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TREATMENT OF NONABUSED CHILDREN PROGRAMMED TO BELIEVE THEY WERE SEXUALLY ABUSED

THE POTENTIALLY TRAUMATIC EFFECTS OF SEX-ABUSE EVALUATIONS FOR BOTH ABUSED AND NONABUSED CHILDREN

The Evaluative Procedure

A sex-abuse evaluation conducted by an overzealous and/or incompetent examiner can be an extremely traumatic experience for a child. I am not referring simply to the acute trauma of the evaluation(s), and I am not even referring to the subacute trauma of a series of investigations (commonly the case), but also of the long-term sequelae of such examinations. The latter relate to the child's being made to believe that he (she) was sexually abused if that was *not* the case. The evaluations may be conducted by investigators who have little training, use coercive interview techniques, are convinced that "children never lie," and believe that all alleged perpetrators are guilty. Detectives and/or prosecutors, who previously worked only with criminals, and others with little or no training in proper interview techniques are brought into the act. Quick courses are given in which little if anything is said about the possibility that the sex-abuse allegation

may be fabricated. Practically every child is found to be abused. Policemen appear on the scene; the alleged perpetrator may be jailed (often without due process); and the child cannot but feel that a heinous crime has been committed. Often the investigators are referred to as *validators*. As mentioned, the name itself is a disgrace in that it implies that the investigator is merely there to "validate" the abuse—with the implication that it definitely occurred and merely requires confirmation. In many settings, the validators know where their bread is buttered and recognize that if they conclude that most of the accusations are false, they may be out of a job.

In most states the reporting of sex abuse is mandatory, even for therapists who are deeply involved with the patient and may have everything under control. The therapist may be far more experienced and knowledgeable about sex abuse than the individuals who are being asked to investigate. The therapist may be an extremely experienced evaluator with exquisite sensitivity for differentiating between true and false sex-abuse accusations; yet the law requires him (her) to refer the child for evaluation by someone who may have just completed training in a short crash course and whose knowledge and experience are practically at the zero level. And if such a therapist does not comply with the law, he (she) may be subjected to criminal action and even a jail sentence (Denton, 1987). Obviously, following such reporting, any meaningful therapy is completely destroyed, even though the end-result of the investigation may be that the child and/or alleged perpetrator are required to go into treatment.

I, myself, am in this position in the state of New Jersey. Specifically, if an unreported case comes my way and I suspect that sex abuse *might* have taken place, it is not legal for me to make that decision. Rather, the law requires me to report the suspected abuse to the *New Jersey Division of Youth and Family Services* in order that the examiners there may determine whether the child has been sexually abused. Although I *might* be allowed some input, the final decision is theirs. It is they who decide on the competence of their examiners, and it is they who make the

decision regarding whether the child was sexually abused. I recall one case in which one of their examiners mockingly flaunted to me his agency's ability to determine whether a child had been sexually abused by merely seeing the child alone in a period of less than an hour. What is most sad here is that he genuinely believed he could do this for the parade of children who filed through his office.

Under these circumstances children cannot but suffer with significant psychological trauma. They may feel guilt over their participation, whether real or fabricated. After all, their statements have resulted in the appearance of police, detectives, prosecutors, and other powerful authorities. These are people usually associated with criminals, and the child cannot but feel that he (she) and the accused have been involved in criminal behavior. If the child has indeed been sexually molested, and enjoyed the sexual activity, then additional guilt may be incurred. The child is likely to feel shame over involvement in the sexual activities (whether actual or alleged) and anticipate public condemnation. The child may feel that his (her) genitals have been damaged, especially if there have been extensive medical examinations. There is a sense of helplessness as the child is swept up in the investigations and shunted from examiner to examiner. There are associated feelings of impending disaster in the home, demoralization, and depression (Renshaw, 1987).

Sometimes (if not often), the psychological damage caused by the investigation is greater than that which results from the abuse, especially if the abuse was transient. The interrogations interfere with the natural desensitization process necessary for working through the trauma. Such desensitization normally takes place via the child's repeatedly thinking about the trauma, talking about it, and reiterating the experience in fantasy play (with or without dolls). It is as if each time the child relives the experience in fantasy, it becomes a little more bearable. Finally, after varying periods of time, the trauma loses its power to affect the child adversely. The interrogatory process interferes with this process. The child may be continually reminded of the trauma long

beyond the time when natural desensitization processes might have buried the whole incident, or at least reduced its capacity for creating tension and anxiety.

Courtroom Interrogation

In court the child suffers additional traumas. Most often the child is interviewed by the judge in his (her) chambers. However, on occasion the child is required to testify on the stand in open court. Although the court recognizes that such testimony may be psychologically traumatic, the alleged victim is entitled to face his (her) accuser in an open courtroom, and such testimony is considered one of the rights of the accused under the United States Constitution. The alleged perpetrator's attorney is likely to interrogate the child repeatedly, as is the accuser's lawyer. The legal professionals are basically trained in direct and cross-examination techniques. Whereas these may be applicable to the adversary courtroom setting, they are most often psychologically traumatic to children, because they inevitably attempt to zero in and focus on the most sensitive material. Therapists know well that the confrontational approach is often the most anxiety provoking and may be the least efficient method for getting at "the truth." Furthermore, some legal professionals hammer away, badger, and attempt to wear down the witness to the point where an individual will say anything just to get off the stand. And many such individuals do not consider children exempt from such inquiries.

Or, the court may allow the child to be interviewed in the judge's chambers. However, even here the child is generally quite fearful, because the judge is viewed as an awesome figure of authority. The child's recognition that what he (she) says may ultimately result in the alleged perpetrator being sent to jail adds formidably to the child's tension and anxiety. Feelings of fear, guilt, disloyalty, and low self-worth are inevitable under such circumstances. The child may even believe that he (she) may be sent to jail, especially when the allegation is true. The judge may promise the child that everything said will be held in strict

confidence; but this ultimately proves to be a deceit in that the information provided is ultimately communicated to the attorneys and parents who, most often, directly or indirectly, will transmit the divulgence down to the child. The sense of betrayal that results adds to the child's feelings of distrust and betrayal.

Removal of the Child and/or Alleged Abuser

When the court concludes that the abuse did indeed take place (whether this is a valid conclusion or not), it is often the case that either the abuser or the child must be taken from the home. This is traumatic enough when the allegation is fabricated; but when it is true, it is not necessarily the only course to take. In spite of the abuse (which may have occurred on only one occasion), the abuser may still be removed from the home or, in certain situations, the child. This is especially the case when the mother is considered unfit and likely to foster or expose the child to further abuses. The disruption of the parent-child bond here may be formidable and the psychological trauma significant, and this is especially the case when the molestation has been mild or there has been no abuse at all.

ADDITIONAL TRAUMATIC EFFECTS OF A SEX-ABUSE INVESTIGATION WHEN THE ALLEGATION IS FALSE

All of the aforementioned psychological traumas are likely to result in children subjected to sex-abuse investigations—whether the accusation is true or false. However, when the allegation is false, additional psychological damage is likely to result.

The Systematic Erosion and Destruction of the Parent-Child Bond

The child may feel guilty over the destruction of the parent's life that was the result of the false allegation. Such parents may become pariahs, and their social and professional lives correspondingly ruined. Some of these children are placed in treatment. The child, then, is being placed in therapy for an experi-

ence (or experiences) that never occurred. It is not uncommon for the therapist to work on the assumption that no child ever fabricates sex abuse. Such "treatment," then, cannot but be detrimental. The child may come to actually believe that the abuse took place and suffer with subsequent feelings of guilt and low self-worth. Often the therapist actively fosters expression of hostility and vengeance against the innocent parent, which may result in permanent alienation. In practically every session the child is encouraged to act out hostility toward the father, often with the help of dolls that the child is encouraged to punch, kick, and hit. Nothing good is said about the father. Comfort with normal ambivalence is discouraged. There is progressive programming of the child to believe that the father is the incarnation of all the evil that has ever existed in the history of the world. The destruction of this relationship is tragic for both the child and the father. Even if the father had sexually abused the child, such "treatment" would be inappropriate. The child is taught to be sadistic, to act out hostility without guilt, and this of course contributes to the development of antisocial behavior, and, of course, it creates an iatrogenic disruption of the parent-child bond (Benedek and Schetky, 1987).

"Empowering Techniques"

The child is taught "empowering" techniques, techniques allegedly designed to help the child deal with the father and others who might try to abuse him (her). At the most simple level children are taught to "say no" in situations when abusers approach them. They are taught to run away, to hide, and to appeal for help from a wide variety of authorities. They are also taught that many people may not believe them when they claim that they are in danger of being abused, so they may have to go to a series of authorities before they will receive help. Such "treatment" not only creates belief in the child that perpetrators are lurking everywhere, but that children should be in a constant state of vigilance in order to protect themselves from sex abusers. This cannot but create unnecessary tensions and anxieties, and in extreme cases, paranoid thinking.

The Inculcation of Sexual Psychopathology

Such "treatment" also inculcates in children the view that sex is filthy and dangerous. The word *love* hardly appears in such therapy. Certainly there is no love from the father, and if there is any love from the mother, it is the kind that protects the child from danger. The idea that love can be combined with sex is not introduced. Obviously, such indoctrination can have serious effects on the child's future sex life. And the aforementioned programming against the father is likely to be generalized to all men, with the result that there is further interference in the child's capacity to develop a healthy sexual orientation.

Such treatment is generally interminable. The therapist is ever trying to elicit more and more details about the sexual abuses. And these children, in order to ingratiate themselves to their therapists, continue to pour forth with a never-ending stream of abuses that soon reach the level of atrocities. Ultimately, there is no sexual abomination that is not described, and this is especially the case in the nursery school and day-care center situations, where the mass hysteria element prevails. I am convinced that many of these children are being programmed to become psychotic as a result of this kind of "treatment." And the psychosis so engendered includes bizarre delusions in the sexual realm.

The Creation of "Victims"

Children in such "treatment" are taught that they are victims of sexual abuse. They become deeply indoctrinated with the notion that they have been victimized, and this cannot but affect their future psychological development. Victims of sex abuse tend to see themselves as victims in other situations. The prophecy may very well be realized, with the result that lifelong patterns of self-destructiveness may become embedded. Such an attitude engenders the notion that they are not responsible for unacceptable, painful, and even terrible things that may happen to them. Rather, they tend to view themselves as the innocent victims of persecutors, and this pattern can contribute to the development of sadomasochistic behavior as well as paranoid thinking.

INDIVIDUAL WORK WITH THE CHILD

Removal of the Child from Treatment With an Overzealous Therapist

Before one can treat the child, it is crucial that the youngster be removed from "treatment" with the kind of zealous therapists described earlier in this chapter as well as throughout this book. If the mother has not been convinced that there is no sex abuse, and has become deeply bonded with the aforementioned kind of therapist, it may require a court order to bring about a cessation of the treatment. Furthermore, it may require a court order to restrain the mother from bringing the child to another therapist who will proceed along the lines originated by the first. Unfortunately, there is a sea of zealous therapists who are quite committed to the kinds of therapeutic programs described throughout this book. The likelihood of a reasonable therapeutic program (such as the kind I describe in Chapter Eleven) working while the child is in treatment with one of the aforementioned zealous types described is practically zero. I personally would not agree to embark upon a therapeutic program while the child is simultaneously receiving the type of aforementioned "treatment." Once this has been accomplished, the therapist is in a position to proceed.

The Crucial Role of Family Therapy

It is hoped that the work with the child and both parents can be accomplished under a voluntary arrangement in which both parents agree that one therapist should work with the family. Obviously, this is the most efficacious approach to the treatment of a child who has been subjected to and embroiled in a false sex-abuse accusation. If, however, this cannot be voluntarily accomplished, and it is not likely in the situation where the mother is delusional, then a court order may be the only way to effect such treatment. Generally, such a court order is not likely to have much effect without some threat of sanction if the mother does not comply. These usually fall into the categories of monetary penalties, loss of primary custody, and a jail sentence. The awareness that these may be implemented (and the judge must be serious) can often help such mothers "cooperate" in the therapeutic program. Elsewhere (Gardner, 1992a) I have described in detail such court-ordered therapeutic programs for families of children suffering with a parental alienation syndrome.

Children Who Do Not Require Treatment

It is important for the therapist to appreciate that treatment may *not* be necessary. A thorough evaluation must be conducted, not only of the child, but of the mother and father. It is important to trace in detail the evolution of the sex-abuse accusation, from its very beginning, and to understand point by point the various contributions to the scenarios that subsequently developed. Without this information the therapist is ill equipped to provide therapy for the wide variety of distortions that have been so engendered in the child's mind. In addition, one wants to look for signs of a post-traumatic stress disorder (PTSD). I am not referring here to the PTSD that resulted from the alleged sex abuse (a PTSD that the validators would like to believe exists), but a PTSD that results from the interrogatory processes. Furthermore, one wants to assess for the presence of other psychological problems, problems that might have resulted from other factors unrelated to the legal process trauma. I will not, however, direct my attention to the treatment of these disorders, because they go beyond the purposes of this book. Rather, I will focus specifically on psychological problems that derive from the child's being subjected to a series of interrogations focusing on sex abuse when no such abuse took place.

If one is dealing with a PTSD, it is important to appreciate, as mentioned above, that often no treatment at all is necessary. One must respect the natural desensitization processes. The child's preoccupation with the traumatic experiences tends to provide a kind of systematic desensitization to the trauma. It is as if each time the child thinks about the trauma, he (she) becomes more

accustomed to it and it becomes less painful. The therapist does not want to muckrake and dredge up this old material that the child is attempting to bury and lay to rest. When I was in medical school we were often taught, "Don't do something. Stand there." This is an ancient wisdom. We may not be able to make our patients better in many situations, but we certainly shouldn't make them worse. Hippocrates, long ago, said it in other words: "Above all, do not harm." Hippocrates was referring here to the importance of physicians recognizing that their highest obligation is to be sure that they do not leave their patients worse than they were before the medical treatment.

Accordingly, there are many situations in which I have told the family that they should do nothing at all and just go back to the natural course of living. Sometimes judges react with incredulity to my recommendation here. Judges (as well as many other people in this world) seem to have a deep-seated conviction for the value of psychotherapeutic treatment. Generally, they have far more commitment to the therapeutic process than I and consider it to be a far more efficacious modality than I do. Often, this is merely a way of "washing their hands" of the whole case and moving on to the next case. It is like shifting responsibility over to the therapist, who is somehow going to pick up the pieces and make everything all right again. Accordingly, the idea that things will be "all right again" if one does nothing does not fit in well with this approach. Most mental health professionals, unfortunately, share judges' views of the value of the therapeutic process. There is a sea of hungry therapists out there and, I am sure, monetary gain plays a role in this commitment to the therapeutic process. My experience has been that the younger therapists have much more conviction for the value of therapy than more seasoned people. Perhaps their optimism is good, but in certain situations it can backfire and do more harm than good, and such is the case for children who are suffering with the effects of a series of sex-abuse interrogations.

Accordingly, I may see the child initially once or twice and will often merely recommend a "vacation" of a few months in order to see how the child is doing without treatment. I have no

specified time such as one, two, or three months, in that such predictions are ill advised in our field; rather, I merely tell the parents to see how the child is doing without treatment and to look for signs and symptoms of significant psychological difficulty. Of course, they are advised to check in with me if they have any questions. Obviously, if the child starts to exhibit symptoms that warrant treatment, the child will receive it.

The Importance of the Blank-Screen Approach

Whether the child is being evaluated for treatment or whether the child is in treatment, the therapist does well to be a strong adherent of the "blank-screen" approach. These are children who have been subjected to sexualized interviews and whose view of therapy is that it is a place where one talks about sex. Other things that may have come into the child's mind have been shunted aside in order to achieve the goal of discussing sexual matters. Accordingly, it is crucial that the therapist not repeat the same error and provide specific points of departure for discussion, sexual or otherwise. The best way to find out what's "bugging" the child is to give the child free rein to express whatever is in his (her) mind. Obviously, there is no place in any therapist's room (whether in this situation or any other) for anatomical dolls, body charts, sex-abuse prevention books, leading questions, leading gestures, and leading stimuli. Rather, the traditional playroom equipment will generally suffice, and an atmosphere in which the child is allowed free expression is the one in which the evaluator is going to be in the best position to find out what's going on in the child's mind, especially with regard to whether treatment is indicated.

Dealing with Cognitive Distortions

Preliminary Work with the Mother It is to be hoped that the mother will have been convinced that the sex abuse did not take place. Obviously, if the therapist can accomplish this, then it is going to be much easier to treat the child. If, however, she

remains fixed in her belief that the sex abuse occurred and does not believe competent evaluators and a court decision that the sex abuse did not, then the therapy of the child is likely to be compromised. In either case, the therapist does well to communicate to the child exactly what the mother's position is. Accordingly, if the mother has changed her mind, the therapist does well to make comments along these lines:

> Your mother had the wrong idea. She thought that your father had done those bad things to you. You, I, and your father all know that those bad things didn't happen. Your mother used to think they happened. Now she knows that they didn't. She realizes that she made a big mistake. No one is perfect; everyone makes mistakes; and your mother is no exception.

If, however, the mother still believes the sex abuse took place, the therapist must take a different tack:

> Although your mother's thinking is okay in many different ways, I believe that her thinking is wrong when she talks about you and your father. She thinks that your father did something to you. *You* know that never happened. *Your father* knows that never happened. And *I* believe it never happened. The *judge* doesn't believe it happened. Yet she doesn't believe all of us. She believes Ms. X (the "validator") who also, in my opinion, doesn't think right. I hope someday your mother will change her mind and see things the way they really are.

There are some examiners, I am sure, who would take issue with my approach here, because I am directly criticizing the mother in a very important area. I believe that all competent therapists criticize parents in the course of psychotherapy, whether it be for a false sex-abuse accusation or otherwise. The child does best to grow up in a situation in which he (she) has the most accurate view of the parents, their assets and their liabilities; and this process should take place whether or not the child is in therapy. It is hoped that therapy facilitates this process and provides the child with more accurate information about the

parents than might have been obtained without it. The aforementioned comments, then, are not only made in the service of this general therapeutic principle but, more specifically, in the service of helping the child correct the distortions associated with the false sex-abuse accusation. I am careful, however, to circumscribe the mother's isolated delusion(s) and not expand it into a chronic state of paranoid schizophrenia. I try to help the child appreciate that this is an isolated deficit on the mother's part, and I am careful to point out her positive qualities as well. In the service of this goal, I say something along these lines: "For some reason your mother believes Ms. X much more than she believes me, Dr. Y, Dr. Z, and the judge." All these people know more about these things than Ms. X. But you and I *know* that these things *never really* happened.

The Correction of Cognitive Distortions For children who do need treatment, an important area to focus on relates to the cognitive distortions that have been introduced in the course of coercive evaluations and presumed "therapy." Children who have been subjected to the aforementioned types of interrogations are likely to have difficulty differentiating between fact and fantasy. They have been led to believe that certain things happened that in fact never occurred. The younger the child, the greater the likelihood these misconceptions will become embedded in the child's psychic structure. Accordingly, it behooves the therapist to find out exactly what these distortions are, and these must be addressed and corrected. This is a crucial part of the treatment of these children because, as mentioned, there is a high risk for the development of psychosis and so everything possible must be done to correct these misconceptions in order to lessen the likelihood that they will become permanently entrenched in the child's mind. We see here, then, an excellent example of a situation in which a cognitive therapeutic approach is warranted. One does well to elicit from such children exactly what they themselves recall regarding the events surrounding the sex-abuse accusation. In a neutral atmosphere, especially an

atmosphere in which they are not being asked to "validate" the sex abuse, they are more likely to say what they know is true, namely, that nothing happened.

Many of these children have been brought to the point of believing that they were sexually abused. In such cases it behooves the examiner to communicate to the child that a "big mistake" has been made and that all those people who thought that the father did those things to the child were "wrong." One does well to be specific here and identify the parties who participated in the promulgation of the false sex-abuse accusation. One can say, "Your mother had a wrong idea. She thought that your father touched your wee-wee, but she was wrong." Other comments that can prove useful in the course of such discussions are: "Your father was right all the time when he said nothing happened. He was the one who was telling the truth when he said that he never kissed your pee-pee." "The judge is a very smart man. He spent a lot of time listening to all the people and he decided that nothing happened. He decided that your mother made a mistake. In fact, the whole thing has just been one big mistake." "The police were wrong when they thought that your father did those things to you. They just didn't know what they were talking about. They weren't there, so they don't really know. You were there, and you really know that nothing happened." With regard to the "validators" I make statements along these lines:

> Ms. X has something wrong with her thinking. She doesn't think straight. She thinks just about every child she sees had something bad happen to the child. That's not so. You know and I know that she wanted you to say that these bad things *really* happened. She used to get upset with you when you said that *nothing* happened. She would only be pleased with you when you said that bad things happened. Remember how upset she used to be when you said that nothing happened? She used to get out all those funny-looking dolls with all the private parts showing and wanted you to show with the dolls what your daddy did to you. If you said that your daddy didn't do anything to you – which is what really was true – she would get upset with you. And your mother would have been upset too, because she, too, thought that something happened. She also used to teach you that your father was a bad person. She used to tell you to hit that big Bozo doll with your fist and to kick it. I think that was a bad idea. Your father's not a bad guy. He didn't do those things to you. She shouldn't have taught you to be angry at him. I know the judge was angry at her for teaching you these things.

I suspect that some readers will believe that I am "coming down too heavily" on some of the people involved in promulgating the false sex-abuse accusation. They probably believe that I should "soften" somewhat my criticisms of these examiners. One could even argue that I should have more pity than scorn for them. Obviously, my scorn far outweighs any pity I have for these "therapists," primarily because of the terrible damage that they have done and are continuing to do to thousands of children. I am not ashamed of this scorn, however, and I believe that it can play a therapeutic role if judiciously released. It adds conviction to my statements about these examiners' misconceptions, distortions, and even stupidity. It can fuel the enthusiasm with which I approach the treatment of these children. The enhanced credibility of my statements then increases the likelihood that they will have clout with the child and contribute thereby to a correction of the distortions that have been engendered by them.

The examiner does well to bring in the authority of the judge because of the awe that young children generally have of him (her). Quoting them can enhance the efficacy of the therapist's messages. However, more important is the relationship that the therapist has with the patient. If this is a good one, then the child will be receptive to this therapeutic "debriefing" program.

The Shibboleth "The Truth" The child may have used the code-term *the truth* to refer to the sex-abuse scenario. The therapist does well to help the child appreciate that the real *truth* was not the sex-abuse scenario, but the reality of the father-child relationship, especially the reality in which there was no sexual molestation. The child has to be helped not only by words, but by living experience, to appreciate that in this new therapy the

search for "the truth" in no way relates to reciting the litany of the sex-abuse scenario. The truth in this new therapy is the *real* truth, not only with regard to the correction of distortions about the alleged sex abuse, but with regard to all other realities in the child's life. Here the child should genuinely validate (and I use the word in the healthiest sense) what he (she) has actually seen. The child should be helped to trust his (her) own observations—at an age-appropriate level of expectation—and then make statements that are commensurate with the observations. In this way the child will be helped to learn what is the real truth in a wide variety of areas having little if anything to do with sexual matters.

Concluding Comments Although one can never be one hundred percent certain that no sex abuse occurred, it is not meaningful for a young child to be told that competent evaluators and the court are "99 percent certain" or that there is "not enough evidence." Rather, the therapist does well to "round things off" and merely state that *"nothing happened"* and "he did *not* do it." Other distortions, as well, may have to be corrected. The child may believe that his (her) genitals have been damaged and this should be discussed, with possible reference to medical examinations by the pediatrician. Correction of other distortions, unrelated to the sex abuse, may be useful. The general approach here is to help the child—at an age-appropriate cognitive level—differentiate fact from fantasy, to differentiate what is "real" from what is "make believe." For some children, especially those above the age of five, *The Talking, Feeling, and Doing Game* (Gardner, 1973) may be useful. The vast majority of the cards are reality-oriented and provide the child with catalytic questions and statements that can serve as points of departure for psychotherapeutic interchanges. Some sample questions are: "What is the worst thing that ever happened to you in your whole life?" "Name three things that can make a person sad." "Name three things that can make a person happy." "A girl had something on her mind that she was ashamed to tell her mother. What was it?" "Name three things that can make a person angry?"

Obviously, the older the child, the more likely some of the aforementioned messages will "sink in." When we are dealing with three- and four-year-olds, it is not likely that most of them are going to have much of an effect. It is only when we reach the five- and six-year-olds that some of these messages may prove therapeutically efficacious. More important than these messages, however, are the child's actual living experiences, which will serve to prove to the child that the father is not the dangerous individual he was made out to be. The reader is probably familiar with the old Chinese proverb: "A picture is worth a thousand words." I would add to this: "An experience is worth a million pictures." Accordingly, unsupervised visitations, having natural experiences with the father over time, is probably the best therapeutic approach to the alleviation of the psychological damage done to children subjected to the aforementioned kinds of interrogations.

Dealing with Emotional Problems

Some of the child's emotional problems obviously derive from the cognitive misrepresentations that have been engendered by the zealous interrogators and "validators." It behooves the examiner to learn about the cognitive distortions that form the basis of these abnormal feelings. One does well to delineate these and to use each distortion as a point of departure for conversations in which an attempt is made to correct the misrepresentations. As mentioned, this is a good situation for the utilization of cognitive therapeutic techniques. (It would be an error for the reader to conclude here that I view myself as a "cognitive therapist." I do incorporate the principles of such therapists into my therapeutic program but, as I hope the reader appreciates, it is much broader, because I believe that a pure cognitive therapeutic approach is somewhat oversimplified.)

Pathological Feelings About Sex The child's feelings about sex are likely to have become significantly pathological. Some children who have been subjected to the aforementioned types of evaluations and "treatment" have not experienced any particular

sexual feelings. (This is the more common situation.) Accordingly, their accusations have no genuine sexual element with regard to sexual *feelings*. They have been basically reciting scripts, without any appreciation of the sexual-emotional significance of their verbalizations. Others have experienced varying degrees of sexual expression (i.e., varying levels of sexual excitation, masturbation) and know something about sexual pleasure. For these children, however, the sexual feelings were not the result of sexual molestation. Rather, they were children who naturally and normally exhibited sexual feelings at an early age (a not uncommon situation, prevalent myths to the contrary notwithstanding) or have been prematurely sexualized from experiences having nothing to do with sex abuse, e.g., exposure to other children's sexuality and discovery of masturbation as an antianxiety practice or antidepressant. Children in both of these categories are likely to have been taught by "validators" and "therapists" that sex is dirty and dangerous and that people who engage in such activities are somehow seriously defective and perverted.

It is rare for the association between sex and love to be introduced in the course of these children's "therapy." Accordingly, these children have to be helped to view sex in a healthy way and come to see it as a normal desire that grows stronger as one gets older, especially during the teen period. For many children this is purely an intellectual exercise because they don't have the faintest idea what the therapist is talking about. For other children, however, it may have some meaning, and it is for these children that such comments will be most meaningful. Such children have to become comfortable with their masturbatory practices and to learn that, in our society, such activities are generally engaged in privately. They may have interest in normal age-appropriate sexual exploratory play and they must be helped to appreciate that, although such interests are normal, children who engage in such activities may "get into trouble." If, however, in spite of the therapist's mild admonition regarding such behavior, the child is found to be engaged in such activities (an almost universal phenomenon), the parents should be advised to avoid

even the mildest kind of disciplinary measures. The child should be told—in a matter-of-fact way—that such behavior is okay and acceptable and that it is not considered proper in public; however, it is certainly acceptable to do it privately. The greater the difficulty the therapist has convincing the parents of these children to utilize this approach, the greater the likelihood the child will suffer with pathological thoughts and feelings about sexuality.

Some of these children's sexual interests involve playing sexual games with other children. (Again, I am referring here to children who have not been sexually abused, but who are exhibiting early sexual interest for the reasons described above.) Such children also have to be told, in as matter-of-fact a way as possible, that in our society such behavior is not considered acceptable and that those who engage in these activities might "get into trouble." Such children can be told, however, that when they get older they will have more opportunities for such activities. However, this too rarely works well, in that most human beings in this world do not easily accept a waiting period of 10 to 15 years before having an opportunity to enjoy a particular form of gratification, especially one that is very intense. However, the futility of the advice notwithstanding, it is still better to be offered some hope in the future than no hope at all.

Hatred of the Father With regard to the feelings of hatred toward the father that have been engendered in the "treatment," the child has to be helped to appreciate that the father is a loving, affectionate person who is deeply committed to the child (the usual case). However, the treatment of the child in this situation is not for the therapist to provide a total "whitewash" as an antidote to the "backwash" to which the child has been subjected. Rather, the therapist does well to help the child appreciate that the father, like all human beings, is a mixture of qualities that are likable to the child and those that are not. All human relationships are ambivalent, and parent-child relationships are no exception to this principle. The child should be helped to become comfortable with feelings of resentment, when justified, and to

deal with them appropriately. Unfortunately, the "validators" consider the appropriate way to deal with anger is to hit and kick a doll and to pour forth profanities at it. They do not appreciate that the appropriate way to express anger is to express directly, in civilized words, exactly what one's resentments are toward the *person* (not the symbol) who is causing the frustration.

Pathological Guilt The child may feel guilty over the grief that the accusation has caused the accused. In such situations the therapist does well to help the child appreciate that he (she) was brainwashed by the mother, validators, and interrogators, and was really helpless to do otherwise, considering the forces to which the child was subjected. The child may feel shame over having been accused of engaging in "bad touches" and "bad acts." The child has to be helped to appreciate that no such activities were engaged in and, therefore, neither guilt nor shame is appropriate. The people who should feel guilt and shame are those who contributed to the promulgation of the false sex-abuse accusation, and these people should be identified to the child.

Psychopathic Behavior If the child's "treatment" has engendered psychopathic attitudes regarding the expression of hostility toward the father, then the therapy must involve attempts to *increase* the child's guilt. This statement may come as a surprise to some therapists who believe that it is improper for therapists to increase guilt under any circumstance. I do not agree with this position. Some people with hypertrophied consciences need relaxation of the internal guilt-evoking mechanisms. There are others, however, who do not have enough guilt, and the therapeutic approach to them is some expansion of their consciences and intensification of their potential to feel guilt. (There are far more psychopathic types in this world than there are people with hypertrophied internalized guilt-evoking mechanisms.)

Feelings of "Empowerment" The therapist must deal with the so-called empowering maneuvers taught by the "validator"

therapist. First, the child may have come to believe that sex-abuse perpetrators are ubiquitous and they must ever be vigilant if they are to protect themselves from further abominations. One has to help the child appreciate that sex abuse, although it does occur, does not take place as frequently as the child has been led to believe. The younger the child, the greater the likelihood the therapist will have difficulty getting across this notion. In fact, for children from ages three to four (the most common age level for successful indoctrination), it may be impossible to get across the notion of *relative degrees of frequency*. (Unfortunately, there are many adults who have problems with this concept as well.) The "empowering" maneuvers of saying no, running for help to an authority, etc., have to be addressed one at a time and put in proper perspective. Rather than provide the child with a sense of true empowerment, the empowering maneuvers are likely to have had the opposite effect because the child is really not in a position to implement them. The effect they have is to increase fears and confuse the child regarding what acts to take. This cannot but contribute to feelings of inadequacy (the opposite of empowerment). The child may have come to believe that all male relatives are potential perpetrators, and these distortions must be corrected. Each relative should be discussed and the child helped to appreciate that such an individual is not going to molest her (him).

DEALING WITH THE FALSELY ACCUSING MOTHER

A mother who promulgates a false sex-abuse accusation generally falls along a continuum, with conscious fabrication at the one end and delusion at the other. Not only does her belief in the sex abuse fall at some point along this continuum, but it may have shifted back and forth throughout the course of the child's interrogations. Sometimes a fabrication progresses to become a delusion, especially when supported by a coterie of "validators," each of whom shares the delusion that the sex abuse did indeed take place. Obviously, the earlier the mother has exposure to competent people who can prevail upon her to reconsider her

position, the greater the likelihood of preventing the deterioration of her thinking down the delusional track. Because of the variations among these women, I cannot provide any standard approach to their involvement in the child's treatment. I will, however, comment on dealing with mothers at the two ends of the continuum, namely, the fabricated end and the delusional end.

If the mother is in the delusional category and the delusion is fixed, there may be absolutely nothing the therapist can do to change her mind. If she is in "treatment" with a therapist who shares her delusion, the likelihood of her changing her opinion is reduced to the zero level. Unfortunately, there are many such *folie-à-deux* therapeutic arrangements, much to the detriment of the children of such mothers. One could argue that a court order that the mother discontinue such treatment would be advisable. Forgetting for the moment the legality of such an order, it is not likely to work. Because there is a sea of such zealous therapists, a court order constraining the mother from involvement with her particular therapist would only result in her involving herself with another of the same ilk. More practical is the court giving serious consideration to a transfer of primary custody to the father. I am not stating that this should automatically be done. What I am suggesting is that the court review the whole picture. If the false sex-abuse accusation is part of a larger package of denigrations, and if the mother is in the severe category of parental alienation syndrome, then transfer of primary custody may be the only way of protecting the child from the mother's campaign of denigration of the father—with the resultant attenuation (even to the point of obliteration) of the child's bond with the father. It is almost impossible to treat a child effectively as long as the child remains in the home of such a mother. No matter how skilled the therapist, no matter how many times a week the child is seen, if the child is subjected to the mother's programming throughout the rest of the week, therapy is going to prove futile.

At the other end of the continuum is the mother who initially fabricated the accusation and knew with certainty that it was false. Also at this end of the continuum are mothers who may have had some concern, who thought there might have been sex abuse, and then were dragged along toward the delusional end by zealous "validators." If one is successful in helping her regain her sanity, to the point where she recognizes that there was no such abuse, then she can be worked with effectively. Such a mother can then be encouraged to tell her child that her accusation was a "big mistake," and she should try to explain to the child how she naively went along with the fanatic and/or naive validators. In such cases she can use the same approaches to the child described above for the therapist, i.e., the various communications in which clarification is provided the child regarding what actually did happen in his (her) situation. Obviously, the mother's input provides clout to the therapist's clarifications, and when one adds the fathers as well, such a program of "debriefing" is likely to be successful.

With regard to the mothers in the middle, that is, between the fabricated and delusional ends of the continuum, the closer the mother is to the fabrication end, the greater the likelihood the therapist will be able to work with her and, conversely, the closer she is to the delusional end, the more hopeless therapy will be.

DEALING WITH THE FALSELY ACCUSED FATHER

As mentioned, the most important part of the therapeutic approach regarding the child's relationship with the father is for the child to have living experiences with the father that are friendly and loving. In the context of such a relationship, there will be no sex abuse and the child is not likely to then continue to fear such activities. The father too should communicate to the child information regarding what the mother's exact status is, i.e., at what point along the aforementioned continuum her position is regarding whether the sex abuse took place. If the mother has recanted, then he should use terms like *mistake* in his communications. If she is at the other end of the continuum, however, he does well to make comments along these lines: "Although your mother has many fine qualities, she has the wrong idea about my

having done these bad things to you. She believes Ms. X (the validator) and some of her friends, who also have the wrong idea. I hope your mother changes her mind. You and I know that these things didn't happen" and, if appropriate, "It was because of these wrong ideas that the judge has decided that you should live with me. That's the only way to protect you from her putting all these wrong ideas in your head."

FAMILY WORK

In addition to individual work with the child and parents, joint conferences can also be useful. If there is still some possibility of improving the relationship between the parents (their marital status notwithstanding), everything should be done to do this. Even though divorced, and even though the grief has been intensified significantly by the false sex-abuse accusation, attempts should still be made to bring about some degree of rapprochement between the parents. Obviously the attempt here is not to bring about a reconciliation of the marriage; rather an attempt should be to bring about an improvement in their relationship for the sake of the child. This is in accordance with the general principle that children of divorce do better if their parents can communicate and cooperate with one another, their animosity notwithstanding. Joint sessions with the father and the child can also help to improve their relationship, especially with regard to the improvement in communication and the correction of distortions. Such meetings also provide the kinds of *living experiences* that can contribute to the reduction of distortions derived from the sex-abuse accusation. Joint interviews with the mother can also be useful. Here the mother can explain her position, especially if she is in the "mistake" category. If in the delusional category, the joint interviews can help the therapist clarify the mother's position and confront the child and mother with the mother's distortions. (I recognize that this approach is not going to be particularly useful for younger children, such as those at the three-to-four-year level. I recognize also that the child may thereby be witness to a conflict of opinions and that this may

be a detrimental exposure.) My hope is that the negative effects of such exposure will be more than counterbalanced by the therapist having the opportunity to address himself (herself) to the mother's distortions in the presence of the child. This can help the child put them in proper perspective. Again, such discussions are not going to be very meaningful for three- and four-year-old children, but may be for older children.

FOLLOW-UP STUDIES

To the best of my knowledge, there are very few follow-up studies on the effects of this kind of legal process trauma on children. I suspect that one of the reasons for this is that the majority of people who are doing these evaluations are not appreciative of the kinds of trauma to which they are subjecting these children. Obviously, this category of "professionals" is not going to be conducting studies on the untoward effects of their manipulations. Those who are appreciative (and our ranks are growing) will, I am certain, be conducting such studies in the future. Another reason for the paucity of such studies is the fact that the phenomenon is a relatively recent one, having increased in frequency only in the last 10 years. As mentioned, I am convinced that a new breed of psychosis is being developed and that many of the children being subjected to the kinds of "therapy" described in this book will be permanently damaged, even to the point of being permanently psychotic. One cannot tamper in this way with the minds of three-year-olds and expect them to be unaffected. One cannot induce significant distortions of reality—over a long period—and expect the child to get away unscathed (if he [she] is lucky enough to get away).

Underwager and Wakefield (1991) provide follow-up data on some of the well-known nursery school and day-care center cases in which orgies of sexual abuse have been alleged. They quote Robson (1991), who states with regard to the Scott County, Minnesota, case:

> More than seven years later, the legacy of Scott County has been one of children crying for their parents in the middle of the

> night; of divorce and dysfunction among nearly all the families involved; of perhaps permanent emotional damage to the accused and the accusers alike. (p. 50)

Robson further describes subsequent school problems, behavioral difficulties, sexual confusion, and drug and alcohol problems in adolescence. Underwager and Wakefield (1991) describe other cases in which children suffered significant emotional damage after being taken away from their homes, subjected to numerous interrogations in which the interviewers refused to believe their denials, and other psychological sequelae.

I recently had the opportunity to interview some children one year after their "treatment" was discontinued. The termination of therapy had nothing to do with their being "cured." Rather, it related to the fact that the lawsuits had come to an end, the psychologists' testimonies were no longer necessary, and the parents then decided that they could no longer afford treatment. These children had been in "treatment" approximately two-and-a-half years and ranged in age from seven to eight. Interestingly (and gratifyingly), they did not exhibit serious psychological difficulties as a result of their "therapy." From what I could gather, they were presenting their little scenarios to parents and therapists, but otherwise they were not significantly preoccupied with thoughts about their alleged abuses. They had learned that when you go to the therapist's office, you recite the sex-abuse scenario and then go home and go about your business. Because there was no basic sex-abuse experience, there was no real trauma, and there was none of the kinds of preoccupations one sees in a PTSD (their diagnoses by their therapists notwithstanding). Accordingly, the scenarios were not deeply embedded in their psychic structures. When I subsequently saw them, I had the feeling that their litanies were like well-rehearsed parts in a school play, learned well enough to recite under the proper circumstances, and then forgotten because they were no longer serving any purpose. These children were lucky enough to have been removed from treatment early. There are others, however, who are not so fortunate, whose parents and therapists go on for years convincing them that they were subjected to terrible abominations, entrenching thereby their pathological processes.

PREVENTION OF THE TRAUMATIC EFFECTS OF SEX-ABUSE EVALUATIONS

At this time the sex-abuse evaluation situation is a national scandal, no less horrible (and much more widespread) than the Salem witch trials (Gardner, 1991a). People are literally arrested and incarcerated on the basis of hearsay. And often the hearsay is the words of a two- or three-year-old child.

Dealing with the Money/Power Structure

The field of sex-abuse evaluations is indeed a "can of worms." There is not only a vast number of incompetents who wave the flag that "children never lie," but there is also a financial power structure that has been set up around sex-abuse evaluations. There is much money to be made in sex-abuse investigations, and people are moving into the field with increasing frequency. The more they see sex abuse, the more they can justify asking legislatures (and other resources) for money, and the more powerful their structure becomes. In the service of the perpetuation of this system, evaluators have to deny the ubiquity of false allegations of sex abuse, especially in the context of custody disputes. They also must deny the mass-hysteria element that clearly plays a role in nursery school epidemics of alleged sex abuse. There is no question that in some of these cases there has been genuine sex abuse; but there also is no question that in many of these cases children have been led to believe that they were actually abused in association with the mass hysteria of prosecutors and parents. And this is subsequently strengthened by the aforementioned "validators" and investigators. Legislators have to be alerted to the enormous amount of financial support they are funneling into this power structure. Such funding has to be more judiciously allocated, with the weeding out of the

incompetents, freeloaders, fanatics, and other participants to this nationwide form of public exploitation.

There is no question that a money/power edifice has been built on sex-abuse evaluations, an edifice that is going to resist significantly attempts to bring in people capable of providing a more balanced type of evaluation. The obvious solution here is to cleanse child protection services of the incompetents, fanatics, and zealots who are currently operating within them and to replace them with better-trained, better-educated, and more highly skilled evaluators who are indeed impartial and know how to conduct a proper sex-abuse evaluation. This too would serve as an excellent type of preventive psychiatry that would lessen the likelihood of the development of the kinds of psychological traumas focused on in this chapter.

Revision and/or Rescinding of Mandatory Child Abuse Reporting Laws

Much grief has been caused by mandatory reporting of sex-abuse allegations. These laws should be changed in such ways that qualified therapists are given the option to report, or not to report, depending on what they consider to be in the best interests of their patients. Mental health professionals are faced with a terrible dilemma regarding such reporting. If they do report the abuse, they will generally destroy the therapeutic relationship they have with the child and/or at least one of the parents. In addition, such reporting can easily be considered an illegal, immoral, and unconscionable divulgence of confidential material. Not to report the abuse may result in criminal action against the therapist. The courts and the law appear to be oblivious to the implications of such divulgence to therapy. They give the therapist little option, little room to decide whether the allegation is indeed valid. Laws requiring such automatic reporting are often based on the principle that if the child makes the allegation, the people who are in the best position to evaluate whether it is true are workers employed by child protection services. Typically, these are young, inexperienced individuals, often trained by individuals who are naive and incompetent. The statutes also appear to be based on the premise that children rarely if ever lie about sex abuse.

One possible solution to the problem would be each community's having a roster of people who are well known to be competent sex-abuse evaluators, people who do not fall into the category of zealots, people who take a balanced view of the situation, people who do not have to necessarily report any and all accusations of sex abuse. These would also have to be people who would *not* be required to process a never-ending parade of individuals for whom they could only provide limited time for the evaluation. These would also have to be people who would be required to see all parties, the accuser, the accused, and the alleged victim. (I recognize that this would be more difficult to accomplish in criminal cases than civil cases; however, even in criminal cases the requirement could be satisfied if the accused voluntarily wished to participate.) I am not claiming that this is a perfect solution to the problem; I am only claiming that it would be a vast improvement over the situation that we now have. I am not claiming that the people on such a roster would be infallible; I am only claiming that they would be far more likely to do a better job than the vast majority of people who are currently operating in the child-protection-service system.

Punitive Treatment of False Accusers

At this point, those who make false accusations of sex abuse have immunity from prosecution. This is an unconscionable situation. Those who make sex-abuse allegations should be required to stand up to their accusations and suffer some penalty if the accusation proves to be maliciously motivated or frivolously made. Such laws would certainly make many brainwashing parents think twice before initiating and/or promulgating a sex-abuse allegation in the context of a child custody dispute. Generally, such accusers are immune from retaliatory lawsuits, unless the accused can prove that the accusation was made with malice. Because it is practically impossible to prove malice (an

internal psychological state), these people, in effect, make their accusations with absolutely no fear of retaliatory lawsuits or other consequences. Accordingly, at this time there are no actual consequences for such maliciousness and perjury. If the allegation is proven false, the only thing the fabricating parent loses is one important bit of ammunition in the custody fight. Even though there are no other consequences for the parents who fabricate the abuse, the parents who have been falsely charged may never be able to live down the humiliation and public disgrace.

Expanded Use of Videotaped Interviews

Courts are becoming increasingly receptive to the use of videotapes. However, they do not permit the kinds of face-to-face confrontations envisioned by the founding fathers when they wrote the United States Constitution. Videotapes certainly protect the child from the psychological trauma of testifying in an open courtroom in that the videotape can be used in lieu of direct testimony. Furthermore, even if not utilized in court, the videotapes can be useful to examiners in making decisions without unnecessarily interviewing the child many times over. Courts are also becoming increasingly receptive to interviews through one-way mirrors and closed-circuit television. Here, too, the direct face-to-face confrontation is circumvented in order to protect the child from the psychological trauma of testifying in an open courtroom. I am a strong proponent of the use of these interviewing instruments. However, we are still left with the problem of the accused having the opportunity to directly confront the accuser. Observing the child being interviewed on videotape by a third party is not the same as being present in the room when the child is being interviewed and having input into the interviewing process. The former is not true confrontation (as envisioned by the founding fathers); the latter is.

I believe that one solution to this problem would be the accuser's having the opportunity to sit in the room while the child is being interviewed and videotaped. Under these circumstances,

the accused would have the opportunity to question the child directly, and this videotape could be shown in the courtroom. One could argue that this system would inevitably compromise an evaluation. The argument would be that the abused child would be subjected to the terrible trauma of being asked to speak of the abuse in the presence of the accused. I do not deny that this may be the case. Accordingly, I would not *automatically* conduct such interviews in situations in which there was a high degree of likelihood that the abuse took place. Rather, I believe that such interviews should be confined to situations in which there is a high likelihood that the abuse did not take place. Under such circumstances the accused would have the opportunity to "smoke out" the weaknesses in the child's accusations and demonstrate exactly where the fabrications lie. I have done this on many occasions in the course of my own evaluations. Under some circumstances, one might conduct two or more video interviews with the child without the accused and interviews in which he is present. This program does not preclude interviews in which the child and the accused are never placed together; it only proposes that such interviews be considered and conducted when appropriate. It is unfortunate that this practice is not being given the receptivity it deserves.