ears; nose; mouth; arms; legs; feet; neck, or body.

Table 2**Descriptive Statistics for the Abused (n = 62) and Control (n = 40) Groups**

Variables	Abused Children		Control Group	
	Mean	SD	Mean	SD
Age	10.09 yrs	3.26	11.25	1.05
FSIQ	91.45	15.83	92.77	12.07
Reading	86.58	15.61	95.51	13.02
Mathematics	84.84	15.70	98.62	15.80
Written Language	84.00	14.43	95.08	12.32
EI's: Male	6.74	3.08	2.21	1.71
EI's: Female	7.23	3.21	4.00	1.90
EI's: Total	13.97	5.81	6.21	1.45

Race and Gender Distribution of the Groups

	<u>Abused</u>	<u>Control</u>
Males	16	22
Females	46	18
Caucasian	45	22
African-American	17	18

Table 3

Order of Drawings Relative to the Child's Own Gender by Group

Group	Order of the Drawings	
	Male/Female	Female/Male
Abused	83.87% (n = 52)	16.13% (n = 10)
Control	85.00% (n = 34)	15.00% (n = 6)

Table 4

Total Numbers of EIs Made by Individuals within Each Group

Group	Number of EIs	
	< 10	> 10
Control	40	0
Abused	7	55

Table 5

Distribution of Total EIs < 10 for Abused Children

# of EIs	# of Children
9	3 (all females)
8	1 (female)
7	2 (1 female and 1 male)
5	1 (female)

Summary Sheet of Emotional Indicators in Human Figure Drawings

Raymond E. Webster, Ph.D.

Instructions: Score one point for the occurrence of each of the following in the two HFDs (male and female) drawn by the child.

1. Broken or sketchy lines
2. Cut off edge of paper
3. Poor figure integration
4. Face shaded
5. Body or limbs shaded arms
6. Hands or neck shaded
7. Limb asymmetry
8. Slanting figure
9. Transparencies
10. Small figure
11. Large figure
12. Small head
13. Large head
14. Crossed eyes
15. Eyes toward one side
16. Vacant eyes
17. Teeth
18. Short arms
19. Long arms
20. Arms clinging to side of the body
21. Large hands
22. Hands omitted or all fingers missing
23. Legs pressed together
24. Presence of genitals
25. Grotesque or monster-like figure
26. Clouds or rain present
27. Three figures drawn
28. Omission of essential body parts:
eyes_____ ears_____
nose_____ mouth_____
arms_____ legs_____
feet_____ neck_____ body_____

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