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IN CUSTODY DISPUTES**

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ABSTRACT: Files from contested divorce and custody cases where there were false allegations of sexual abuse were reviewed. Compared to custody-only, falsely accusing parents were much more likely to have a personality disorder. Most of the individuals in the custody control group and in the group of falsely accused parents were psychologically normal. A suggested typology of individuals who make false accusation of sexual abuse in divorce and custody disputes is discussed.

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Child sexual abuse allegations have increased dramatically in the past 10 to 15 years. Some authorities claim this is caused by an increase in actual abuse of children and that we are in the middle of an epidemic of child abuse. Others suggest that there may not be an increase in abuse but rather an increase in reporting abuse. This is a more hopeful view since the implication is that we are succeeding in our efforts as a society to respond effectively to the reality that we brutalize and savage our children.

There is considerable confusion about the relationship between incidence and prevalence estimates. The most recent incidence estimate reported is in the National Center for Child Abuse and Neglect's *Multiple Years of Child Abuse* (1986). Of the incidence rate, the most likely prevalence of children of either 2.2 or 2.5 per 1000, depending upon the definition used. The prevalence rate not relating the prevalence estimate to the incidence rate is the most likely prevalence rate is around 4%. This is considerably less than suggested prevalence rates arrived at by methods not relating the prevalence estimate to the incidence rate.

False accusations are also increasing although there is disagreement as to the frequency and nature of false claims. Professionals agree that false accusations are most likely to occur in the environment of vindictive and angry divorce and custody battles. Accusations arising in divorce and custody disputes have received much publicity recently and there have been many articles about this in the professional literature (Ash, 1985; Benedek & Schetky, 1985a & b; Bishop & Johnson, 1987a & b; Blush & Ross, 1987; Brant & Sink, 1984; Bresee, Stearns, Bess, & Packer, 1989; Levy, 1989; MacFarlane, 1986; Murphy, 1987; Ross & Blush, 1990; Schaefer & Guyer, 1988; Schuman, 1986; Sink, 1988b; Spiegel, 1986; Underwager & Wakefield, 1989; Wakefield & Underwager, 1988; Wakefield & Underwager, 1989; Yates & Musty, 1988). Thoennes and Pearson (1988) estimate that accusations of sexual abuse are found in 2% to 10% of contested custody cases. There is not agreement as to how many of these cases turn out to be false but most of the estimates range from a third to four-fifths. Everyone agrees, however, that the proportion of false allegations is higher when they arise in divorce and custody disputes.

Out of over 400 cases in which we have provided expert consultation involving sexual abuse in the past six years, 40% were divorce and custody cases. Of the divorce and custody cases that have been involved in that have been adjudicated, for three-fourths there was no determination of abuse by the legal system. Dwyer (1986) reports similar statistics. She states that 77% of the divorce-linked sex abuse cases coming to the Human Sexuality Program at the University of Minnesota have turned out to be "hoax" cases. This is based upon the opinion reached by the agency staff that the allegations were not accurate. Our data includes the action of the justice system upon the individual cases.

In our experience, accusations of sexual abuse most often occur in a bitter and acrimonious

divorce at all stages of the process. Benedek and Schetky (1985a) report that they were especially common in disputes about child custody that arise after a divorce has been granted and center around issues of visitation. Wallerstein and Kelly (1975, 1980) note that in a bitter divorce, not only is the child likely to undergo significant stress, but the parents are likely to blame the child's anxiety and distress on the other parent.

Most of the time the accusation is not a deliberate fabrication on the part of the accusing parent. Many parents have been influenced by the publicity about sexual abuse to make false accusations based on misperceptions and false assumptions. However, in some cases a parent can deliberately foster a false accusation as a way to get custody. Thoennes and Pearson (1988) found that in 15% of the cases they studied, the case worker expressed doubt that the report was offered in good faith.

As the system to respond to accusations of sexual abuse has developed, it rewards the making of an accusation with all manner of reinforcements. The person who is hated is punished. There is social approval for accusing such reprehensible criminals. There is free legal counsel, welfare payments, approbation and support from mental health professionals, therapists, friends, family, neighbors. There is no response cost for making an accusation. As Green and Schetky (1988) state:

A small number of parents caught up in custody battles or visitation disputes have exploited the epidemic of sexual abuse by using such allegations to promote their own interests at the expense of their child and their former spouse. Allegations have become a surefire way of getting a judge's attention and cutting off visitations. They have the same emotional impact that issues of adultery once had in custody battles a decade or more ago (p. 104).

Gardner (1986) also notes that an accusation of sexual abuse is a powerful weapon in a divorce and custody dispute. The vengeful parent may exaggerate a nonexistent or inconsequential sexual contact and build up a case for sexual abuse. The child, in order to ingratiate himself with the accusing parent, may go along with this. He describes a "parental alienation syndrome" in which the child identifies with the vilifying parent and communicates absolute hatred toward the other parent. A false accusation of sexual abuse may develop in this situation (Gardner, 1987a).

Gardner (1986) also observes that in some cases a mother who is obsessed with hatred toward the father may bring the child to the point of having paranoid delusions about the father. A "folie à deux" relationship may evolve in which the child acquires the mother's paranoid delusions (Ferguson, 1988; Kaplan & Kaplan, 1981; Rand, 1990). Green (1986) states that such women are usually diagnosed as histrionic or paranoid personality disorders, or paranoid schizophrenics.

Blush and Ross (1987) and Ross and Blush (1990) have reported on the personality characteristics of the parties involved arising in the context of unresolved custody and visitation. They gathered social, psychological, and legal data from allegations arising in a family services clinic of a circuit court setting in Michigan. They report that information from several years of such cases provides suggested patterns characterizing accusations that are more likely to be false. Variables important are the escalation and timing of the cases, the personality characteristics of the adults involved, and the behavior of the children involved. They termed the typical pattern when the allegations turn out to be false the SAID (Sexual Allegations in Divorce) Syndrome (Blush & Ross, 1987).

1. The accusations surface after separation and legal action begins.
2. There is a history of family dysfunction with unresolved divorce conflict and hidden underlying issues.
3. The female (accusing) parent often is a hysterical or borderline personality or is angry, defensive and justifying.
4. The male (the accused) parent is generally passive, nurturing, and lacks "macho" characteristics.

5. The child is typically a female under age eight.
6. The allegations surfaces via the custodial parent.
7. The mother takes the child to an "expert" who confirms the abuse and identifies the father as the perpetrator.
8. The court reacts to the experts information by terminating or limiting visitation.

Ross and Blush (1990) describe three personality patterns they have observed in falsely accusing parents. The first is the *histrionic personality*. This individual appears anxious, concerned, and nervous and presents herself as victimized by her estranged spouse. She describes herself as manipulated, coerced, and physically or psychologically abused by this spouse and perceives her child as now in danger of victimization from him. Her interpretation of her child's behavior appears to be an extension of her own feelings, with the result that she develops unusual and inappropriate sexual concerns about her child. She may regularly examine her child's genitals, take the child for repeated medical exams, or interrogate the child about possible sexual activity.

The *justified vindicator* is a variation of the histrionic personality. This woman initially offers an intellectually organized, assertive, and justified agenda which many facts, figures, and opinions supporting her evidence. She presents herself as justifiably outraged and concerned by the behavior of her spouse. However, when clarification is sought concerning the details, she becomes hostile, resistant, and passive-aggressive. She will argue and counter even carefully framed questions, is likely to discontinue contact with the evaluator who challenges her statements, and may threaten to sue or make ethical complaints.

The *borderline personality*, by virtue of a basic histrionic propensity and the stress of the divorce, functions in a highly dysfunctional way and may lose contact with reality. This person may be most readily identified by peculiar and bizarre descriptions of events in her history.

We have also observed that parents who make false accusations of child sexual abuse in acrimonious custody situations are likely to have significant psychopathology. We therefore have been engaged in an ongoing study of the personality characteristics of the parties in false accusations of sexual abuse in divorce and custody disputes. To date, files from over 165 cases of accusations of sexual abuse arising in an acrimonious divorce and custody dispute have been reviewed. In many of the files, there is sufficient information from professional evaluations to form an opinion about the individual's personality characteristics.

In conducting a systematic analysis of the psychological information in the files, we predicted that compared to parents in custody disputes without sexual abuse accusations, parents who make false accusations of sexual abuse during a divorce/custody battle will be more likely to have demonstrated psychopathology in the course of an evaluation. We also predicted that individuals who had been falsely accused would not have more psychopathology than those in the custody control group.

METHOD

Subjects

Files from 165 cases where there have been sexual abuse allegations during a divorce and custody dispute were reviewed. In many of the files, there was sufficient information (from medical and psychological reports, therapy and hospital records, test results, etc.) to form an opinion about the individuals' personality characteristics. In some of the cases, we had performed the evaluation, in others, the data was obtained by other mental health professionals and was reviewed by us. We limited the information we used to that given by physicians and mental health professionals.

The criteria to select the cases of false allegations were (1) the accused continued to deny the charge, (2) we concluded, from our review of the entire file, that the accusation was likely false, and (3) there had been no finding of abuse by the justice system. The falsely accusing parents were compared to two groups—a group of parents in contested custody cases in which there were no allegations of sexual abuse, and a group of falsely accused parents. All cases had come into our private practice clinic over the past five years. Some of the sample included both parents in a case, but in others, we only had sufficient information about one.

We found enough information in the 165 files to include 64 falsely accusing parents (60 females and 4 males) and 97 falsely accused parents (4 females and 93 males). There were 64 parents in a custody control group (29 females and 35 males). The mean age of the accusing females was 33.6; the falsely accused females 33.0; and the custody only females 32.3. The mean age of the accusing males was 36.3; the falsely accused males 37.0, and the custody only males 34.5.

Procedure

The available information was carefully reviewed and a diagnosis was assigned to the person on the basis of the information. The amount of information varied from case to case. In some of the files, the persons had been interviewed and given multiple psychological tests by two or three evaluators. In a few, the only information was a letter from a therapist or physician giving observations or opinions about the person but not a formal diagnostic statement. However, most of the files included clinical interviews and testing. When the diagnosis was given by the evaluator, this was used. In the instances where an actual diagnosis was not given by the evaluator, we selected a diagnosis on the basis of the information in the file. We also compared MMPI profiles in the subjects who had MMPIs in the files.

Both of us reviewed the psychological data and assigned diagnoses when they were lacking. When we disagreed, we discussed the case until we reached consensus. However, there was initial disagreement on only a few of the cases because the information in the file was generally detailed enough to arrive at a diagnosis with a reasonable degree of confidence.

The subjects were then classified according to the diagnoses. We combined persons who were given an adjustment reaction diagnosis and persons who were seen as psychologically healthy or "normal" for whom no psychiatric diagnosis was warranted. We did this for two reasons: First, this adjustment reaction diagnosis was made in terms of the person's reaction to the custody and divorce situation rather in terms of any preexisting problems. Second, the adjustment disorder diagnosis may sometimes be used to meet the third party payment requirement for persons who are essentially normal. After assigning the diagnoses we then compared the groups.

Information on the actual MMPI profiles were available for 59 of the custody only, 40 of the accusing, and 92 of the accused parents. In most of these, we had the actual profile; in a few we had specific information about profile validity or high points without the actual profile. We used the available information to compare the groups on raw and T scores on the validity and basic clinical scales.

RESULTS

Table 1 shows the diagnoses given to the falsely accusing females compared to the custody only females:

Table 1
Diagnoses of Falsely Accusing Females
and Custody Only Females

	No Diagnosis Warranted		Personality Disorder		Other Diagnoses*	
Accusing N = 60	17	28%	42	70%	1	2%
Custody N = 29	18	62%	10	35%	1	3%

$\chi^2 (2, N = 89) = 10.16, p < .01$

* alcohol use disorder

Compared to the custody only, the falsely accusing females were significantly more likely to have a personality disorder diagnosis, 70% as compared to 35%. Only one person in each group was given a diagnosis other than one of the personality disorders—in each case it was an alcohol use disorder.

The four falsely accusing males were all diagnosed as having personality disorders.

Table 2 shows the diagnoses given to the falsely accused males compared to the custody only males:

Table 2
Diagnoses of Falsely Accused Males
and Custody Only Males

	No Diagnosis Warranted		Personality Disorder		Other Diagnoses*	
Accused N = 93	65	70%	24	26%	4	4%
Custody N = 35	24	69%	7	20%	4	11%

$\chi^2 (2, N = 128) = 2.44, p < .30 > .20$

* Custody other: bipolar disorder, alcohol use disorder, depression (2)

Falsely accused other: alcohol use disorder, depression (3)

There was no significant difference between the falsely accused males and the custody only males. In both groups most of the persons (69% and 70%) were seen as having no psychopathology while a much smaller proportion (20% and 26%) were diagnosed with personality disorders. Only a few persons were given other diagnoses. In the two groups combined, there were five persons who were diagnosed as neurotic depression, two alcohol use disorder, and one bipolar disorder.

The four women in the falsely accused group were all seen as psychologically normal.

The 29 females and 35 males in the custody only group were then compared to each other and there were no significant differences between them ($\chi^2 [2, N = 64] = 2.67, p < .30 > .20$).

Therefore, we then combined males and females and compared all three groups in Table 3:

Table 3
**Diagnoses of Falsely Accusing Parents,
 Falsely Accused Parents, and Custody Only Parents.**

	No Diagnosis Warranted		Personality Disorder		Other Diagnoses	
Accusing N = 64	17	26%	46	72%	1	2%
Accused N = 97	69	71%	24	25%	4	4%
Custody N = 64	42	66%	17	26%	5	8%

$\chi^2 (4, N = 225) = 43.29, p < .001$

Almost three-fourths of the falsely accusing parents were assigned diagnoses of personality disorder while only one-fourth were seen as normal. In comparison, only one-fourth of the individuals in the custody control group and the custody control group had personality disorders and most (71% and 66%) were seen as normal.

Most of the personality disorder diagnoses for all three groups were mixed or unspecified. This is a diagnosis given when a person does not meet the criteria for one specific personality disorder. Nineteen of the 46 accusing parents with personality disorders were given this diagnosis. Within the unspecified personality disorder category, 8 of the 19 persons had histrionic personality features. The other personality disorders for the accusing parents were histrionic (6), dependent (6), borderline (5), passive-aggressive (5), paranoid (4), and explosive (1).

Eight of the 17 custody only parents with personality disorders were diagnosed as unspecified. The remaining 9 were distributed fairly evenly among other personality disorders.

Eleven of the 24 falsely accused parents with personality disorders were diagnosed as unspecified. The others were passive-dependent (5), passive-aggressive (3), anti-social (2), schizoid (1), compulsive (1), and narcissistic (1).

Information on the actual MMPI profile was available for 55 of the custody only, 27 of the accusing, and 82 of the accused parents. We compared the groups on raw and T scores on the validity and basic clinical scales. The mean profiles for all three groups were within normal limits. Most of the individual MMPIs for all subjects were responded to with mild to severe defensiveness. The mean raw score for K for the three groups was accusing, 19.5; accused, 18.4, and custody only, 17.6.

The mean profiles for the accusing females did not differ significantly (*t* test) on the clinical scales from the female custody only group. However, the accusing females responded more defensively to the test. Their L and K scales were higher, and their F was lower than the custody only females. This reached significance ($p = .047$) on the F-K index (-14 for the custody females and -17.3 for the accusing females).

There was no significant difference in defensiveness between the custody only males and the accused males as indicated by the validity scales. The F-K index was -14.5 for the custody males and -15.0 for the accused males. On the clinical scales, the two groups differed significantly on scales 1 ($p = .013$) and 3 ($p = .007$) using K corrected T scores, and on scale 3 ($p = .006$) using raw scores.

DISCUSSION

Falsely accusing parents were much more likely to have a personality disorder, such as histrionic, borderline, passive-aggressive, paranoid, or unspecified. Only one-fourth were seen as without psychopathology. In comparison, most of the individuals in the custody control group and the accused group were seen as normal. Of the personality disorders in the falsely accusing parents, roughly one-third were diagnosed as histrionic personality or unspecified personality disorder with histrionic features.

Personality disorders are difficult and frequently misunderstood, but at the same time relatively common (Fleming & Pretzer, 1990). Individuals with personality disorders have personality characteristics which cause distress and impairment in daily functioning. The DSM-III-R (American Psychiatric Association, 1987) defines personality disorders as "enduring patterns of perceiving, relating to, and thinking about the environment and oneself" which "are exhibited in a wide range of important social and personal contexts" (p. 335). Such persons are likely to misperceive the behavior of others and to react to stressful situations in maladaptive ways. Depending upon the specific personality disorder, they are characterized by instability of mood, impulsivity, inappropriate emotional overreactions, a need for approval and attention, and difficulties handling anger and conflict.

Several of the falsely accusing persons' level of dysfunction was extremely serious, sometimes to the point of losing contact with reality. Some believed they had rare spiritual powers and/or had delusions concerning religion. One woman planned on traveling to Rome to marry the Pope; another stated that she had gone to Switzerland to marry Christ. One woman, a therapist, believed that she had exceptional empathic powers that allowed her to sense who among her adult clients had been sexually abused as children. Several were described as being highly unstable and unpredictable, displaying hysterical and bizarre behaviors, and sometimes failing to distinguish between fact and fantasy. The women with histrionic personality diagnoses were described as displaying manipulative, flamboyant, coquettish, or exhibitionistic behavior and being preoccupied with appearance and attractiveness, along with having a tendency to distort events.

Several women were described as having symbiotic relationships with their children and a two were diagnosed as having developed a folie à deux relationship with an older child, who also came to share the beliefs about the abuse. In several of the cases, the behaviors Gardner has described as the "parental alienation syndrome" (1987) were evident. In such cases the child accepted and internalized an irrational hatred of the father in the absence of any convincing evidence for such hatred.

The falsely accusing parents were sometimes so obsessed with anger towards their estranged spouse that this became a major focus in their lives. Such persons were often described by the evaluators as being oppositional, hostile, negative, and resistant in the evaluation and concern is expressed that the anger towards the former spouse supersedes the needs of the child. One woman made frequent calls to her husband's job, alleging that he was a pervert and a thief and should be fired. She also tried to run down her husband's attorney with her car. Another called our office to tell us that her husband was a deadbeat and would not pay his bill with us. She also accused him of being involved in the Scott County sex ring, an accusation that was simply impossible as the man was out of the country at the time. Such women fit Ross and Blush's (1990) "justified vindicator" that was described earlier.

Several of the women remained obsessed with the suspicion that their former spouse was sexually abusing the child, even after the case was dismissed or judged to be unfounded. Some took their young child for multiple physical and psychological examinations and made repeated accusations of abuse to child protection. A few regularly examined the genitals of the child following visits. Some had been questioning the children about possible sexual abuse for years. A

few, when the case was not substantiated, moved to another county and started the accusations over, continuing this pattern until a child protection worker was found who substantiated the accusation. One woman arranged for a television station to interview her so she could publicly accuse her husband of sexually abusing their child. This included a videotape of the child.

What about the four men who made false accusations? Although we cannot generalize from a sample of only four, these men appear to be quite similar to the falsely accusing women. One (unspecified personality disorder) was described by the evaluator as extremely defensive, angry, hostile, hypervigilant, and lacking in accurate perception of others. Another (dependent personality disorder) was seen as a docile and passive man who had a chronic behavior pattern of developing dependent relationships. A third (unspecified personality disorder) was seen to have characterological tendencies to be guarded and defensive and to deny and repress his considerable anger, suspicion, and hostility. The fourth (paranoid personality disorder) had gone through seven attorneys—they all kept dropping him because of his manipulative, angry, suspicious, and hostile behavior. In addition to accusing the teenaged son of his estranged wife's roommate of sexual abuse, he accused his present wife of physically abusing their new baby.

In an acrimonious custody conflict, such persons may be primed to assume the worst about their estranged spouse and to jump to conclusions when presented with minimal data. Any suspicious circumstances may lead to suggestive interviews and reinforcement of a young child, and statements about abuse may be unknowingly molded and developed. The individual with a personality disorder, involved in a difficult and stressful divorce, may be more likely to misinterpret, overreact, and come to a false conclusion.

But the parent making the accusation does not have to be histrionic, paranoid, or vindictive. Even normal individuals, in the midst of an angry dispute over custody, may be ready to believe that their spouse has sexually abused their children. Some parents may be influenced by the campaigns about child abuse to make false accusations based on misperceptions and false assumptions. They may then take their child to a mental health professional who interviews the child with anatomical dolls and assures them that the abuse is real. They may be told that a physical examination "proves" sexual abuse. A social worker may threaten to place their child in foster care if they don't believe that the abuse really happened. And once an accusation is made, it becomes extremely difficult to retract even when new evidence is presented.

In most of the cases we have reviewed, the allegations do not appear to be deliberate fabrications made for the purpose of obtaining custody. Instead, the publicity about sexual abuse, the frequent publication of the so-called "behavioral indicators," and the proliferation of prevention programs has resulted in many people becoming hypersensitive to the possibility of abuse and unwittingly participating in the development of a false allegation.

What about the men (and four women) who were falsely accused of sexually abusing their children? These falsely accused parents appear to be relatively ordinary persons. Ross and Blush (1990) describe the men they have seen as unremarkable. They may be nurturing and passive and unlikely to be socially aggressive or competitive. Our findings support this. The mean elevations on scale 5 for both the falsely accused men and the custody only men suggest that they are apt to be sensitive, imaginative, caring, and somewhat passive in their personal relationships. Those with personality disorders are likely to be diagnosed as passive-dependent or passive aggressive. The accused men's slightly higher elevations on scales 1 and 3 also suggest passivity along with a lack of insight into their personal relationships. Some of these men, by virtue of their sensitivity and caring, may be vulnerable to involvement with needy women. Once involved, they may behave somewhat passively as they continue to hope that all will work out.

Hatred

The behaviors, statements, and often written material in the files we reviewed show an emotion which, though known to all of us, is not often dealt with—hatred. As we worked with this material it became evident that psychology as a science has little or nothing to say about hatred. Nosologies of pathology have no classification for hatred. We know of no psychological literature describing hatred, studying it, or doing a research project on it. There is a large amount of material on anger but anger is not synonymous with hatred. This lack of interest in hatred as a psychological concept is surprising insofar as hatred is the obverse of love and there is a high level of interest in love among psychologists.

Hatred has surely been known by thoughtful persons for centuries to be closely connected to love. Love and hatred are intertwined in a complex and little understood fashion. In secular Greek literature from approximately Homeric times, the harpist Habrotonon says “It seemed as though he loved me, but he hates me with a divine hatred (Kittel, 1967, V. 4, p. 683).” In Hebrew literature (Old Testament) very often a man hates or is tired of the wife he has lived with for years (Gn. 29:31, 33; Dt. 21:15; 22:13, 16; 24:3; Ju. 14:16; 15:2; Sir. 42:9; Is. 54:6; 60:15). “Then Ammon hated her exceedingly; so that the hatred wherewith he hated her was greater than the love wherewith he had loved her (2 S. 13:15).”

There may be an effect of a failed marriage, which of necessity must be a failure of dreams, visions, aspirations, and hopes, that generates the intensity of emotion and level of hostility that can only be seen as hatred. However, hatred is not likely to show up on the MMPI, the Rorschach, a sentence completion form, or even in a clinical interview. Psychologists who are more accustomed to anger may simply miss the pervasive, passionate, and driving force of hatred. Nevertheless, in our data hatred appears as a construct and an emotion that may have a determining effect on behavior to produce false accusations. Hatred is not necessarily pathology. It may be ethically constrained and valued negatively, but it does not imply lack of contact with reality, neuroticism, or a defect in character. Normal people may be moved to hatred. It may be that clinging to hatred across time produces self-defeating behavior and pathology, an insight found across all ages and cultures, but the experience of hatred is not confined to disturbed or disordered individuals.

The role played by hatred in the development of false accusations of child sexual abuse may be significant and powerful, cutting across all classifications and groupings that appear in the data. As yet, there is no satisfactory way to measure or assess the construct of hatred.

Ross and Blush (1990) note that the trend in society to accept and to “decriminalize” divorce by enacting no fault divorce may have contributed to this. The removal of the social stigma and the sense of moral wrong from the divorce process eliminated the forum whereby persons could prove their case against a spouse whom they believed had done them wrong. The absence of this increased the unfinished business between divorcing persons. The sense of unfinished business along with the desire to be vindicated is likely to fuel the hostility and hatred and contribute to the increase in false claims of sexual abuse in divorce and custody disputes.

A Suggested Typology

On the basis of our data, there appear to be four overlapping categories of parents who make or encourage false accusations of sexual abuse in divorce and custody battles:

- 1) The first type is the highly disturbed individual with a personality disorder which interferes with her functioning, judgment, and sometimes her ability to differentiate between fact and fantasy. Such individuals often have a history of psychiatric involvement and unstable relationships. They are often seen by others as unstable, moody, impulsive, and overreactive. Under the stress of the divorce, they are apt to overreact and misinterpret events and jump to conclusions about abuse.

2) The second type is the person (who may or may not have a personality disorder) whose hatred and hostility towards her estranged or former spouse has become an obsession with her. She tries to do whatever she can to hurt him and their child may become a pawn in the ongoing battle. She may call his friends, employer, or relatives in her attempt to win them over to her side and hurt him. The welfare of her child is secondary to the battle with the despised former spouse. The parental alienation syndrome is found here.

3) In the third type, the woman is obsessed over the possibility that her child has been or may be sexually abused. The woman may have been sexually abused or raped herself or she may have just overreacted to the media attention to abuse. In either case she is now hypervigilant about the possibility of this happening to her child. She may question the child repeatedly, examine her genitals following visits, and take the child to doctor after doctor. In one case, the woman's suspicions began when the father gave his daughter, then under a year old, a bath. The woman was convinced that his desire to bathe his baby daughter meant he had prurient interests in her.

4) In the fourth type, a woman reacts fairly appropriately to an ambiguous situation by seeking guidance from therapist or physician. The child may report that she has bathed with her father and touched his penis or she may make a confused statement which sounds suspicious. The woman, not wanting to handle this by herself, calls a professional.

Sometimes, when there is no abuse, the situation is clarified and eventually concluded. But the professional may come to premature closure and tell the woman that her child has clearly been sexually abused. She is told that she must believe that the abuse is real, visitation with the father is cut off, the child is placed into play or group therapy for the abuse and the story is supported and encouraged. By the time the family has been involved in the system for several months it may become extremely difficult to sort out the truth. In this fourth type, the woman herself may be a victim of the system along with the accused and the child.

CONCLUSIONS

The increasing frequency of accusations of sexual abuse in contested divorce and custody cases means that professionals must be very cautious. It is necessary to remain open and objective, guard against a presumption of guilt, and resist aligning oneself with the reporting parent's agenda. Unfortunately, some professionals are ready to come to premature closure with minimal information and leap to the conviction that a child has been abused. Klajner-Diamond, Wehrspann and Steinhauer (1987) say one of the four factors of adult influence suggesting a false accusation is a professional committed prematurely to the truth of the allegation.

If a mistake is made and a false accusation is judged to be true at any stage in the process, two people are hurt—the child and the accused. The nonabused child has been subjected to a process of interrogation and often to sexual abuse therapy that is confusing and potentially iatrogenic. The falsely accused adult is likely to suffer emotional and physical trauma, family breakdown, and economic hardship (Schultz, 1989). His relationship with his child may be irretrievably damaged.

All professionals should learn possible indicators of a false accusation of child sexual abuse. When there are factors understood to be associated with a false accusation, the possibility should be examined and not dismissed out of hand. There are increasing conceptualizations of indicators of false accounts, reports in the literature, and some research projects beginning to collect empirical data (Benedek & Schetky, 1985a; Berliner, 1988; Bresee et al., 1986; de Young, 1986; Faller, 1988; Gardner, 1987a & b; Jones & McGraw, 1987; Klajner-Diamond, Wehrspann, & Steinhauer, 1987; Kohnken & Wegener, 1982; Mantell, 1988; Paradise, Rostain, & Nathanson, 1988; Quinn, 1988; Raskin & Yuille, 1989; Rogers, 1989; Schetky & Green, 1988; Sink, 1988a & b; Steller,

Raskin, & Yuille, undated; Wakefield & Underwager, 1988; Wehrspann, Steinhauer, & Klajner-Diamond, 1987; Yates, 1988). These efforts should be supported and encouraged and the results carefully and responsibly examined.

The personality characteristics of the parties involved when accusations of sexual abuse surface in a bitter divorce and custody should be considered in evaluating the allegations. In the absence of corroborating evidence, when the parent making the accusation is disturbed and the accused appears to be psychologically normal, the probability is increased that the accusation is false.

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