

False Accusations of Physical and Sexual Abuse

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Child sexual abuse is sometimes mistakenly over-reported. This discussion of seven cases focuses on one potential area which can generate a substantial segment of false positives: conflicted domestic relations litigation situation.

Such situations generate striking, regressive affect and behavior especially when issues of child custody or visitation erupt. Parental regression has been discussed in the literature, but children regress too: behavioral symptoms erupt with vegetative and social disruption, and instinctual material regarding both sex and anger is more accessible to consciousness than is age-appropriate.

Heightened instinctual forces in children and regressive loosening of pre-litigation character defenses in adults, both in the context of stressful family breakdown, combine to generate genuine perceptions of abuse but invalid reports.

Incest and other forms of abusive physical/sexual behavior by adults toward children have gone underreported for years. Whether for traditional reasons of children being considered chattel, because of lingering lack of recognition that childhood is a unique and different status from adulthood, or because of societal and adult denial, repeated anecdotal information on child abuse has been discounted. Even now, true prevalence and incidence rates on incest are unreliable.

Recently such bias toward under-reporting of child abuse has begun to be corrected. Nowadays child abuse by physical and/or sexual behavior on the

part of adults gets wide attention. There is increasing public recognition that such behavior is much more common than was previously believed. Recent literature has criticized some traditional psychoanalytic theories which tended to ascribe such reports of child incest to children's fantasies.¹ Both medical and legal communities have been criticized for presuming that mothers who report child sexual abuse are either paranoid or vindictive.²

In some quarters there is such degree of sensitivity or outrage about possible child abuse that a presumption exists that such abuse has occurred whenever it is alleged.³ It is possible for a reverse skew to evolve, in which incest or other child sexual abuse can be overperceived and overalleged.

Validated cases of overperception of sexual abuse which were independently examined separate from their psychiat-

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ric evaluations have not been reported in the psychiatric literature. Goodwin, *et al.*⁴ described a "Cinderella syndrome" of children simulating neglect. Adams *et al.*⁵ suggested that anonymous reports of child abuse may often prove to be false. Meadow⁶ illustrated how tragically difficult it may be to detect nonvalid or misleading reports about a child when the historian is a parent, especially one who is overinvolved in a child's care. Colm⁴ reported case anecdotes of exaggerated reports by children of sexual abuse; such reports were at first believed by the custodial parents but were later doubted after clinical interviews of the parents. Goodwin *et al.*⁸ reported several cases of false reports assessed by psychiatric criteria alone.

The evolving literature on incest stresses various elements of psychopathology in perpetrators and collaterals, but also makes plain that child abuse occurs in the context of family *system* functioning.⁹ Marital conflict is implied or described in many of these reports and is explicitly invoked as a partial cause of some abuse.¹⁰

This article discusses seven cases from my practice in which physical and/or sexual child abuse was reported. All of the claims of abuse were ultimately shown to be nonvalid by a *two-pronged test*: affirmative psychodynamic formulation and subsequent independent justice-system determination. Psychiatric evaluations were conducted in accordance with clinical practice: office setting, conjoint interviews where appropriate, and psychological testing when necessary. Psychiatric formulations provided affirmative dynamic explanations of the

accusations that offered reliable *reasons* for the accusations having been made in the first place; mere retraction of the accusation did not suffice.

Justice-system determinations were established by "in-house" criteria, i.e., those allegations tried in criminal court were invalidated by "beyond a reasonable doubt," those tried in family court were invalidated by "clear and convincing," and those evaluated by prosecutor were invalidated by "insufficient evidence." Such legal-system processes may not be satisfying taken alone, but they provide essential supplementation to psychiatric evaluation. One case is discussed in detail and others are summarized, with a discussion of possible causative factors following.

Case Presentation

Mr. X was referred for evaluation of his sexual dangerousness toward two of his three minor children, daughters aged four and two years. He was involved in pending family court hearings which resulted in a divorce and a decision of visitation and custody of the minor children. Two psychiatrists were appointed by the court to conduct cooperative but independent evaluations of the family but with emphasis on Mr. X, the father.

This was the second marriage for each parent. After his first divorce, Mr. X had remained on good terms with his ex-wife, who was a pediatric nurse. She had accurately assessed the mother of one of her patients as needing a lot of emotional and logistical support. Knowing her ex-husband as a "caretaker," she thought that he might want to take the

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little child's mother under his own wing and she introduced them. During the evaluation Mr. and Mrs. X concurred that their complementary needs did seem to form the basis for their marriage. However, there were few shared emotional, social, sexual, or temperamental affinities.

Mrs. X, 32, was one of two children from her mother's second marriage. Her father had died when she was 10. After having a surgical procedure done for menstrual pain, she became pregnant at age 17; she married one year after her daughter was born to get away from strained family relationships. She said that she lived with her first husband for only a few weeks, and the marriage was terminated by divorce or annulment two years later. She reported several subsequent abusive relationships with men. Mrs. X was very guarded about these early history details.

Her daughter had been born with severe congenital anomalies and underwent multiple hospitalizations and procedures before succumbing at the age of 4½. Both before and after that death, Mrs. X had several crisis contacts and hospitalizations at various psychiatric facilities when she felt in turmoil. She was in chronic pain from rheumatoid arthritis; she wore a foam collar and sometimes a battery-powered device for electrical stimulation of her arms through wires taped onto her arms.

Mrs. X presented herself as stoic, sincere, and genuinely terrified of her husband. She looked like a trapped doe, with darting and plaintive eyes. She evinced an entirely convincing air of wanting desperately to trust an evaluator

but also of being frightened of being taken advantage of again. She was pale, wan, and thin and she radiated an aura of alarm coupled with helplessness. She seemed about to cry or to flee and could not bring herself to give much early history or information about her psychiatric crises that had resulted from her past bouts of abuse at the hands of men. She was overwhelmed by her sense of crisis: she felt unable to escape the husband whom she believed to be sexually dangerous and perhaps homicidal, as detailed below.

Psychiatric and psychologic investigation of Mrs. X included clinical interviewing by both court-appointed psychiatrists and administration of projective psychologic testing obtained privately by her attorney. There was no doubt about the truthfulness of her fear of her husband's violence. She also agreed, after many hours of alliance-building contact, that she often had a tendency to be frightened and intimidated to the point where her own independence of judgment was compromised. She demonstrated this tendency toward her own attorney (a female), toward me, and sometimes toward the family court judge (a male).

Psychologic testing showed anxiety, subjective vulnerability, and dependent compliancy to the extent of interfering with her ability to organize unstructured stimuli. There was denial and overcontrol of anger along with perceptions of external violence. There was no formed paranoid ideation or reality distortion present in the test protocol. Her perceptions were character syntonic.

Mr. X, 42, was one of 11 children

reared in an intact family. His father had been alcoholic for a time but had been sober for many years. There was no family history of psychiatric disease or abuse. A high school graduate, Mr. X joined the Army a year later for three years and was discharged honorably as a sergeant. He married his first wife while in the service. Shortly after his service discharge, he went to work for a technical chemical firm, where he had been employed steadily for 17 years at the time of this evaluation. He had risen to the rank of senior supervisor of a production facility. There was no history of alcoholism, drug abuse, authority or legal problems, or any prior psychiatric contact.

With respect to sexual development history, Mr. X reported puberty at around age 12. He remembers his first orgasm as occurring two years later, in heterosexual intercourse. That episode did not fulfill his notions of what it was supposed to be like: he had thought that, "It would be great," but instead he felt scared that his parents would find out or that the girl might get pregnant. He felt awkward and clumsy sexually. He masturbated about twice a year during his teens and no longer masturbates at all. His sexual contacts have been exclusively heterosexual and genital. He has never had any interest in other erogenous areas. He has never had any sexual symptoms or venereal disease. He has never had any fantasies or actions linking sexual behavior with violence. At the time of the evaluation, he could not remember how long previously he had last had intercourse; it was at least many months. He said that he was so preoc-

cupied with his domestic difficulties and/or with his work that he did not miss sex too much. He had no findings of vegetative depression on mental status examination.

Mr. X and his first wife both reported that their marriage had cooled over the years and that they had grown apart for reasons neither of them understood. They had parted amicably after 16 years and remained in frequent, cooperative contact around issues of childrearing. At the time that Mr. X's ex-wife had introduced him to his second wife, Mr. X had three teenage children from his first marriage. Two were in the custody of his ex-wife, but the oldest had died shortly before the allegations of abuse toward his "second family" were brought by his second wife. That child had had intractable temporal lobe epilepsy for years and died during an experimental neurosurgical diagnostic procedure.

Detailed psychiatric and psychological examinations of Mr. X included many hours of clinical psychiatric interviews by both psychiatrists, computer-scored MMPI, and independent projective psychological testing. Findings from this evaluation revealed an obsessive character structure with strong passive trends and defensive use of reaction formation to deal with grief and his own unsatisfied dependency needs. He was a repetitive caretaker and a "workaholic," with repressed anger and libido. Serial observations of Mr. X over many months of evaluation and legal proceedings showed him to continue to evince beneficence rather than resentment. His own attorney was surprised at how little anger he

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displayed. In sum, all clinical and test findings on Mr. X were consistent with each other but were at odds with his second wife's genuine perceptions.

The X's marriage was stormy, with many arguments and mutual accusations of aberration. Mrs. X perceived her husband as violent and threatening, and Mr. X saw her as devious, needy, and distorting in her reports. At the time of the court-ordered evaluation and marital separation, there were three children, two girls aged four and two and a boy aged one. Mrs. X had named the two-year old, her third daughter, after her deceased first daughter. At the time of the separation, all three children lived with her in the marital home from which Mr. X had been involuntarily vacated by court order because of her reports of his abuse and violence.

The report of child abuse began when Mrs. X told her attorney that several months earlier, the two older children (the girls) had cried when their father bathed them and that the girls had said that their father had hurt their "bummies." Later, it was reported that Mrs. X's mother, who lived downstairs and who was a frequent visitor in their apartment, had witnessed "fresh evidence" of the father's abuse of the children. Mrs. X's attorney referred her and the children to a major Boston psychiatric teaching center with a child abuse unit, where they were seen in emergency evaluation.

When first seen, mother and children were terrified. Mother reported details of crazed and violent behavior on the part of her husband. She said that he had on one occasion barricaded the

house and had placed vehicle traps like tank traps in the driveway to ward off "intruders." She said that he had threatened her with a loaded rifle which he had slammed down on the kitchen table one night after rousing the entire family to harangue them about outside dangers. She said that he had brandished a knife at her, leaving her convinced that he might soon attack her with it. The mother reported that the father had beaten her and said that her older daughter had told her that daddy had manually penetrated her vagina and had hurt her "bum."

The four-year-old daughter was seen individually in clinical psychiatric interview and communicated graphically both with play techniques and in words that her father had beaten her and had penetrated her vaginally and anally by hand. She repeated that her father had beaten her two-year-old sister. The two-year-old girl merely sucked her thumb, hugged her blanket, showed immature and inappropriate emotions, and was otherwise uncommunicative.

Based on the initial examination, the center recommended psychiatric evaluation of the father, no paternal visits with the children, "consideration" of criminal action against the father, and offered a diagnosis on the father of either posttraumatic stress syndrome or psychosis of undetermined etiology. After discussion among several of that institution's psychiatric staff, a second evaluating psychiatrist stated that she herself would be in physical danger from the father if she were to interview him alone. The team and the child psychiatry department was convinced of the veracity

of the child abuse and stated that they never had had a four-year-old misreport abuse; they said, "Children don't lie."

Mr. X's attorney pressed the family court for further evaluation, which was ordered to be done by the original evaluating institution and by an independent psychiatrist in concert. In the course of that extended, multifaceted contact, additional data emerged including the psychologic testing reported above.

The mother had also taken the four-year-old girl to another academic medical center for pediatric neurologic evaluation of reported "absence episodes"; the neurologic evaluator was blind to the domestic difficulties and instituted antiseizure medications, although his report was skeptical and guarded. Mother had also taken the girls to a psychologic counselor but had never told the counselor about the psychiatric evaluations or the neurologic evaluation and had obscured knowledge of the counseling to the psychiatrists until she was directly asked about it late in the evaluation. Expanded, supportive evaluation sessions with the children revealed the four-year-old girl to have a "canned" story about the alleged abuse which had no affective depth (in contrast to her initial terror) and which was belied by her subsequent warm, easy, spontaneous contact with father during visitations that ultimately were allowed.

Ultimately the mother reported that she had not believed that the children had suffered sexual abuse. She then reported the inciting incident differently: she said that what had really happened was that she had objected to the father's

roughness or roughhousing the children during a bath several times. Mother then reported that her attorney had intimidated her into reporting the incident as abuse and said that she had gone over the story many times with her daughters.

Until the family court reinstated paternal visits, the three young children had not seen their father for almost 1½ years. Following a period of gradually lengthened paternal visits, first supervised and then "solo," Mr. X was given sole legal custody of all three minor children. Follow-up nine months later revealed the children to have no psychiatric symptoms.

Results

Six additional cases along with the X family (Case 1) are summarized in Table 1.

All of the cases presented involve contested, acrimonious domestic litigation. Some of the marital families were in the process of splitting apart via separation and/or divorce; some had been reconstructed through subsequent remarriage. In five of the seven cases, custody and/or visitation was an express element of dispute before the allegations of child abuse occurred, but in the other two cases the alleged offense seemed either incidental to the marital litigation (Case 2) or distraction from it (Case 6). In six of the cases the alleged victims were female while in one the alleged victim was male. All of the accused offenders were male.

In all cases, the initial reports were said to have come from the alleged victims. In one of the seven cases, the alleged victim maintained an active role

Table 1
Summary of Seven Cases

Case	Victim and Age	Reporter's Relation to Victim	Alleged Offender	Domestic Status of Offender	Pertinent Domestic Situation	Primary Moving Party in Allegation	Alleged Offense	Offender's Sexual Adjustment by History	Alcohol/Drug Use by Offender	Ultimate Disposition of Case
1	Female, age 4; female, age 2	Mother	Father	Married, separated from mother	Divorce in progress, property and visitation dispute	Mother and/or mother's attorney	Anal and vaginal penetration by hand; beating	+/-	-	Custody of both children to father
2	Female, age 10; "female," age 3	Mother	Father	Married, separated from mother	Divorce in progress	Mother, then state Social Service department	Sleeping in bed with daughter; fondling the other "female"	+	-	Custody of daughter to father
3	Female, age 13	Self and father	Stepfather	Married to victim's mother	Mother remarried, chronic custody dispute, daughter wants to live with father	Victim and father	Breast fondling; lingual kissing; vaginal intercourse	+	-	Charges dismissed; victim recanted; custody changed to father
4	Male, age 6	Mother and stepfather	Father	Divorced from victim's mother	Mother remarried, chronic visitation dispute between father and stepfather	Stepfather (sterile) via mother	Homosexual fondling during visits with father	+/-	+/-	Charges dismissed; visitations allowed
5	Female, age 6; female, age 4	Mother	Father and his daughter by first marriage	Married, separated from mother	Divorce in progress, visitation dispute	Mother	Beating of one daughter; bum of other; father cross-dresses during visits	+/-	+/-	Unsupervised visits allowed
6	Female, age 6	Father	Teenage friend of family	Single	Stormy remarriage for father, victim's brother recently came to live with father and stepmother and victim	Father, with some support from stepmother	Fondling chest and crotch; penile vaginal penetration	-	-	Charges dismissed
7	Female, age 4 or 5	Mother	Father	Divorced from victim's mother	Mother remarried and wants to move out of state, contested visitation	Mother, then father seeking to be cleared	Erotic licking; fellatio to orgasm; vaginal intercourse; year-long course	+	-	Not guilty of all charges at criminal trial

in pursuing the case (she was the oldest of the alleged victims); in the other six cases, the reporting children took a back seat to adults who pursued the abuse allegations in their behalf. The alleged victims ranged in age from 2 to 13 years at the time of the alleged offenses.

The nature of the offenses had a wide range. They included burning of a victim on a radiator, physical beating, various sexual caresses, erotic kissing, manual vaginal and anal penetration, and vaginal intercourse. In one case there were innuendos of links to pornographic materials.

One familiar hallmark of abuse is equivocal in this series. It has been imputed that males with good sexual adjustment do not commit sexual misconduct; the implication is that inadequate male sexual adjustment may be one indicator of possible perpetration of abuse. In this cohort one of the seven accused males had chronically poor or inadequate sexual adjustment, three others had notably diminished libido or equivocal adjustment, and two of the remaining three men had transiently impaired libido during the stress of the accusations.

In Case 2, the mother was distressed at parenting difficulties she herself had with her daughter and perplexedly asked many people how much caretaking of their daughter would be appropriate on the part of her husband. She was nonplussed at his desires to be involved in parenting; she felt aimless and unidentified without the social mission of motherhood and this was aggravated by her husband's desire to be an active parent. After her initial report that her hus-

band "had slept with" their daughter, a social agency intervened and pressed an investigation of the father beyond what the mother said that she had intended. She said that she had never thought that he had molested their daughter. She and her daughter, and then she and her husband, had discussed the matter; all three agreed that it had been unwise for him to have slept in the same bed with the child on a single visitation occasion, but that that was all that had happened. Later, she passed on a "neighborhood report" that her husband had "fondled a three-year-old named Greta." The social service agency took that report seriously, but subsequent investigation revealed the "three-year old" to be a dog.

In Case 3, the alleged victim's biologic father had told the mother at the time of their divorce that he "would do anything" to obtain custody of their daughter and for years he had told their daughter that he wanted her to live with him. The girl confirmed that her father had offered her many material advantages if she agreed to change her domicile. She had been involved in many disciplinary disputes with her mother, especially after the mother's remarriage, and after one of them the daughter swallowed an overdose of aspirin. When she was admitted for psychiatric evaluation of the overdose, she reported the alleged offenses against her stepfather (who was a moralistic, obsessive, "straight arrow") No gynecologic evaluation was obtained despite the request of the girl's (custodial) mother. After the mother agreed to a change in custody, the girl retracted all of her accusations, saying that she had intended them as a means of changing

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custody for herself. She showed no conflict or anxiety about her previous accusation and was content with the outcome.

The mother in Case 4 felt caught between her ex-husband (who wanted desperately to maintain a parenting relationship with their son) and her current husband (who was sterile and who revealed a compelling need to be a parent when he was evaluated). Her ex-husband admitted having a collection of "soft-core pornography" which was readily available to their son if he was left alone at his father's house. When the boy "acted strangely" after visits with his father, the mother complained to her attorney, but only at the behest of her husband. A police rape crisis evaluator reported a conclusion that homosexual fondling had occurred during visits, but the basis of that conclusion was never clarified; the boy had never spoken of such activity. Two separate psychiatric evaluations of the adults and the boy could detect no reports of sexual misbehaviors, though the father's questionable judgment about his erotic material and the stepfather's compulsions about parenting combined to create an atmosphere of charged sexuality surrounding the boy. The boy was sensitive to the adults' animosity and was intimidated by his stepfather's temper. He said that he had looked at his father's "Playboy" magazines and that he was afraid to disagree with his stepfather, but that his father had never fondled him. He knew that his stepfather did not want him to see his father. Mother concurred that she had never believed that her ex-husband had molested their son, but she had felt

obliged to acquiesce in her husband's demand that they use the rape counselor's opinion to try to terminate paternal visits.

In Case 5, the mother's third attorney was vociferous in demanding vindication for her and her two daughters. A former nun, the mother had married a divorced man with a daughter from his first marriage. He was a withdrawn, guarded, evasive fellow from whom it was very hard to get information about his life. After a visit with the father, the youngest girl was found with a burn on her wrist. How that occurred was never made clear, but one version said that her elder half-sister had pressed her arm to a hot radiator while father was out of the house. Subsequently the half-sister was sent out of state to live with her mother, but the mother of the two alleged victims continued to elaborate further reports of abuse. She accused her estranged husband of transvestism during visits and of harsh discipline that amounted to battery. She placed stringent limitations on what psychiatric evaluation she would permit, but when she finally assented, her own frank thought disorder was revealed. Father was considered to have a stable obsessive/schizoid personality disorder with no acting-out proclivities and generally diminished libido. Eventually mother's accusations became so elaborate as to be insupportable.

In Case 6, a six-year-old girl was said to have reported to her family that she had been vaginally penetrated in her house by a teenage family friend who had often been her babysitter; the offense was alleged to have occurred dur-

ing a picnic attended by both families. The accusations were zealously pressed by the victim's father, who was involved in a stormy second marriage that had many heavily sexual overtones (reportedly frank pornographic video cassettes were left available to the children and the adults' sex life was a matter of intra-family discussion). The child's original words were lost in the later tumult. Father's reconstituted family banded together in the cause of the prosecution. The father's son by his first marriage had just come to live with them, and the father's second marriage had shown signs of substantial deterioration just prior to the allegations of the daughter's abuse. No medical examination was obtained despite the fact that the alleged victim's father was a physician. Psychiatric evaluation showed the alleged offender to be a passive, slightly withdrawn youngster with delayed sexual maturation and low levels of libido, fantasy, and aggression. When further evaluation was pursued, the victim's father refused to cooperate and withdrew all charges.

In Case 7, during a visitation dispute, the mother reported her "concerns" about the father's conduct with their daughter during visitations. She had remarried and wanted to move their daughter out of state, to which the girl's father objected. Mother then sought to limit visits because of the father's alleged sexual misconduct.

The mother reported to family court that months earlier her daughter had told her of the father's repeated penile vaginal penetration. Mother had not discussed the matter again with the girl

until the visitation dispute arose. The only medical examination ever obtained by mother showed no physical penetration or soft tissue injuries to her daughter. The girl had never complained of any pain and mother had noticed nothing amiss while bathing her a few hours after the first alleged rape had been said to occur.

The family court judge reported the case to the state Social Service Department and the district attorney's office, but prosecution was not pressed until the father demanded a trial to vindicate himself in view of continuing visitation problems. The Social Service evaluation included psychologic testing which was performed with the presumption that the abuse had occurred. The girl's responses were fluent, showed unexpectedly little sexual anxiety, and no fear of guilt concerning male images; these results were interpreted as her being defensive. The evaluation results were based partly on drawings that the mother had made for her daughter and which were then interpreted as manifesting sexual anxiety. Mother's history of being sexually abused as a teenager and her own sexual anxieties were apparently not known or inquired into at that time. Father was never evaluated by the Department of Social Services or by the prosecution; his pursuit of evaluation was characterized as being defensively manipulative. In the course of months of trial preparation, father and daughter were quarantined from each other and the daughter was prepared in detail for testimony.

Father had been in long-term weekly

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psychotherapy since his marital breakup for more than two years. He had initially felt depressed, helpless, and angry and had done considerable grieving for his wife in therapy. His work history and social relationships were productive. He continued to miss his daughter but felt only mild annoyance at his ex-wife, whom he perceived as acting characteristically self-serving. He was very angry with state social service agencies, but did not personalize how his case had been handled.

Psychiatric evaluation was first conducted blind to the father's therapist's assessment of him. It showed an energetic man with well-compensated obsessive character structure and flexible access to robust libido, humor, appropriate self-assertion, and insight. He was affectionate, earthy, and action-oriented alongside his awareness of inner motivations. He considered his life's largest error to have been a hasty marriage to a narcissistically appealing, beautiful young woman. There were no other indications of psychosocial maladaptation in his history.

Ultimately the girl testified some three years after the initial incident was alleged to have occurred. She graphically described several occasions of oral and vaginal intercourse to orgasm, some of which she said occurred at times when she had not even been with her father. Her testimony was friendly, casual, and sincere, including her report of having behaved in a "weird" fashion after the alleged abuse. Asked how she knew that she had acted weird, she said that her mother had told her so. At the jury-

waived trial, the father was found not guilty of all charges.

Psychiatric evaluations in these cases offered affirmative alternative explanations to the accusations of various forms of abuse. In only one of the seven cases was any accuser diagnosed as mentally ill (Case 5), although intrapsychic and familial dynamics were active in generating the accusations in all cases. In none of the cases did the original reporters recant (i.e., state that they had been wrong) but in only two cases (5 and 7) did they persist in the accusations. In Cases 1, 2, and 4, the reporters demurred in the end, saying that they had been misunderstood by state social service agencies and had never meant to allege true abuse. In Case 3, the teenager shrugged off her accusations as having been trivial and undeserving of further thought. In Case 6, the accusations were retracted in full without explanation by the child's custodial father. Such evasions would be meaningless in and of themselves in the absence of alternative psychodynamic explanations of the accusations and then independent legal-system investigation.

In all of the cases, a final judicial or prosecutorial determination of nonmisconduct was made. In three of the cases, judicial determination was assisted by formal social service agency input. Three cases were handled by family court alone, one case was processed by concurrent jurisdiction by family and criminal court (in which the criminal charges were prosecuted to a not guilty verdict), two cases were handled by both the family court and district attorney's

office (no prosecution was made in either case), and one case was prosecuted in criminal court alone (charges were dismissed).

Discussion

An earlier publication¹¹ has discussed the nature and etiology of psychiatric regression in adults during domestic relations litigation. Such regression in adults has instinctual, defensive, and behavioral components. Each component is unique in its degree of regression in an individual caught in a specific domestic tangle, and the whole regressive syndrome was seen as *potential* rather than as inevitable.

The hypothesis was offered that a primary dynamic etiology was the loss of a "parenting fantasy" which had served to restitute in psychic function for early developmental losses. This hypothesis serves to account for abrupt appearance of some of the "out of character," regressed behavior which is often seen in otherwise intact people who become caught up in contested domestic relations litigation.

One aspect of potential regressed behavior on the part of adults is an increased focus on sexuality, as well as a maladaptive amalgamation of bitterness, vindictive anger, or loss with sex. These emotional forces accrue great power to generate aberrant sexual actions by adults. Marital breakdown as one form of family disorganization and the social isolation that often accompanies "involuntary single parenthood" are additional causative factors of adult sexual actions that can be abusive to children.

All of the factors described above bear upon situations in which sexual aberrations can or *do* occur. But sometimes the actions have *not* occurred, and such factors also bear upon parents' or stepparents' nonvalid *perceptions* of abuse as a regressive phenomenon in its own right. Stepparents are drawn into the vortex too and become active participants as is demonstrated in three of the cases discussed above. Stepparents' nonsexual fantasies are central to the operation of "reconstituted" families, as are their reactions or sensitivities to issues of loss, blame, failure, control, and territoriality.

It is equally noteworthy that children's reactions to stresses of marital breakdown can contribute to nonvalid reports of sexual abuse such as the cases reported here. In children, family turmoil is well known to elicit regression of analogous variety: in affective instincts, defensive adaptations, and behavior. Children have no parenting fantasy to lose, but marital breakdown presents them with unavoidable real and intangible losses that must be of even greater magnitude than those their parents sustain.

Children of divorce, in addition to the primary experience of intangible emotional loss, are confronted with actual and intrapsychic conflicts beyond their realistic capacity to resolve. "Actual" conflicts, whether tangible or not, are often presented to children for their opinions or choices; they may involve issues of custody, visitation, or property financial matters. Intangible conflicts of divided loyalty, children's sense of failure or guilt about the failure of parents

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marriage or happiness, or inexpressible sadness or anger are even thornier issues.

The doctrines of "expressed preference of the child" in domestic civil litigation and "right to testify" in criminal and/or child abuse litigation have generated increased resort to such use of children as witnesses in litigation, irrespective of a child's more basic right to be cared for in supportive fashion by all of the adults around him, including the legal system.

In many cases, a child witness's competency to testify may well be impaired by the existence of cognitive/intellectual or emotional conflicts.¹² This is especially true in cases of criminal prosecution for alleged intrafamily incest when the child victim testifies against an alleged parental or close relation perpetrator. Testimonial impairment in such cases goes far beyond the truism that no witness is fully accurate.

Elaborate "preparation" of a potential child witness,¹³ including rehearsal of testimony and role playing, does nothing to resolve or mitigate such conflict in the child's mind. In some cases, a child has been taken into an unoccupied courtroom and has been encouraged to recite anticipated testimony while sitting on the trial judge's bench.

Potential causes of regression in a child's developmental level of emotional instinct during domestic breakdown involve, among other possibilities, the following: (1) impact of loss and the child's idiosyncratic vulnerability to it based in part on the child's preexisting developmental level; (2) emergence of punitive or primitive guilty feelings in the child

for "causing" the divorce, with impulses toward self-recrimination; (3) loosening of Oedipal restrictions through loss of traditional, restraining family structure; and (4) existence of relatively less tabooed sexual(ized) opportunities through relationships with stepfamily or other cohabitators.

Potentials for regression in defenses in children at times of stress are now a traditional element of the psychiatric literature. Less well remarked is the truism that divorce should be *expected* to evoke regressions in children because of its stressful nature. Many otherwise sophisticated parents are genuinely surprised that the children react "so strongly." Some slippages in developmental staging of defenses (or adaptational maneuvers) in children include: (1) increased resort to fantasy, with sexual and/or reunion themes; (2) increased credulousness, related to increased need for replacement of depleted dependency gratification; (3) increased susceptibility to influence by caretakers, related to need for security and acceptance; and (4) decreased ability to achieve ambivalent internal representations of object relations and concomitant inclination to perceive relations in polarized/split concepts.

Potentials for such increased primitivity or regression in instinct and/or defensive structure in children leads to the likelihood of some variety of regressed behavior for a greater or lesser time. Examples of such regression include: (1) increase in aggressive behavior, including frank resort to aggressive acting out to discharge unpleasant affect; (2) regression in motor control (sphincter control

or walking ability in younger children, gastrointestinal tone or handwriting capacity in older children, etc.); (3) regression in developmental level of speech and/or learning ability, evident either at home or at school; (4) increase in elemental pleasure-seeking behaviors, including overeating or increase in masturbatory activity; and (5) search for immediate or indiscriminate satisfactions, including petty thievery or sexual behaviors which may be linked so directly to emotions of sadness and loss that they cannot fairly be described as formal "acting-out."

In all of the potentialities listed above for children, the basic theme is that a child faced with domestic turmoil is thrown into acute (or chronic) severe stress which creates a ripe setting for regressed psychic function and/or behavior by the child. In other words, the child may misinterpret the actions of grownups (toward each other or toward the child himself/herself), or the child may affirmatively act out some of the child's own anxiety in ambiguous but worrisome fashion (e.g., the child who masturbates after visits with a noncustodial father). These regressions are sometimes, but not always, more obvious in younger children.

It is entirely possible for otherwise ambiguous activities then to be elaborated by the child¹⁴ or other reporters into genuine, truthful, but nonvalid perceptions of abuse. A poignant emotional reality is that children in such situations are not "lying" but are not "telling the truth" either in the customary or testimonial sense. The child may have sufficient *abstract* concepts of right/wrong

or truth/falsehood to qualify as a competent witness *in general*, but in the particular matter at hand the child may well be incapable of distinguishing an "objective" truth from inevitable subjective interpretations.

Lying is a separate and later developmental *capability* of children which involves knowing use of mistruths with the intent to deceive. It often appears in the late latency age range. This may have been the situation in Case 3, which involved the oldest alleged victim in this series. In early latency years, discerning the difference between "make-believe," a "lie," and a child's genuine belief that happens to be inaccurate (including some wishes by the child) is extremely difficult. The emotional stress caused by domestic relations problems makes such distinctions even more difficult in children caught up in domestic turmoil.

The psychiatric point of view¹⁵ aims to discern and clarify motives and then to *explain* them, not just to report. This should take into account the phenomenon that a child may serve as a relatively passive screen for projectional fantasies by adults who are regression prone under the influence of domestic stress at first, but that the child may later on become an active protagonist on his/her own in the drama. As noted above, the child may be a producer of an ambiguous report which then gets magnified and projected back onto the child in a "positive feedback loop" which increases the ultimate distortions. The children in this series were not thought by any investigator to have been consciously, deliberately "brainwashed," and with the possible exception of the teenager in

Case 3, they were consistently perceived by everyone as sincere.

Additional sources of potential regression in domestic relations litigation are to be found in attorneys and in the adversary system itself. On occasion, attorneys become overinvolved in cases and supply some of their own interpretations and motivations for litigation. Such was the case with the X family described above. It is understandably difficult for everyone involved in domestic relations cases to remain "passionately detached" at times when potentially lurid matters are discussed. There are fine lines to be drawn between representing a client (including the State as client for prosecutors), attending to the rights of children who are not clients, trying to serve the ends of an abstract concept of "justice," and being manipulated.

Finally, the adversary system itself has inherent limitations when the task at hand requires evaluation of family situations which contain a network of conflicting loyalties. Often there are no clear-cut adversaries and parties cannot meaningfully be distinguished on one "side" of a case or another; sometimes the same party has two conflicting interests in the same case. This is often true of children caught up in incestuous families.

The adversary system tends naturally to generate "part investigations" with the hope that a modified trial by combat will reveal the most truthful party. Often, there is little discerning revelation or evaluation of the mixed motives of a reporter, or if there is concern about such motives, full examination may be impossible. In Case 7 described above,

it was impossible to uncover all of the mixed motivations of the seven-year-old girl who testified against her father at his rape trial, though most of the trial participants sensed that there was more to the story than the criminal court was presented with. Rules of evidence do not always do full justice to human entanglements in civil litigation either.

Recommendations

Five clear-cut recommendations emerge from the discussion above.

1. Evaluators charged with examining children who have been involved in stressful, domestic situations and who are involved in allegedly abusive episodes should obtain as much data on the children as possible from all available sources: educational, psychiatric/medical, extended family, etc. Domestic relations cases are unfortunately fertile ground for nonvalid perceptions and/or allegations of misconduct of all forms.

2. It is essential for any evaluator of a reportedly abused child, especially one involved in domestic relations litigations, to gather information from *all* previous or concurrent investigators/treaters/examiners. This is true even if such persons will not seem to have immediately relevant information on the case at issue; it is the *way* in which they have been utilized which may be as revealing as *what* task they are performing with the family. With the X family, the mother's use of fragmented counseling/neurologic services provided early indication of her mixed compliance-evasion patterns.

3. Psychiatric evaluators of cases of child abuse must insist on adequate time

to perform adequate examination. It is impossible reliably to obtain intimate, sometimes frightening details of a child's inner experience on a single interview. The use of "anatomically correct" dolls as a shortcut to introduce explicit sexual-aggressive material in an initial interview with a child who has possibly been traumatized is often poor practice. Obviously an evaluator must be receptive to a child's revelations as early in an evaluation as they emerge, but the child must not be coerced by the evaluator's time constraints.

4. There should be less emphasis on *what* a reported victim of abuse says or on "fact-finding" in evaluations. There should be more emphasis on the illumination of *motivations* of both victim and "prime movers" in the case: why are they doing and saying whatever they are? This is not at all to cast doubt on their truthfulness but to clarify the interplay between their emotions, their statements, and their actions, which is what psychiatry is all about. Evaluators, including interpreters of psychologic tests, should be exquisitely aware of their own biases and presumptions.

5. When a false accusation of sexual misconduct is suspected, psychiatric formulation should rest on affirmative psychodynamic grounds, not mere anecdotal material. Retraction of accusations per se is no assurance of nonabuse. In addition, *independent* factual investigation should corroborate the psychodynamics.

6. Finally, it seems from this series of cases that family court, with its emphasis on civil procedures and its "network" orientation, is to be preferred as a forum

for evaluation of child sexual abuse cases rather than the criminal courts. Criminal courts are hamstrung by the need not to involve a defendant in the evaluation of the victim and vice versa. Family court operates on the premise that in sexual abuse cases, a victim and perpetrator usually will continue a relationship long after the legal case is completed.

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