FORENSIC MENTAL HEALTH ASSOCIATES

ANATOMICAL DRAWINGS

FOR THE USE IN THE INVESTIGATION AND INTERVENTION OF CHILD SEXUAL ABUSE

TEXT BY A. NICHOLAS GROTH, Ph.D.
ILLUSTRATIONS BY THOMAS M. STEVENSON, JR.

THIS SET OF ANATOMICAL DRAWINGS CONSTITUTE THE MASTERS FROM WHICH COPIES ARE DUPLICATED AS INDICATED FOR EACH INDIVIDUAL CASE.

A FORENSIC MENTAL HEALTH ASSOCIATES PUBLICATION

-- 1990 --
ACKNOWLEDGEMENT

We would like to express our appreciation to Suzanne M., Sgroi, M.D., and Edwin O. Wenck for the advice and encouragement extended to us in the preparation of this publication.

Additional copies of this publication may be ordered by sending $30.00 for each copy plus $2.00 for postage and shipping to FORENSIC MENTAL HEALTH ASSOCIATES, 7513 Pointview Circle, Orlando, FL 32836-6336; Telephone: (407)351-2308, FAX (407) 351-3148.
INVESTIGATION OF CHILD SEXUAL ABUSE

The topic of human sexuality, by and large, remains an unaddressed issue in our society, especially in regard to children. As a result many, if not most, children do not know the proper terminology by which to identify the sexual parts or areas of the body or to describe sexual activities and interactions. In investigating suspected or known cases of child sexual abuse, the victim’s terminology for sexual parts of the body may be so idiosyncratic or the description of the sexual activity so ambiguous that the investigator cannot clearly interpret what has transpired!! Not only may the child’s limited vocabulary or inaccurate terminology pose an obstacle to investigation, but also the assessment of sexual abuse may be impeded in cases where the child may be particularly shy or non-verbal, especially in regard to discussing sexual matters; or where the child is intellectually limited or developmentally disabled; or where the child suffers a physical handicap, such as a speech impediment or impaired hearing. It can be additionally distressing and victimizing to a child who wants to explain what has occurred but, for any of the above reasons, no one understands.

As an aid in overcoming such obstacles and to facilitate approaching the subject of sexual abuse activity in interviewing a young victim. Forensic Mental Health Associates, Inc. has commissioned this set of anatomical drawings by a recognized medical illustrator, Thomas M. Stevenson, Jr. Based on a concept developed in 1978 by Edwin O. Wenck, former Division Chief of the Sex Offense Task Force, of the Baltimore City State’s Attorney’s Office, and used with much success since then, our set of 32 line drawings consists of front and back anatomical views of white and black males and females at four chronological phases of development: preschool, preadolescence, adolescence, and adulthood.

HOW TO USE THESE DRAWINGS

After establishing rapport with the child these drawings may be introduced as an activity to clarity and/or document one’s investigation: “I want to better understand what went on (or what happened)”. We suggest you make copies of the drawings from the master set which the child and/or you can then mark up with a colored marker. You might introduce the drawings with some statement such as, “I am going to show you some drawings (or coloring book pictures) of persons who are undressed. I would like you to look through them and pick out the one that most resembles (or looks like) you.” After the child has made her/his selection: “Now pick out for me the drawing that most looks like (the suspected/identified perpetrator).” You might have the child put her/his name on the drawing that represents her/him and the name of the perpetrator on the respective drawing. You should put your name on these drawings as the examiner together with the date of the interview, the name of the child being interviewed, and name of the individual the drawing represents.

You might then use the drawings to clarify the child’s terminology. For example, if the child states, “He made me touch his ‘thing’.” you might say to the child: “Would you please draw a circle around what you mean by his ‘thing’ on this picture of (the perpetrator).” The interviewer can then label the body part circled on the drawing by the child the ‘thing’. If the child has said. “He played with me.” and you determined that the “playing” involved touching, you might instruct the child to put an “X” on all the areas of the drawing of the child’s body where the perpetrator touched or “played with” her or him. Or having established that physical contact occurred between the offender and the victim, you might point to various body areas on the drawing and ask, “Did he touch you here? Or here? Or here? etc” and then indicate on the drawing where the child’s response was affirmative and where it was negative. It may be necessary to establish whether or not the offender and/or the victim was undressed with regard to the sexual abuse. If either were partially or completely clothed, note this (perhaps sketch the
clothes on the figure) and then determine whether the physical contact occurred over the clothing, or whether parts of the body were exposed, or whether the body areas were touched by putting hands inside the clothes.

Once the interview or series of interviews with the child has been completed, as many copies of the marked-up and labeled drawings as needed may be made and the original (marked) copies can be introduced as evidence in civil or criminal proceedings pertaining to the case. The instructions to the child may be varied somewhat from case to case and should be adapted to suit the special conditions of each specific child or individual situation. However, we would advise against using such terms as “let’s pretend” or “let’s imagine” in giving instructions to the child since it might then be argued that the results of the investigation reflect the imagination of the child or constitute a pretense on her/his part. It would be better to use instructions such as “let’s say this is you” or “consider this a drawing of (the perpetrator).”

In addition to their help in providing clarification of the child’s responses and documentation of her/his sexual victimization, these drawings can also be made use of in a number of other ways. Asking the child, “Have you ever seen any drawings or pictures like these before?” may allow you to explore the possibility of the child having been exposed to pornography or manipulated into being photographed in a sexual fashion. The figure drawings can be cut out and made into paper-dolls or the drawings themselves can be used as an intermediate step in introducing the child to anatomically correct dolls. Some children who will shy away from sexually explicit dolls are not as uncomfortable with the drawings, and the non-verbal child who experiences difficulty in articulating the doll play activity may be more comfortable in pointing to, or drawing circles around, or making X’s on a drawing. Also, drawing and coloring are not as sex-role specific an activity to the same degree that playing with dolls is and, therefore, the drawings may be a more comfortable task for boy victims than doll play would be for them. The anatomical drawings may also be used to clarify free-hand artwork and/or puppet-play by a child who is known or suspected to have been sexually victimized much in the same fashion as they are used to clarify a child’s verbal communication. Finally, the precedent of using such drawings to investigate and corroborate child sexual abuse has been established by a public prosecutor’s office, the City of Baltimore State’s Attorney’s Office, and their use is court-acceptable, having been designed by a recognized or expert medical illustrator.

This set of drawings, then, is a tool to assist in investigation and intervention. It is not a substitute for clinical skill and experience. The responsible interviewer should be familiar with the psychology and characteristic behaviors of sexual offenders against children, the dynamics of such offenses, the impact on the victim, and the diversity of resulting symptomatic behaviors on the part of children who have been sexually abused. In the hands of such an examiner the drawings can help structure and order a systematic inquiry and develop a standard format for evaluation of known or suspected child sexual victimization.

*Should a child react adversely to viewing these drawings, this could be regarded as clinical evidence of a sexually traumatized child Edwin O. Wenck reports no such adverse reaction occurring in over 1000 cases in which similar drawings were used by the Sex Offense Task Force of the Baltimore City States Attorney’s Office
ANATOMICAL DRAWINGS

ABOUT THE ILLUSTRATOR

RESUME:

THOMAS M. STEVENSON. JR.

Date of Birth: August 20, 1922
Marital Status: Married
Children: Four (2 boys and 2 girls)

Work Experience:

1983-Present Retired from University employment: does free-lance art work

1949-1983 Full-time employment at the University of Maryland in the School of Medicine:
   • Head, Graphic Art. School of Medicine
   • Director of Illustrative Services
   • Medical Illustrator and Instructor in Art

Involved in all phases of in-plant art production, illustration, graphic design, schematics posters, signs, displays, exhibits serving Baltimore City Campus, affiliated hospitals, State and Federal agencies.

Other Professional Experience:

• Free lance art work, oriented primarily for medical subject matter. Displays, illustrations, etc. for Maryland and American Mean Associations; e.g., all of the early original art work associated with teaching closed chest and mouth to mouth resuscitation, distributed internationally.
• Illustrated one complete textbook on clinical anatomy.: co-authored a paper on jaundice.
• Illustration renderings for many articles written for publication by physicians and other medical personnel
• Illustrative material for law firms involved in medical litigation.

Education:

• Graduate of Virginia Public School System.
• University of Maryland, Special Student: Medical Illustration, Anatomy, Histology, Moulding and Casting, Photography
• Maryland Art Institute: Sculpturing, Modeling, Portrait Drawing, Painting Still Life, Life Sketching

Awards:

University of Maryland, School of Medicine, 1966. Certificate for valued assistance in Biomedical Engineering
   • Technical and comprehensive illustrations contributed directly to the development of an artificial kidney.
   • An work contributed to the development of a prototype hyperbaric chamber used for treatment of shock resulting from trauma.

Professional Memberships or Affiliations:

Association of American Medical Illustrators.
National Biological Photographers Association.
Maryland Industrial Photographers Association.
Baltimore Art Directors League.
Figure 2: White, pre-school, female child (back view)
Figure 3: Black, pre-school, female child (front view)
Figure 4: Black, pre-school, female child (back view)
Figure 5: White, pre-school, male child (front view)
Figure 6: White, pre-school, male child (back view)
Figure 7: Black, pre-school, male child (front view)
Figure 9: White, grammar-school, female child (front view)
Figure 10: White, grammar-school, female child (back view)
Figure 11: Black, grammar-school, female child (front view)
Figure 16: Black, grammar-school, male child (back view)
Figure 17: White, teenage, female (front view)
Figure 19: Black, teenage, female (front view)
Figure 20: Black, teenage, female (back view)
Figure 22: White, teenage, male (back view)
Figure 23: Black, teenage, male (front view)
Figure 24: Black, teenage, male (back view)
Figure 25: White, adult, female (front view)
Figure 26: White, adult, female (back view)
Figure 27: Black, adult, female (front view)
Figure 28: Black, adult, female (back view)
Figure 30: White, adult, male (back view)
Figure 31: Black, adult, male (front view)
Figure 32: Black, adult, male (back view)
Figure 33: White, elderly adult, female (front view)
Figure 34: White, elderly adult, female (back view)
Figure 35: Black, elderly adult, female (front view)
Figure 36: Black, elderly adult, female (back view)
Figure 37: White, elderly adult, male (front view)
Figure 38: White, elderly adult, male (back view)
Figure 39: Black, elderly adult, male (front view)
Figure 40: Black, elderly adult, male (back view)