

SEXUAL ASSAULT REPORT™

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Recent Research Suggests That SANE Programs Work

by Erica Weissman, JD, PsyD

In the 1970s, the health care and criminal justice systems experienced pressure to respond more sensitively and assertively to the special needs of rape victims. Along with the growth of rape crisis centers, victim services agencies, and efforts to encourage reporting and prosecution of rape complaints, hospital emergency rooms began to collect forensic evidence from rape victims in a standardized manner (the "rape kit"). Some also began to provide specialized supportive and referral services, and even allowed victim advocates to stay with victims during their medical examinations. In this climate, the first programs emerged for training nurses to act as first responders in provide emotional support as well as medical care to rape victims. Known as SANEs (Sexual Assault Nurse Examiners), these practitioners and their programs seek to provide a higher level of support for the recent rape victim while alleviating some of the structural problems that emerge when distraught victims must wait in overburdened emergency rooms for medical exams, counseling, and the completion of the rape kit, while physicians attend to those with more serious physical injuries. Currently, according to Rebecca Campbell, Debra Patterson, and Lauren F.

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Myths That Place Children at Risk During Custody Disputes

by Stephanie J. Dallam, RN, MS, FNP, and Joyanna L. Silberg, PhD

The Leadership Council on Child Abuse & Interpersonal Violence is a nonprofit scientific organization concerned about the welfare of children. We have become increasingly concerned about the legal system's treatment of victims of family violence during divorce proceedings and child custody disputes. In preparing this paper, we have reviewed documentation from a number of cases in which children were placed in the sole custody of a parent that the children allege abused them. These children were often prohibited from any contact or provided only limited contact with the parent seeking to protect the child, despite the fact that this parent had never been found to have harmed the child. In many cases the child's allegations are quite credible.

We have also reviewed the emerging body of research showing that children who allege abuse are at great risk of not being protected when there is a custody dispute between the parents. Many of these children are victims of incest. There appears to be a need for scientific information to educate professionals about the risks children face during divorce and custody actions. The child's need for protection—which is supposed to be paramount—is lost in the fray.

Some groups have opposed exposure of this problem claiming that the information is politically motivated or constitutes "father-bashing." Our analysis indicates that the problem of abusers or batterers obtaining custody is widespread and well documented by research. Presenting this information is not an attempt to "bash" any particular group, only to educate those who seek to learn more about this problem.

To this end, the Leadership Council has developed the following information sheet to help clarify issues that affect children's safety in contested custody disputes. We urge readers to use this information to work on ways to help society work toward better protection of those who have the misfortune of being both abused and in the middle of a custody dispute.

Introduction

Approximately one in two marriages in the United States end in divorce, affecting over a million children each year. About 10% of these divorces involve custody litigation. At the same time, domestic violence and child abuse are widespread problems in American families. Not surprisingly, fami-

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lies with a history of violence often end in divorce with custody of the children at issue.

Determining which parent should have primary custody when parents cannot agree is not easy. Allegations of family violence can make the process even more difficult and time consuming. Unfortunately, custody evaluators often have little training in recognizing and responding to child abuse and domestic violence and, thus, may fail to properly investigate the allegations. Further, officers of the court may fail to recognize that custody litigation can become a vehicle whereby batterers and child abusers attempt to extend or maintain their control and authority over their victims after the marriage dissolves.

As a result, too often custody decisions end up being based on myth and evaluator bias rather than careful consideration of the factual evidence. The following are an overview of some of the erroneous beliefs that contribute to the problem of children not being protected from abuse in family court.

MYTH 1—Allegations of Sexual Abuse Are Common During Custody Disputes and the Vast Majority of Allegations Are False, Unfounded, or Unsubstantiated

Many people believe abuse allegations are rampant in custody and divorce litigation, where they are used primarily by mothers to gain a tactical advantage. When antagonis-

tic parents are locked in legal disputes it is reasonable to be concerned about their motives when abuse allegations are raised. However, research has consistently shown that sexual abuse allegations are not common during custody litigation and when thoroughly investigated are no more likely to be false than allegations raised at other points in time.

This matter was investigated by the Denver-based research unit of the Association of Family and Conciliation Courts which performed a two-year study that explored the incidence and validity of sexual abuse allegations in custody cases. Contrary to the popular myth that sexual allegations in custody cases are relatively common, the study found that, in the 12 states participating in the study, only 6% of custody cases involved allegations of sexual abuse. The belief that these allegations are typically false was also challenged by the study findings. Half of the allegations were believed by the investigators to be true, and in another 17% of the allegations, determination of the validity could not be made with any degree of certainty. The remaining third of the cases were not believed to involve abuse. However, in most of the cases where abuse was not substantiated, the allegations were believed to have been made in good faith and based on genuine suspicions.

Similar results have been found by other researchers. An Australian study (Brown et al, 1997) found the overall rate of false alle-

gations during divorce to be about 9%, similar to the rate of false allegations at any other time. Schuman (2000) reviewed research that found a range of 1-5% for rates of deliberately false allegations, and 14-21% for mistaken allegations.

When false allegations are raised, it is not always mothers accusing fathers. Nicholas Bala and John Schuman, two Queen's University law professors, reviewed Canadian judges' written decisions where allegations of either physical or sexual abuse were raised in the context of parental separation. They examined 196 family law cases that were adjudicated between 1990 and 1998. The results revealed that the judges felt that only a third of unproven cases of child abuse stemming from custody battles involved someone deliberately lying in court. In these cases, the judges found that fathers were more likely to fabricate the accusations than mothers. Of female-initiated allegations, just 1.3% were deemed intentionally false by civil courts, compared with 21% when the man raised allegations.

In conclusion, the available evidence refutes the notion that sexual abuse allegations in the context of custody and visitation cases are epidemic, and counters the notion that these cases are commonly reported by a mother who is vindictive or seriously impaired.

For More Information See:

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MYTH 2—A History of Battering Has Nothing to Do With Child Abuse

Parents who have been abused by a spouse often fear for the safety of their children, especially after separation when they are not present to mediate for the child. Some have suggested that this fear is baseless, claiming there is no significant correlation between wife battering and various forms of child abuse. Abundant research, however, fails to support this position. As a report by the American Psychological Association pointed out, fathers who batter their children's mothers can be expected to use abusive power techniques to control the children too (APA, 1996).

To date, over 30 studies that have examined the co-occurrence of domestic violence and child abuse found a large overlap. Overall, both forms of violence were found in 40% of families studied with the range in the majority of studies varying from 30% to 60% of families (Appel & Holden, 1998, Edleson, 1999).

Perhaps the most convincing evidence comes from a nationally representative survey of 3,363 American parents. Marital violence was found to be a statistically significant predictor of physical child abuse; the greater the amount of violence against a spouse, the greater the probability of physical child abuse by the physically aggressive spouse. This relationship is stronger for husbands than for wives. The probability of child abuse by a violent husband increases from 5% with one act of marital violence to nearly 100% with 50 or more acts of marital violence. The predicted probability of child abuse by a violent wife increases from 5% with one act of marital violence to 30% with 50 or more acts of marital violence (Ross, 1996).

Although less research has been done on the overlap between domestic violence and child sexual abuse, the available evidence indicates reason to be concerned. Pavese (1988) performed a careful case-controlled study of 34 families in which father-daughter incest occurred and compared these families with 68 control families. Daughters of batterers were 6.5 times more likely than other girls to be victims of father-daughter incest.

Evidence of an overlap between domestic violence and child sexual abuse has also been uncovered in surveys of children. For instance, Roy (1988) interviewed 146 children aged 11 to 17 who had been exposed to domestic violence. Almost a third of the girls (31%) reported that they had been sexually abused by their fathers and/or had documentation of sexual abuse in their case files. A survey of 313 college women, showed a similar trend. Nine percent of the women reported having witnessed some type of physical conflict between their parents. Witnessing marital violence was associated with having experienced childhood physical and/or sexual abuse (Feerick & Haugaard, 1999).

Still, a child doesn't have to be physically or sexually abused to be harmed by domestic violence. Studies have shown that witnessing violence also adversely impacts children. For instance, Kernic and colleagues (2003) examined 167 children of Seattle women with police-reported or court-reported intimate partner abuse. Exposure to their mother's abuse was significantly associated with child behavioral problems—both in the presence and absence of co-occurring child maltreatment.

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MYTH 3—Custody Transfers to Abusive Parents Are Rare

Some have suggested that custody transfers to abusive parents are rare events. Most of us would like to believe this. Unfortunately, empirical research suggests otherwise. Although, research has not found a higher incidence of false allegations of child abuse and domestic violence in the context of custody or visitation disputes, judges and others in the court system tend to be unreasonably suspicious of abuse claims raised at these times. As a result, abusers often ask for and receive custody.

According to a report by the American Psychological Association, an abusive man is more likely than a nonviolent father to seek sole physical custody of his children and may be just as likely (or even more likely) to be awarded custody as the mother (APA, 1996). A report by the American Judges Foundation found that 70% of the time an abuser who requests custody is able to convince the court to give it to him.

In fact, it appears that raising allegations of abuse may harm a protective parent more than the alleged abuser. An on-going study funded by the National Institute of Justice study shows that women who inform custody mediators that they are victims of domestic violence often receive less favor-

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able custody awards than those who do not (Saccuzzo & Johnson, 2004). The investigators found that only 35% of mothers who alleged domestic abuse got primary custody, compared to 42% of mothers who did not. Fathers who were accused of domestic violence were given primary custody in 10% of cases, while fathers not accused of domestic violence got primary custody 9% of the time. Thus, alleged perpetrators suffered no ill effects. In fact, the only time that evidence of domestic violence impacted the alleged abuser was when the mediator noted evidence of violence when the mother did not allege domestic violence. When this occurred, mediators recommended protected child exchanges twice as often. Thus, women who were forthright with their domestic violence allegations secured less protection for themselves and their children.

A recent study by the Harborview Injury Prevention & Research Center in Seattle confirms these results (Kernic et al., 2005). The researchers analyzed documentation on more than 800 local couples with young children who filed for divorce in 1998 and 1999, including 324 cases with a history of domestic violence. They found that evidence of domestic violence did not appear to change how courts decided custody. In other words, fathers who were violent were just as likely to receive custody when they asked for it as fathers who were not violent. Nor were fathers with a history of committing domestic violence more likely than other fathers to be required by the court to have a third party supervise child visitations.

Faller and DeVoe (1995) examined 214 allegations of sexual abuse in divorce cases that were evaluated by a multidisciplinary team at a university-based clinic. 72.6% were determined likely, 20% unlikely, and 7.4% uncertain. They also found that 40 concerned parents experienced negative sanctions associated with raising the issue of sexual abuse. These sanctions included being jailed; losing custody to the alleged offender, a relative, or foster care; losing visitation or having it limited; being admonished not to report alleged abuse again to the court, protective services or the police; and being prohibited from taking the child to a physician or therapist because of concerns about sexual abuse in the future. None of the parents experiencing these sanctions were ones who were judged to have made calculated false allegations. In fact, sanc-

tioned cases tended to score higher on a composite scale of likelihood of sexual abuse, and were more likely to have medical evidence than cases without sanctions.

Concerns about how family courts are handling cases involving allegations of abuse were also raised by the findings of Neustein and Goetting (1999). They examined judicial responses to protective parents' complaints of child sexual abuse in 300 custody cases with extensive family court records. The investigators found that in only 10% of cases where allegations of child abuse were raised was primary custody given to the protective parent with supervised contact with the alleged abuser. Conversely, 20% of these cases resulted in a predominantly negative outcome where the child was placed in the primary legal and physical custody of the allegedly sexually abusive parent. In the rest of the cases, the judges awarded joint custody with no provisions for supervised visitation with the alleged abuser.

To better understand the problems that protective parents face in the legal system, researchers at California State University, San Bernardino are performing an on-going national survey (Stahly et al., 2004). To date, over 100 self-identified protective parents have completed the 101-item questionnaire. The results raise serious concerns about how protective parents are treated in family court.

Prior to divorce, 94% of the protective mothers surveyed say that they were the primary caretaker of their child and 87% had custody at the time of separation. However, as a result of reporting child abuse, only 27% were left with custody after court proceedings. Most protective parents lost custody in emergency ex parte proceedings where they were neither notified nor present.

The vast majority of these mothers (97%) reported that court personnel ignored or minimized reports of abuse. Almost half (45%) of the mothers say they were labeled as "alienators" who induced Parental Alienation Syndrome (PAS) in their children. Most reported feeling that they felt they were punished for trying to protect their children. Two-thirds (65%) said they were threatened with sanctions if they "talked publicly" about the case. Eighty-five percent of the protective parents surveyed believe that their children are still being abused; however, 63% say they stopped reporting the abuse for fear that contact with their children will be terminated. Eleven percent of the children were reported to have attempted suicide.

The protective parents surveyed also reported severe financial repercussions. The average cost of the court proceedings was over \$80,000; over a quarter of the protective parents say they were forced to file bankruptcy as a result of filing for custody of their children.

For More Information See:

An annotated overview of research documenting protective parents losing custody to abusers can be found at <http://www.leadershipcouncil.org/1/pas/dv.html>

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MYTH 4—Fit Mothers Do Not Lose Custody

Many people assume that the only way a mother would lose custody to an alleged batterer or child abuser is if she is proven to be an even less fit parent. Most people have difficulty believing that a court would take a child away from a mother who has been the child's primary caretaker if her only crime is expressing concern about her own

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or her child's safety. Unfortunately, research clearly shows this is currently happening; thus the main question we must consider is why.

Normal Person Could Not Be Abused.

There doesn't appear to be a simple answer to this question. Instead, it appears that a complex array of dynamics is involved. First, there is a widespread belief in our society that a person who both appears and acts normal could not possibly be a violent batterer or child abuser. Offenders are well aware of our propensity for making assumptions about private behavior from one's public presentation and they tend to use this knowledge to their advantage (Salter, 2003). Thus, they may give the appearance of the perfect parent during court appearances. Mothers concerned about the safety of their children, on the other hand, often appear overly concerned and as if they are exaggerating the problem.

As a report by the American Psychological Association pointed out:

If the court ignores the history of violence as the context for the mother's behavior in a custody evaluation, she may appear hostile, uncooperative, or mentally unstable. For example, she may refuse to disclose her address, or may resist unsupervised visitation, especially if she thinks her child is in danger. Psychological evaluators who minimize the importance of violence against the mother, or pathologize her responses to it, may accuse her of alienating the children from the father and may recommend giving the father custody in spite of his history of violence. . . .(APA, 1996)

A second reason that fit mothers lose custody to alleged abusers is that some officers of the court view women who allege abuse as fabricating or exaggerating incidents of violence as a way of manipulating the courts to gain a tactical advantage (Doynne et al., 1999). As noted previous, research, refutes this notion that allegations of abuse raised during custody disputes are usually false. Nor do women appear to gain any tactical advantage by raising the issue. In fact, women who raise abuse allegations have been shown to receive less favorable rulings than those who do not (see, e.g., Saccuzzo & Johnson, 2004). For this reason, some lawyers advise women not to tell courts or mediators about child abuse or domestic abuse because, by doing so, they

risk losing custody to the alleged abuser ("Custody Litigation," 1988; Saccuzzo & Johnson, 2004).

Favoring of "Friendly Parent." A third factor contributing to the problem is wide spread adoption of the "friendly parent" concept. Many state legislatures have enacted legislation requiring family courts to favor joint custody arrangements, and when this isn't possible, to favor the parent who appears most "friendly" to a joint custody arrangement. At least 31 states have statutes requiring courts to consider how "cooperative" the parent is when determining custody arrangements (Gonzalez & Reichmann, 2005). Moreover, judges often rely on these considerations even when their statutes do not require them to do so (Zorza, 1992).

The intent of "friendly parent" preferences is to guarantee that children go to the parent most likely to facilitate the child's relationship with the other parent. Although this is a reasonable goal, in practice, the result has been to penalize parents who raise concerns about child abuse or domestic violence (Dore, 2004). Friendly parent preferences tend to favor abusers who rarely object to the nonabusive parent having access to the child. Protective parents, on the other hand, frequently seek to curtail a violent parent's access to the child. Yet, the very act of raising concerns of abuse suggests to the court that the protective parent is inherently "unfriendly" toward their ex-spouse and should therefore be denied custody (Dore, 2004). Some professionals have found that the friendly parent concept is most often employed against the custodial or primary parent, typically the mother (Zorza, 1992).

Some states have tried to rectify injustices resulting from friendly parent preferences by enacting presumptions against custody to a perpetrator of domestic violence. Yet even when the state has a presumption that abusers not get custody, these presumptions are not always followed. For instance, Morrill et al. (2005) valued the effectiveness of statutes mandating a presumption against custody to a perpetrator of domestic violence in six different states. The investigators examined 393 custody and/or visitation orders where the father perpetrated domestic violence against the mother and surveyed 60 judges who entered those orders. They found that children failed to be protected in states with a statutory presumption against custody to an abuser when the state also had a "friendly parent" provision with a presumption for joint custody.

A fourth reason that fit mothers may lose custody to an alleged abuser is due to lax standards that allow junk science to influence custody decisions in family courts. Over the years a number of "syndromes" have been developed that pathologize the responses of mothers who seek to protect their child from an abusive spouse. The most popular of these syndromes, "Parental Alienation Syndrome," is discussed in the next section.

For More Information See:

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MYTH 5—Parental Alienation Syndrome Is a Common, Well-Documented Phenomenon

Those who buy into the myth that mothers frequently raise false allegations of abuse may attempt to explain away abuse allegations by relying on a theory called Parental Alienation Syndrome. Although this theory has never been found to be reliable or valid, some continue to claim that it constitutes a well-documented phenomenon.

Estrangement from one or both parents can occur in children any time but is perhaps more likely to become evident during an acrimonious divorce when the child is forced to change living circumstances. Abuse allegations may also surface as the family's inner life is placed under the scrutiny of mental health professionals and court officials. Parental Alienation Syndrome (PAS) purports to explain both phenomena by blaming both the child's estrangement from his or her father and concerns raised about abuse on the mother.

In fact, Dr. Richard Gardner, the theory's creator, developed his theory while working as a paid consultant to men charged with sexually abusing their children. Thus, the syndrome was created as a defense theory to counter a child's allegation of sexual abuse (Dallam, 1999).

Gardner defines PAS as follows:

The parental alienation syndrome (PAS) is a disorder that arises primarily in the context of child custody disputes. Its primary manifestation is the child's campaign of denigration against a parent, a campaign that has no justification. It results from the combination of a programming (brainwashing) parent's indoctrinations and the child's own contributions to the vilification of the target parent

Gardner considered PAS to be a psychiatric disorder that arises in the course of child-custody disputes adjudicated in the context of adversarial proceedings. Gardner's theory portrays the child's preferred or protective parent (usually the mother under

PAS) as an evil "alienator" who is virtually solely responsible for turning a vulnerable child against his or her estranged parent (usually the father under PAS). The child is viewed as mentally ill and the "alienating" protective parent (for example, a mother that raises concerns about abuse) is viewed as the sole cause of the disorder. When this parent is judged to be in the "severe" category, Dr. Gardner has recommended sole custody to the other parent—the parent that the child claims is abusing him or her. Thus, the main cure for this alleged mental illness is for the child to be placed in greater contact with an alleged abuser while the child's contact with the protective parent is curtailed or halted altogether.

Gardner has never submitted his theory to scientific testing and it has never been shown to be a valid syndrome. Despite these shortcomings, PAS has gained a toehold in family courts across our nation. Some courts have accepted PAS because it appears to explain a well-recognized phenomenon within custody battles—the often acrimonious fight between parents for their child's affection. In addition, PAS offers courts seemingly simple answers to the complex problems caused when allegations of family violence are raised in custody litigation. PAS is also accepted by courts as it fits well with the friendly parent concept.

Paradox of PAS. Unfortunately, like the friendly parent concept, Parental Alienation Syndrome presents the court with a paradox that seems to undermine rational decision-making when considering the best interests of children. With PAS theory, a concerned custodial parent's steps to obtain professional assistance in diagnosing, treating, and protecting the child, constitute evidence of "alienation." Attorney Richard Ducote (2002) noted that "one irony of . . . 'PAS' is that the increased existence of valid evidence of true sexual abuse leads Gardner and his devotees to more fervently diagnose 'PAS.' Thus, 'PAS' is the criminal defense attorney's dream, since the greater the proof of the crime, the greater the proof of the defense."

Outside of the court room, PAS has fared less well. For instance, in an article published in *Professional Psychology: Research and Practice*, Rotgers and Barrett (1996) cite PAS theory as a prime example of a nonscientific theory that engages in "reverse logic." Moreover, PAS has been widely discredited in academic circles for being biased against women and children, and flawed in its failure to take into account alternative

explanations for the behavior of the parties involved (see, e.g., Dallam, 1999).

Bias in Favor of Abuser. Gardner's methods for determining the veracity of an abuse allegation have also been criticized for being strongly biased in favor of the alleged child molester. For example, in a review published in the *Journal of the American Academy of Child & Adolescent Psychiatry*, Amaya-Jackson and Everson (1996) wrote: "Bias can be noted in [Gardner's] attempts to discredit a child's allegations by resorting to narrow, often oversimplified notions of how sexually abused children are supposed to behave." They further noted that while his writings discuss the importance of evaluators being neutral and objective, Gardner nonetheless conveys "a strong bias that the overwhelming majority of allegations, especially in custody-related cases, are false and that the assessment procedures the author advocates are slanted to arrive at such a conclusion."

Lampel (1996) examined children who were aligned with one parent in a divorce. Gardner's model (which views the preferred parent as the primary agent in causing the alignment through manipulation and brainwashing) was compared with Johnston and Campbell's model (which described the child as aligned with the parent whom the child felt provided more empathy and understood the child's age-specific concerns). The PAS model was not supported by the data. Moreover, fathers were as likely to be preferred parents as were mothers and no evidence was found to support the hypothesis that preferred parents were more disturbed than non-preferred parents.

Johnson (2003) studied children who were estranged from a parent during divorce and found that rejected parents often appeared to be the architects of their own rejection. In other words, deficits in parenting behaviors were strongly linked to a parent being rejected by their children. As Smart (2002) noted, after divorce, children have to re-establish their relationships with their parents. The quality of this relationship depends to a large extent on the trust and warmth that had been established prior to separation along with the quality of the post-separation parenting.

While PAS is not a valid syndrome, this does not imply that abuse allegations are always accurate, or that parents do not at times attempt to manipulate their children during custody proceedings. However, simplistic theories such as PAS theory are not

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sufficiently scientific to be able to make cause and effect determinations and can place children in danger by discounting valid concerns about abuse. To make decisions that serve a child's best interests, family courts need to take a more scientific, sophisticated approach to the complexities of determining custody.

The latest research on children embroiled in custody conflicts supports looking at the multiple, interacting, and often complex factors that affect a child's feelings about his or her parents. As psychologist Benjamin D. Garber (1996) noted, ambivalence or rejection of a parent may be related to many different factors including: (1) normal separation anxiety; (2) child abuse and neglect; (3) the parent's inappropriate behavior or expectations; (4) inappropriate, unpredictable or violent behavior by the parent; (5) "incidental causes" such as dislike of a the parent's new roommate or lover; (6) alienation via third parties; (7) the child's unassisted manipulation of their parents; and (8) fears for the absent parent's welfare.

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Amaya-Jackson, L. & Everson, M.D. (1996). "Book Reviews: Protocols for the Sex-Abuse Evaluation," 35(7) *Journal of the American Academy of Child and Adolescent Psychiatry* 966-967.

Dallam, S.J. (1999), "Parental Alienation Syndrome: Is It scientific?," in E. St. Charles & L. Crook (eds.), *Expose: The Failure of Family Courts to Protect Children From Abuse in Custody Disputes*, Los Gatos, CA: Our Children Charitable Foundation, <http://www.leadershipcouncil.org/1/res/dallam/3.html>.

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Ducote, R. (2002), "Guardians Ad Litem in Private Custody Litigation: The Case for Abolition," 3 *Loyola Journal of Public Interest Law* 141.

Garber, B.D. (1996), "Alternatives to Parental Alienation: Acknowledging the Broader Scope of Children's Emotional Difficulties During Parental Separation and Divorce," 37(1) *New Hampshire Bar Journal* 51-54.

Gardner, R.A. (2003), "The Judiciary's Role in the Etiology, Symptom Development, and Treatment of the Parental Alienation Syndrome (PAS)," 21(1) *American Journal of Forensic Psychology*, <http://www.rgardner.com/refs/ar11w.html>.

Johnston, J.R. & Kelly, J.B. (2004), "Commentary on Walker, Brantley, and Rigsbee (2004) 'Critical Analysis of Parental Alienation Syndrome and its Admissibility in the Family Court,'" 1(4) *Journal of Child Custody* 77-89.

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Rotgers, F. & Barrett, D. (1996), "Daubert v. Merrell Dow and Expert Testimony by Clinical Psychologists: Implications and Recommendations for Practice," 27(5) *Professional Psychology: Research and Practice* 467-74.

Smart, C. (2002), "2002 From Children's Shoes to Children's Voices," 40 *Family Court Review* 307-319.

MYTH 6—Children Are More Likely to Be Abused in the Care of Women Than Men

The myth that women are more violent toward children than men is currently being promoted by some extremist groups. The claim is based, in part, on a statistical report by the U.S. Department Health and Human Services (HHS) which breaks down the number of substantiated reports of child abuse and neglect by gender. The HHS analysis shows that of children maltreated by parents, 40.8% of child victims were maltreated by their mothers acting alone; another 18.8% were maltreated by their fathers acting alone; and 16.9% were abused by both their mother and father. Some seek to misuse this statistic to suggest that children are at greater risk for abuse when in the care of mothers than fathers.

A careful reading of the HHS report shows that most instances of substantiated maltreatment involved neglect of children under the age of three years. Because women tend to spend many more hours in contact with small children than men in our society, it makes sense that overall a young child is more likely to be maltreated by a woman rather than by a man. However, this does not suggest that a child would be safer if a father were doing the caretaking rather than a mother.

A recent population-based case-control study reviewed eight years of child-fatality-review data in Missouri. The investigators

found that females were perpetrators of just 26% of all inflicted fatal injuries on young children (Schnitzer & Ewigman, 2005). The vast majority of perpetrators were male (71.2%). In most instances, the perpetrator was the child's father (34.9%) or a boyfriend of the mother 24.2%. The child's mother was the perpetrator in only 19.7% of fatalities (see Table 1 on page 47).

Based on their research, Schnitzer and Ewigman (2005) concluded that children are safest when they live in households with both biological parents or one biological parent and no other adults. Children appear to be at greatest risk when they live in households that include males who are not related to them.

Other recent studies reveal similar findings. For instance, Starling et al. (1995) identified perpetrators of both fatal and non-fatal abusive head trauma over a 12-year period (1982-1994) at the Children's Hospital of Denver. Male perpetrators outnumbered females over 2:1. In all, 68.5% of perpetrators were male (fathers accounted for 37% of the abusers, followed by boyfriends at 20.5%). Males also tended to inflict more severe injuries. Men were perpetrators in 74.2% of the cases of fatal abusive head trauma. The largest group of female perpetrators were female babysitters who were responsible for 17.3% of cases. Mothers were responsible for only 12.6% of abusive head trauma cases.

In summary, courts should be mindful of the ways that statistical data can be misused when assessing the safety of living situations for children. Moreover, group data cannot tell us what living situation is best for a child in any specific case. Currently, the best indicator that we have of a propensity toward future violence is past behavior (Crowley, 2005). Thus, children need to be provided a safe and meaningful way to be heard in the divorce process (Smart, 2002). Courts should pay special attention to the child's own report of abuse or neglect along with past evidence that a parent has been violent towards others in the household.

For More Information See:

Crowley, B. (2003), "The Assessment of Danger in Everyday Practice," 20(6) *Psychiatric Times*, <http://www.psychiatric-times.com/p030674.html>.

Schnitzer, P.G. & Ewigman, B.G. (2005), "Child Deaths Resulting From Inflicted Injuries: Household Risk Factors and Perpetrator Characteristics," 116(5) *Pediatrics* 687-693, <http://pediatrics.aappublications.org/cgi/content/full/116/5/e687#R33>.

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Smart, C. (2002), "2002 From Children's Shoes to Children's Voices," 40 Family Court Review 307-319.

Starling, S.P., Holden, J.R. & Jenny, C. (1995), Abusive Head Trauma: The Relationship of Perpetrators to Their Victims," 95 Pediatrics 259-262.

U.S. Department of Health and Human Services (2005), *Child Maltreatment 2003: Reports From the States to the National Child Abuse and Neglect Data Systems - National Statistics on Child Abuse and Neglect*, <http://www.acf.hhs.gov/programs/cb/publications/cm03/index.htm>.

Footnote

1. When we compare statistical data, we must place numbers in the context of their denominator rather than simply comparing the raw data. In other words, for these statistics to be meaningful, we must compare rates of maltreatment that have been adjusted based on hours of contact with the child. As illustration, consider the following example. If we compared the murder rate of any small town in American with the murder rate in any large city, we would get the impression that large cities are very dangerous simply because many more people die. Only when murder rates are adjusted for the number of people actually living in the community is it possible to determine which town is in fact the safest. For example, if 20 people were murdered in the large town and two people were murdered in the small town, some might suggest that small towns are much safer places to live. However, if we adjust the rates for the actual population, we might find that the population of the large town is 100,000, while the population of the small town is only 100. Thus, the actual murder rate for the large town would be 20 per 100,000, while the murder rate in the small town would be 2000 per 100,000! In this case, the murder rate in the small town would be 100 times higher than the larger one. For this reason, statistics of maltreatment by gender of caretaker, must take into account the amount of time actually spent with the child.

Stephanie J. Dallam is Secretary and Research Associate, Leadership Council; former Pediatric Surgery

Table 1: Inflicted Fatal Injuries on Young Children: Gender of Perpetrator and Relationship to Deceased Child

Gender and Relationship	Percent	Total
Males		71.2%
Biological father	34.9%	
Boyfriend of mother	24.2%	
Other male relative	4.5%	
Male nonrelative	3.0%	
Stepfather	2.3%	
Male babysitter	1.5%	
Foster father	0.8%	
Females		25.8%
Biological mother	19.7%	
Female babysitter	3.0%	
Other female relative	1.5%	
Girlfriend of father	0.8%	
Female, nonrelative	0.8%	
Gender unknown		3.0%
Babysitter or other nonrelative	3.0%	
Total		100%

*Adapted from Schnitzer & Ewigman, 2005, Table 3

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The Leadership Council on Child Abuse & Interpersonal Violence is a nonprofit independent scientific organization composed of respected scientists, clinicians, educators, legal scholars, and public pol-

icy analysts. Its mission is to provide the public with accurate, research-based information about the effects of maltreatment on children and to help preserve society's commitment to protect its most vulnerable members. It is located at 191 Presidential Blvd., Suite C-132, Bala Cynwyd, PA 19004; tel. 610-644-5107, www.leadershipcouncil.org.

More information on Custody issues can be found at the Leadership Council website under "Abuse and Custody Disputes: Scientific and Legal Issues," <http://www.leadershipcouncil.org/1/pas/1.html> ■

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Lichty in their recent article, "The Effectiveness of Sexual Assault Nurse Examiner (SANE) Programs: A Review of Psychological, Medical, Legal, and Community Outcomes," 6(4) Trauma, Violence, & Abuse (October, 2005) 313-329, there are almost 450 SANE programs nationwide, staffed primarily by registered nurses and nurse practitioners who have received substantial classroom and clinical training in this subspecialty. The large majority or programs are hospital-based, but a minority are found in outpatient settings.

Review of Literature on Efficacy of SANEs

Here, Campbell et al. describe the history of the SANE programs and review the literature on their efficacy in five domains: their success in creating environments that address victims' emotional needs as well as their health concerns; their ability to provide more consistent and comprehensive medical services than victims typically receive in hospital emergency rooms (especially with regard to counseling about pregnancy, emergency contraception, and sexually transmitted diseases); whether they have succeeded

in improving the quality of forensic evidence collection; if so, whether this has helped increase rates of prosecution; and whether the interagency coordination required for a successful SANE program results in further changes in the way the community responds to rape victims and the crime of rape.

Overall, the authors conclude that SANE programs have been generally successful in all these domains, though they caution that most of the published reports are uncontrolled case studies and that there are very few well-designed empirical studies of the programs' functioning and effects. From the existing literature, however, it appears that rape vic-

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tims perceive SANEs as helpful, supportive, and willing to listen, qualities that are consistently ranked high in importance by victims seeking assistance after any kind of abuse. SANEs are also perceived as respectful and competent. Hospital emergency rooms with SANE programs, as compared to those without, have been found to be more likely than others, and in some cases significantly more likely than others, to provide victims with information about pregnancy risk, emergency contraception, and STDs. Hospitals with SANEs are also more likely to administer rape kits consistently and accurately, as this is an important part of the SANE mission and a significant component of SANE training. There are indications that the existence of SANE programs correlates with increased rates of rape prosecution in their communities, in part because victims treated by a SANE may be more willing to file a complaint and better able to withstand the rigors of prosecution, and in part because more skilful and more reliable evidence-collection and the availability of specially-trained personnel as expert witnesses or fact witnesses make conviction more likely. Finally, at least one study found that the development of a SANE program created new interagency linkages within the community, as the initiative to centralize victim services resulted in new protocols being drafted, new working relationships emerging, and the institution of interagency meetings and case conferences.

Tension Between SANEs and Victim Advocates

An unanticipated problem, as SANE programs developed, was tension between the

SANEs and victim advocates or agencies, including rape crisis centers. In one study, victim advocates perceived the SANEs as in essence usurping, or attempting to usurp, their functions, and causing them to lose the respect of hospital emergency-room personnel. Interestingly, that perception was not shared by the medical staff, who reported that prior to the SANE program they felt that the advocates were an impediment to their work, but after the SANE program was in place they saw the advocates as serving an important function for the victims. The reasons for this were not clear, but one may speculate that the SANEs, as medical personnel, not only removed some of the burden of direct service provision and evidence-collecting from other staff, thereby reducing the pressure and anxiety connected with this work, but legitimized the model of empathic care and interdisciplinary cooperation. In some settings, Campbell et al. note, the distinct and complementary roles of SANEs and victim advocates are understood in terms of the advocate having a confidential relationship with the victim, so that all communications are privileged, whereas the SANE provides a skilled, empathic examination but is a neutral party who may be required to submit forensic evidence or testify as an impartial expert.

Campbell et al. call for additional, better-designed empirical and longitudinal studies that may support the rationale for developing additional SANE programs and refining their approach. But even on the strength of the available evidence, it appears that the SANE model confers multiple benefits on both the individual and community levels, with few if any serious drawbacks. ■

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