

No problem in child and adolescent fields such as family law, psychiatry, social work, and pediatrics stirs up more heated discussion than does child sexual abuse.

Which child has really been abused? Must the real victim confess everything that happened in order to be believed? Must the child's stories stay absolutely consistent? Must there be signs and symptoms of psychic trauma?

Good social workers are vehemently opposing good child psychiatrists in our courts these days regarding whether a certain child was or was not sexually molested. Also jumping into the fray are: police child sexual abuse specialists, lie detector test givers, teachers, school nurses, pediatricians, psychologists, marriage conciliators..... and the list goes on--all claiming to be expert in the child sexual abuse field.

The clinical and legal decisions concerning the validity of these allegations are based upon two interrelated factors, the quality and credibility of the child's statement, and the adequacy of the investigating interview(s) which elicited these statements.

A fundamental question in these debates must be:

"Do children lie about sexual abuse?"

DO CHILDREN LIE?

The word "lie" in this context suggests a range of behaviour in children (as with adults) ranging from an attempt to deceive all the way to the so called "white lies" based on politeness or tact. In terms of motivations Ceci and Bruck\* identify five motivations:

- (1) to avoid punishment- mothers in two studies have reported that this is the most frequent motivation for lies by 4 year olds.
- (2) to sustain a game- here the evidence seems to be that the stronger the coaching by an adult the greater the rate of deception.
- (3) to keep a promise- if an adult asks a child to promise not to say that an event has occurred because the adult will get into trouble, children as young as three will omit information.
- (4) to achieve personal gain such as being accepted in a group.

\* The suggestibility of The Child Witness, S.J. Ceci and Maggie Bruck, Psychological Bulletin (In Press)

- (5) to avoid embarrassment Ceci et al in an article in press mention an experiment in which parents were instructed to kiss their children in the bath and then, when the parents were absent, a third party then told the children that it was "naughty" to kiss someone when they had their clothes off. The attempt here was to create in the child a motivation to omit information. Other children who had not been kissed in the bath were told that parents who loved children often kissed and hugged them in the bath thus providing an incentive to include information so as to avoid embarrassment. Both errors of commission and omission were produced in this study. The fear of embarrassment can be an important feature for children being interviewed in a child abuse context.

There is evidence that even preschoolers are capable of recalling much that is forensically relevant. Ceci and Bruck conclude that:

"What is important is that the court should have the following information if the child's evidence is to be evaluated:

- (1) the circumstances under which the initial report of concern was made
- (2) the number of times the child was questioned

- (3) the hypotheses of the interviewers who interviewed the child
- (4) the kinds of questions that the child was asked; and
- (5) the consistency of the child over a period of time.

Assuming that disclosure of events was made in a non-threatening, non-suggestible atmosphere, if the disclosure was not made after repeated interviews or questioning, if the adults who had access to the child prior to the child giving testimony are not motivated to distort the child's testimony through relentless and potent suggestions, if the child's report remains highly consistent over a period of time, then a young child would be judged to be capable of providing much that is forensically relevant.

In short, provided that the correct questions are asked, and answered satisfactorily, then children's evidence can carry considerable weight in court and its exclusion or rejection may deprive the court of vital evidence in a child protection case.\*

\* From: Ceci & Bruck: "The Suggestibility of The Child Witness"

THE STRENGTHS AND WEAKNESSES OF CHILDREN'S MEMORIES:\*

Related to but to some extent separate from the question of the suggestibility of children is the question "what sort of things do children remember best?" For lawyers this tends to revolve round the "W" questions: who, where and when and was anybody else present?" The child's developmental state and questions of suggestibility are not quite the same thing.

A few basic points are worth making:

- (1) Children, especially young children, more readily memorize events and details in which they were centrally and directly rather than peripherally involved;
- (2) When it comes to identification, children find it difficult to make accurate judgements of adults' age, height or weight or colour. Very young children e.g. below age three, find it difficult to deal with photographic identification, especially after delay;

\* From: A. Bissett-Johnson, "Family Violence": The Horace Read Lecture, October, 1992, Dalhousie Law School

- (3) Children's errors of memory tend to be of omission rather than inclusion of false information;
- (4) Although the Scottish Law Commission has suggested that children's recall of events may fade more quickly than adults, the empirical evidence of this is inconclusive since few of the more realistic studies of children's eyewitnessing abilities have included both adults and children;
- (5) Children, especially young children, find it difficult to deal with abstract concepts such as time, the "when" question;
- (6) Questions turning on linguistic skills (even a reference in a question to a rather than the car may tax a young child's comprehension) or knowledge that a child does not have may pose acute problems for a young child.

These matters should be born in mind in assessing a child's evidence. It would be wrong to assume that because a child cannot give certain pieces of evidence which are beyond the

child's state of development or cognition, that other pieces of evidence which a child can be expected to give should have their weight or credibility discounted. It does not follow that a child who cannot estimate when an event happened, or the age or weight of a suspect should have their credibility discounted by this when matters of direct concern to the child, such as whether they were sexually abused, produces apparently relevant evidence.

**FALSE ALLEGATIONS OF SEXUAL ABUSE \***

It is generally accepted in mental health circles that young children rarely lie about incidents of sexual abuse, although parents involved in a custody or access dispute will sometimes initiate what turns out to be a false report of child sexual abuse. Further, young children may be pressured by a parent into supporting a false allegation, or may become confused as to what really occurred as a result of repeated or highly suggestive questioning by a parent.

\* "False Allegations of Sexual Abuse", Canadian Child Welfare Law, 1991, Bala, Hornick and Vogl

It is important to point out that most "false" reports are not maliciously motivated. However, some may be intentionally false; for example, a parent may knowingly provide false information to gain an advantage over the other parent. The motivation for a parent to fabricate an incident of sexual abuse where there is a contested custody or access action is obvious.

In other cases, there may be a legitimate misunderstanding of the other parent's actions toward a child. There are cases in which the atmosphere of mistrust, a common element in many separations, results in one parent misinterpreting what may be innocent actions by another parent, and alleging sexual abuse. For example: Dad putting powder or cream on his 4 year old daughter's private area after a bath given during a weekend access visit. In yet others, an accusing parent may be suffering from a mental or emotional disturbance which may cause a false report. The point, for those involved in investigating and litigating such cases, is that the incidence of false reports, regardless of their cause, is higher in cases where there is a custody or access dispute.



Despite these factors, studies suggesting a higher incidence of false reports in custody and access cases should not cause anyone to dismiss a child's allegation of sexual abuse simply because it arises in the context of a custody or access dispute.

While the studies to date do demonstrate a higher incidence of false allegations in the context of parental separation, it is apparent that even in this situation there are many true allegations. The difficult job of investigators and the courts is to distinguish the true from the false.

There are several reasons why child sexual abuse may occur more frequently in the context of marital dissolution. First, child sexual abuse, like other psychosocial problems, may create stress in the marriage and lead to its eventual breakdown; thus, a high incidence of reported sexual abuse would be expected in families coming in contact with domestic relations courts (e.g. Family Court or Supreme Court of Nova Scotia). Second, a separation or divorce may create opportunities for abuse that are not present in intact families. As one psychologist interviewed concluded:

It's not hard to believe that some abuse starts after divorce. If you take parents with such inclinations and make them lonely

and needy, and give them a child who is also lonely and scared, and put them together for entire weekends, alone, you've created a perfect opportunity for abuse to occur. How many fathers in intact families spend that much time alone with daughters?

Third and finally, as Corwin\* and associates (1984) suggest, children may be more likely to disclose abuse by a parent following separation or divorce because the abusing parent is less able to enforce secrecy; further, because of decreased dependency and increased distrust between the parents, the other parent is more willing to believe the child.

Therefore, an allegation made by a child or a parent during a custody or access dispute should be treated with the same caution, seriousness and thoroughness that an allegation arising at any other time would. Due to the existence of the custody or access dispute, careful examination of the parents will be required. The investigation should ensure that the allegation is not spiteful, based on a misunderstanding borne out of the

\* Journal of Interpersonal Violence, 2, 91-105

couple's mistrust, or the result of a mental or emotional disturbance in the reporting parent. The investigator requires great sensitivity in interviewing the child.

SITUATIONS COMMONLY ASSOCIATED WITH FALSE ALLEGATIONS \*

Young children rarely initiate false allegations without the influence of an adult intending (consciously or unconsciously) to prove the allegations true.

Four situations are commonly seen in which a child, under adult influence, is likely to make false allegations.

1. Post-traumatic stress disorder. Women or girls who were sexually abused in the past may repress the intense feelings and memories associated with the abuse and go on to develop a chronic post-traumatic stress disorder (American Psychiatric Association 1980). This disorder may evoke in them periods in which intrusive and recurrent thoughts,

\* From, Paul Steinhauer, "The Least Detrimental Alternative," 1991

feelings, or behaviours burst through their usual denial, often in response to an environmental stimulus. At these times, they may feel and act as if the abuse that they experienced earlier is recurring. Some even go so far as to recapitulate aspects of their own abuse in their relationship with their own children (Gelinas 1983). Adolescent girls suffering from post-traumatic stress disorder may convincingly describe an abuse that they say occurred recently. Their confusion of present and past events may lend their reports an intensity that suggests credibility, making it difficult to determine the truth of current allegations.

Mothers suffering from post-traumatic stress disorder as a result of past sexual victimization may overidentify with their child, particularly when she reaches the age at which their own abuse occurred. They may then become convinced that the child has been sexually abused. While such a response can be triggered by actual abuse, it can also be precipitated by any situation that, while in itself non-abusive, contains elements or elicits feelings reminiscent of the mother's past abuse. In either case, the mother's

extreme overinvolvement with the child's alleged abuse, along with her tendency to fuse and confuse present and past events, may add to the difficulty of assessing credibility, especially when the mother's disturbance is superimposed on allegations of an abuse that did indeed occur. Such a mother's overinvolvement in false allegations of abuse to her child is usually easier to identify if the examiner considers the possibility.

Mrs. H's viewing of a street-proofing film with her three year old daughter prompted her to report that her daughter had been sexually abused by her estranged husband. Mrs. H saw her daughter squirm during the film. Therefore, she questioned the child and "discovered" she had been fondled. Mrs. H. audiotaped her talk with her daughter. This revealed that the questioning process was coercive, leading, and highly suggestive. In assessment, the mother related a long-standing incestuous relationship with her own father that was seriously affecting all areas of her life. In interview, she confused and blurred present and past concerns of her own and her child's sexual abuse. The child's assessment did not confirm the mother's concern.

2. **Serious psychiatric disorder.** Another potential source of false allegations lies in the combination of a serious psychiatric disorder in the mother (especially schizophrenia, a borderline personality disorder, or Munchausen-by-Proxy) combined with a symbiotic mother/child relationship (D.P.H. Jones and McGraw 1986; Goodmin, Sahad, and Rada 1978). In such a situation, psychiatric examination reveals a mother who has delusions that her child has been abused, along with an enmeshed mother/child relationship with clear evidence of a self-other boundary disturbance (Steinhauer and Tisdall 1984) such as the child being incessantly interrogated and pressured by the mother to repeat false allegations. It is the mother who usually initiates such disclosures. These she may increasingly embellish over time, often supporting her allegations with copious notes. If the child makes a statement, it is usually remarkably similar to the mother's, lacking in detail and told in the absence of an appropriate emotional response.

Mrs. W. said that her young boys, ages five and two, had been molested by their maternal aunt. Mother recounted that the older boy, shaking with fear, had told her how his aunt had

"touched his dink." In subsequent interviews, the mother made increasingly fantastic allegations. In individual sessions, the older boy disclosed, almost verbatim, the same allegations, but without any upset. The mother became increasingly agitated and admitted that she had been spending much time talking with the child about the abuse, and that she found it more difficult to discriminate fact from fantasy. The situation culminated with the mother's hospitalization for a paranoid disorder, at which time the boy's disclosures stopped.

3. Custody/access disputes. Perhaps the most common cause of false allegations of sexual abuse is their precipitation by an ongoing custody/access dispute. It is usually the child's mother, shortly after the marital separation, who alleges abuse by her ex-husband, though on occasion the father may accuse the mother's new partner. It is revenge, driven unconsciously by the accuser's inability to handle the loss of the spouse, that motivates the accusing parent to exaggerate acceptable physical contact that occurred while the child was on a visit into an allegation of abuse. The child's dependency, along with the fear of parental

disapproval or loss of love, persuades the child to go along with the parent's false allegations.

Mrs. B., after losing a court bid to restrict access of her ex-husband to their four and one year old daughters, said that her oldest daughter had told her she had been abused by her father. In interview with mother and daughter, the child asked her mother to talk about the abuse because she thought her mother could tell it better. In individual interviews, the daughter talked of her father bathing her and rubbing her genitals (pee-pee) with a washcloth. She said her mother thought it had hurt, but it had not. When the older daughter's court case turned for the worse, mother said that the youngest daughter had rubbed her pee-pee and said, "Daddy hurt pee-pee." This allegation was not corroborated by the child's day-care or by investigative interviews.

4. Professional bias. False allegations may occur as a result of professionals who, overly identified with a young child, prematurely commit themselves to believing an allegation through overvaluing, misinterpreting, and/or distorting some



data while failing to heed others. Such a bias may skew their evaluation, with the effect of seriously damaging the lives of those falsely accused, which, in turn, can be used to call into question true allegations.

The fact that clinicians' errors can contribute to false allegations must be recognized, but this should not be taken as a suggestion that it is more of a problem than professionals' denial of true allegations. A balanced stance by the clinician, combined with an awareness that both false positives and false negatives can occur, is a prerequisite for the responsible assessment of such difficult cases.

A young girl had disclosed to her aunt that, on weekends over the preceding year, her father had fondled her many times. However, the child's psychotherapist was so convinced the abuse had occurred that she was unable to see any mother-daughter pathology or anything positive in the relationship between the daughter and her father. She went on a single-minded campaign to get her client's father convicted, eventually organizing a demonstration outside the provincial premier's office. The judge dismissed the case on the

grounds that the therapist's behaviour so influenced the child as to make a determination impossible.

The Cost of Allegations of Child Sexual Abuse

One area of great concern for myself and other professionals in the field, occurs when allegations of sexual abuse are raised in the context of a parental custody dispute.

As Jeffrey Wilson, a family law practitioner from Toronto has written:\* "The allegation can become a no-win situation for all concerned, especially the child, unless the entire process is conducted with great sensitivity and rigorous fairness for all parties concerned."

Wilson then catalogues some of the possible outcomes of such allegations:

- (1) Invasion of treatment professionals into the lives of each family member.

\* Canadian Family Law Quarterly, Vol 1; 1986-1987, P. 159

- (2) Thousands of dollars of legal and non-legal expenses -  
(Such as time lost from employment).
- (3) Criminal charges laid against the father or the mother's  
significant other.
- (4) Placing the father's name in the Child Abuse Registry.
- (5) If the allegation turns out to be unfounded, a profound and  
damaging effect on the father - child relationship.
- (6) If the allegation is confirmed, the possibility that the  
necessary therapy for the father as well as for the healing  
process between the father and child will be lost in the  
adversarial custody/access battle.
- (7) Destruction of any hope for good communication between the  
parents for the sake of the child.
- (8) Labelling the child as a "sexual abuse victim", carrying  
with it negative implications for his or her healthy  
psychological development.

The Dreaded Medical Referral:

One of the referrals most dreaded by our Child Protection Team- is the case of the 5 year old girl who returns Sunday evening from a weekend access visit with her father. Mother reports to her family doctor or her lawyer - that the little girl's "private area" was very red and maybe her father did something to her. The dilemma here is paradoxical. On the one hand, we do not want to miss a situation where a child is a sexual abuse victim during a weekend access visit. On the other hand, the father may be so terrified of false allegations that he neglects the child's hygiene all weekend: her bath is inadequate; father fails to apply the rash ointment or powder which the child would normally receive from her mother. In assessing these situations medically - it is imperative that health professionals interview not only the mother and child, but also the father.

The SAID Syndrome:\*

One phenomenon that must be considered by investigating professionals is the SAID Syndrome - Which stands for Sexual

\* Sexual Allegations In Divorce: The SAID Syndrome. Gordon J. Blush, Ed.D. and Karal L. Ross, M.A., Conciliation Courts/Review/Volume 25, Number 1/June 1987, pp. 1-11

Allegations in Divorce. A sexual abuse allegation develops when a family unit becomes dysfunctional as a result of the divorce process.

During investigations in pre or post divorce situations, it is very common for one parent to present a very unflattering picture of the other parent. Both parents are very aware of the adversarial role into which their divorce relationship has evolved and each frequently presents a long list of serious concerns. There are numerous allegations that parties make against each other in order to "make their case." The Syndrome represents either the covertly implied or overtly expressed allegation of some sexual impropriety, misconduct, or abuse on the part of the other parent involving their child or children. These allegations, if manufactured and false, are enormously destructive to what is left of the already fragile family unit. The challenge of the validity of a child victim may have very negative longterm effects upon that child.

We are all familiar with statements such as "believe the child, no matter how hard it is" and "children never lie about such a serious matter as sexual abuse." Unfortunately, like adults, children sometimes make false statements. These may be

intentional lies or they may be unintentionally fabricated shades of the truth. The evidence still remains that the number of false reports is quite low. Professionals must be aware that they can occur. In one case; both daughters later admitted that the accusation was false. The girls had been coached by unidentified older girls to accuse the stepfather of sexual abuse, hoping this would make their mother leave him.

The Most Typical SAID Pattern

- 1) The allegation almost always surfaces only after separation and legal action between the parents has begun.
- 2) There is a history of family dysfunction with resultant unresolved divorce conflict. This usually involves "hidden" underlying issues both spoken and unspoken.
- 3) The personality pattern of the female parent reporting the alleged abuse often tends to be that of the hysterical personality. The female emotionally presents herself

as a fearful person who believes she has been a victim of manipulation, coercion and physical, social or sexual abuse in the marriage. She has seen the man as simply not understanding the physical safety and psychological needs of the children. Another hysterical manifestation is the "justified vindicator." In this case, a hostile, vindictive and dominant female has appealed to experts in both the health and/or legal communities.

- 4) The personality pattern of the male parent reporting the alleged abuse, tends to be that of the passive-dependent personality. He is often intellectually rigid, and has been hypercritical of the mother throughout the marriage. He verbalizes real or imagined ways in which she has been a non-vigilant and borderline unfit mother. He typically makes allegations more against the males with whom she has become involved rather than making direct allegations toward her as the actual perpetrator of the sexual abuse. This male sees her as the person who passively or silently endorses the perpetrator.

- 5) The child is typically a female under the age of eight who controls the situation. Additionally, this child may show behavioral patterns of verbal exaggerations, excessive willingness to criticize and condemn, and inconsistencies in relating the incident(s). These children give responses that appear to be highly rehearsed, coached, or conditioned. They use age-inappropriate verbal descriptions and may not really understand what they are saying. They may lack the appearance of a traumatized child both emotionally and behaviorally.
  
- 6) The allegation is first communicated via the custodial parent, usually the mother.
  
- 7) The mother usually takes the child to an "expert" for further examination, assessment or treatment.
  
- 8) The expert then often communicates to a court or other appropriate authorities a concern and/or "confirmation" of apparent sexual abuse, usually identifying the father as the alleged perpetrator.



- 9) This typically causes the court to react to the "expert's" information by acting in a predictably responsible manner e.g. suspending or terminating visitation.

The real danger in the SAID Syndrome is that professionals may be sucked into aligning themselves with the reporting parent's agenda and thus falsely validating the allegations. This can do an enormous disservice to courts, who ultimately are in the position of protecting the "best interests" of children.