

2022

## Child Abuse Allegations in High Conflict Divorce

Clara Ko

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**Child Abuse Allegations in High Conflict Divorce**

**by**

**Clara Ko, M.S.**

A Dissertation Presented to the  
College of Psychology of Nova Southeastern University  
in Partial Fulfillment of the Requirements  
for the Degree of Doctor of Philosophy

NOVA SOUTHEASTERN UNIVERSITY

2022

## DISSERTATION APPROVAL SHEET

This Dissertation was submitted by Clara Ko under the direction of the Chairperson of the Dissertation committee listed below. It was submitted to the College of Psychology and approved in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Clinical Psychology at Nova Southeastern University.

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## STATEMENT OF ORIGINAL WORK

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## ACKNOWLEDGMENTS

First, I would like to express my deepest gratitude and appreciation for present and past committee members: Dr. Rohan, Dr. Van Hasselt, Dr. Arguelles-Borge, Dr. Faust, and Dr. Black. Without your ongoing consultation, expertise, and support, completion of this last academic milestone would not have been possible.

Second, I would like to highlight the many people I encountered who provided mentorship and assistance to me on this academic journey, including Dr. Formoso, Gita, Cavell, Dr. Cleary, all my supervisors and peers at my practicum and internship sites, my mentors during my undergraduate years, and colleagues from my past jobs.

Third, I am extremely thankful to all my friends in Canada and the new friends I made along the way in the United States. My best friends, who despite geographic limitations, time, and new responsibilities, have remained steady and ever present: JC, AY, and KH. My “little sister” whom I am so proud of: AL. My three pillars in FL who shared with me with laughter, love, and new experiences: BW, AL, and HN. My role model and someone I will always look up to: KN. My cohortmates who I feel very fortunate spending my graduate years with, especially AP, CC, and ML. My housemates in MD who I experienced the pandemic with together: AM and AS.

Fourth, there are several people who are a part of the beginning, middle, and end to this chapter of my life. Christine, I will never forget your confidence when telling me I would get into graduate school while we were having lunch at UTSC. Elissa, you are the reason I learned about and went to NSU. Chenthila, I will always cherish the days and nights we worked “together” even when far apart. Joanna, you talked me through the obstacles and celebrated my triumphs of graduate school. Joon, Jin, Yoongi, Hobi, Jimin, Tae, Jungkook, finding you all has brought colors into my life that I have not seen or known previously. Dr. Rohan, you so graciously took on the extra challenge of supporting me through my dissertation and offered (and continues to offer) me guidance, patience, reassurance, and (when needed) tough love.

Fifth, thank you so much to my parents, for the endless sacrifices you have made for me to follow my dreams. A lifetime could not repay all that you have done for me. Thank you as well to Mo, who brought so much joy and comfort to my life.

Lastly, when I have wavered, I received strength and motivation by envisioning myself writing this Acknowledgments with your name at the end. Ally, you have been a guiding star and I dedicate the entirety of my doctorate degree to you.

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# **CHILD ABUSE ALLEGATIONS IN HIGH CONFLICT DIVORCE**

by

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## **ABSTRACT**

While child abuse within the context of marital or parental dissolution has received some attention, there is an enduring perspective that child abuse within this context rarely occurs, and that most child abuse allegations are fabricated. Not only is there a dearth of existing literature on how often false child abuse allegations occur and the driving variables behind these allegations, little is known about the psychological effects of unfounded child abuse allegations on families. Furthermore, most of the existing literature on this topic was conducted over 30 years ago. Much has changed in recent years with respect to mental health stigmas, family functioning, family dynamics, and household structure. The overall purpose of the present study was to gain further insight into unfounded child abuse allegations. More specifically, the first aim was to describe the families in which child abuse allegations occurred. The second aim was to examine psychological outcomes of parents within families where abuse allegations occurred and compare them to parents within families without abuse allegations. The present study utilized an original data set that was collected on 87 families (mother and/or father, and oldest child). Data was abstracted from written psychological reports produced by two private Court-appointed licensed clinical-forensic psychologists. The parents in these families were already divorced or undergoing divorce proceedings. Parents completed the Minnesota Multiphasic Personality Inventory – 2nd Edition (MMPI-2) and Parenting Stress Index (PSI).

Results showed that parents who made abuse allegations scored significantly higher on two scales of the MMPI-2: Hysteria and Paranoia; as well as two scales of the PSI: Reinforces Parent and Isolation ( $p < 0.05$ ). Parents being accused of abuse also scored significantly higher than the accusing parents on the PSI subscales for Reinforces Parent and Attachment ( $p < 0.05$ ). These findings support that identification of specific parental characteristics of parents who are more likely to engage in false child abuse allegations using standardized assessments may ultimately contribute to the development of effective assessment and intervention models to improve parent, child, and family functioning; ultimately improving psychological outcomes for parents and their children.

*Keywords:* abuse allegations, child abuse, divorce, assessment, intervention

## **CHAPTER I: Statement of the Problem**

Unfortunately, in our current culture, marital separation and divorce is now as common as navigating other life experiences like buying a car. That said, in 2019, the divorce rate in the United States was much lower than that observed in prior years (Reynolds & Profile, 2020). In the US in 2019, there were 15.5 divorces per 1000 married women, which was lower than that observed in 2018, which was 15.7 per 1000 married women (Reynolds, 2020). The adjusted divorce rates per 1000 married women also was examined for all 50 states in 2019. These investigators found that Florida ranked as number 12 of 50 with a divorce rate of 17.24 per 1000 married women. These researchers found that southern states had more frequent divorce rates compared to other regions (Reynolds, 2020). While it is unclear why there are regional differences in divorce rates, the present study will examine a unique cohort of families in Florida who already divorced or were in active divorce proceedings at the time of a court-ordered forensic evaluation. This current study will provide preliminary evidence around risk factors and indicators for high conflict divorce proceedings in a vulnerable population of southern Florida (i.e., those with co-occurring child abuse allegations during high conflict divorces).

As divorce proceedings commence regarding the custody of minor children, there is likely to be increasing conflict among the divorcing parents including unsubstantiated allegations and counter-allegations of child abuse or neglect (O'Donohue et al., 2018; Salter, 2010). While there is no clear definition of high conflict divorce, this term is often used to describe a variety of high intensity family situations and co-parenting dynamics (Anderson et al., 2010; Baker et al., 2002; Polak & Saini, 2019; Treloar, 2019). High

conflict disputes/divorces are often described as such due to one or more of these factors being present: ex-partners engaging in pervasive negative exchanges (e.g., defensiveness, aggression, negative portrayals of one another, high levels of hostility towards each other, rigid points of view); ex-partners creating hostile environments (e.g., strong negative affect, mutual distrust, emotional reactivity; chronic conflict; diffuse parent-child boundaries); entrenched litigation procedures or tribal warfare; involvement of multiple services (e.g., police, child welfare, child legal representation, child advocacy); or, a prolonged legal process (Anderson et al., 2010; Baker et al., 2002; Polak & Saini, 2019; Treloar, 2019).

While divorce proceedings are generally stressful for all parents and their children, it is possible that child abuse allegations are more likely to occur in higher conflict divorces. In 2020, the Florida Chapter of the American Academy of Pediatrics (Robinson, 2020) presented a letter to Congress stressing the importance of utilizing child protection teams and child abuse pediatricians to investigate and support all allegations of child abuse. In 2020, it was reported that 672,000 children are maltreated every year with 4 to 5 children dying daily from maltreatment. In fact, the Florida Child Abuse Death Review Committee noted that on average 140 children die from abuse or neglect each year just within the state of Florida. In one year, the Florida Department of Children & Families Child Abuse Hotline screened in 219,656 reports of child abuse or neglect between June 30, 2018 and July 1, 2019 with 16,874 cases being referred to and reviewed by a Child Protection Team (CPT) for further medical evaluation. Of those 16,874 cases, 39% were identified as substantiated abuse or neglect, 21% were unclear, and 40% were found to be unsubstantiated (Robinson, 2020).

The Child Maltreatment 2019 report also investigated state reported child neglect and abuse investigations across all 50 states (Child Welfare Information Gateway, 2021). In this report, Florida represented 5.1% of all substantiated cases in the US. While California had the highest number of unsubstantiated cases across the US, Florida was the second highest state of unsubstantiated abuse cases (9.6%). What is most surprising is that unsubstantiated cases made up 86.9% of all reported child abuse cases in Florida (Child Welfare Information Gateway, 2021). Regardless of whether a child abuse allegation is substantiated or unsubstantiated, the impact of these types of reports on the child, parents, and family unit should not be neglected. Whether allegations are false or true, the child, accuser, accused, and family unit will still need therapeutic assistance to process their experiences so that they can move forward in their lives and develop healthy relationships with their caregivers and reduce psychological distress both in the present, as well as, in the future. Furthermore, it will be important to address what may have happened that led to these allegations (and possible abuse) to mitigate the risks from it occurring again. Descriptive information highlighting possible risk factors and indicators will be paramount for identifying standardized assessment batteries and psychological interventions.

While some studies suggest that mothers are more likely to make false child abuse allegations, other studies have reported that it is the fathers who make more child abuse allegations (e.g., Bala & Schuman, 1999; Trocmé and Bala 2005). While parents may falsely accuse their ex-partner of child abuse for external gains (e.g., to speed up the legal proceedings, to receive social support; Gardner, 2002; Wakefield & Underwager, 1990), very little is known about parent psychopathology and the family variables associated

with false child abuse allegations. A review of the literature suggests that while some parents intentionally fabricate allegations of child abuse to influence a custody dispute, others are reporting these claims under the genuine belief that child abuse has occurred (e.g., Scourfield, 2001; Wakefield and Underwager, 1990). Furthermore, it is suggested that another group of parents who make child abuse allegations do so because their own psychopathology influences the way in which they judge the behaviors of others (e.g., Ross & Blush, 1990; Wakefield & Underwager, 1990).

Since there have not been any recent studies on the psychological dispositions of the parents who make child abuse allegations and scant research with respect to allegations in high conflict marital dissolution cases, this exploratory study examined the relationship between unfounded child abuse allegations and parent psychological functioning in high conflict divorce cases. Children who are exposed to high conflict divorce proceedings, regardless of whether there was substantiated abuse present, would benefit greatly from ongoing assessment and psychological treatment to ensure continued successes and psychological health moving forward. Identifying risk factors and indicators of high conflict parental disputes/divorce is a much-needed area of future research and investigation. The present study will describe demographic and psychological characteristics of parents involved in high conflict disputes/divorce in which child abuse allegations co-occurred. Secondly, the present study will examine parental personality characteristics and parenting stress using standardized self-report assessment batteries within families where abuse allegations occurred compared to families without abuse allegations.

## CHAPTER II: Review of the Literature

While the rates of divorce are decreasing overall, on average there were 15.5 divorces per 1000 married women in the US in 2019 (Reynolds, 2020). In 2018, this number was 15.7 per 1000 married women. Across all 50 states, Florida ranked as number 12 with divorce rates of 17.24 per 1000 married women. It is notable that southern states tended to have higher rates of divorce relative to other regions (Reynolds, 2020); however, it is unclear what is driving this higher rate. It should not be surprising that divorce proceedings are often viewed as a stressful event for parents and children with varying levels of conflict present. In their longitudinal study of 1,100 families in one California county, Maccoby and Mnookin (1992) described a pyramid of conflict levels among divorcing families. They observed that while most divorcing families (80%) were able to reach agreements by themselves; some relied on family court to settle their disputes (20%) due to higher levels of conflict or animosity observed between ex-partners. Of those 20%, 11% were able to resolve their disputes via the formal legal system, 9% of high conflict custody cases reached a settlement in a variety of other ways (e.g., custody evaluations, family counseling), and a minority (4%) underwent a full custody trial in family court. Maccoby and Mnookin (1992) observed that the families with higher levels of conflict were more likely to report multiple allegations of abuse. This suggests that although there are few families undergoing full custody trials, they are indeed a unique cohort with a higher likelihood of child abuse allegations occurring within this group.

While there is no clear definition of high conflict divorce or marital disputes, this term is often used to describe high intensity family situations and co-parenting dynamics

that have one or more factors present (Anderson et al., 2010; Baker et al., 2002; Polak & Saini, 2019; Treloar, 2019). High conflict disputes/divorces frequently involve ex-partners engaging in pervasive negative exchanges (e.g., defensiveness, aggression, negative portrayals of one another, high levels of hostility towards each other, rigid points of view); ex-partners creating hostile environments (e.g., strong negative affect, mutual distrust, emotional reactivity, chronic conflict, diffuse parent-child boundaries); entrenched litigation procedures or tribal warfare; involvement of multiple services (e.g., police, child welfare, child legal representation, child advocacy); or, a prolonged legal process (Anderson et al., 2010; Baker et al., 2002; Polak & Saini, 2019; Treloar, 2019). Due to the level of conflict often observed between parental units who are involved in high conflict divorces, there is likely to be much higher rates of abuse allegations and counter-allegations of child abuse or neglect than that observed in less conflictual relationships, including more frequent unsubstantiated abuse allegations (O'Donohue et al., 2018; Salter, 2010).

Additionally, there is a widespread misperception that there is a higher incidence of intentionally false child abuse allegations made by mothers in the context of parental separation and divorce in order to gain a tactical advantage or to seek revenge from their estranged partners. A Columbia University psychiatrist coined the term, "Parental Alienation Syndrome" to describe children who are preoccupied with depreciation, rejection, and/or criticism of a "targeted/ alienated" parent that is the result of overt or covert manipulation from the other, "aligned" parent (Gardner, 1987). Gardner's (1987) work is controversial and largely discredited by clinical studies, especially because of his divisive views on the phenomenon in the context of custody disputes (e.g., that it is solely

an issue with mothers, that there is likely no abuse occurring, that abuse is likely to be false if allegations are from mothers, and that the husband is usually innocent; Trocmé & Bala, 2005). Furthermore, there are no factor analytic studies that elucidate a bonafide syndrome of parental alienation. While Thoennes and Tjaden (1990) found that large-scale studies of custody and access disputes observed that sexual abuse allegations in the context of parental separation were relatively rare, there continue to be misperceptions about the problem of false allegations of child abuse and neglect.

The literature suggests that this tendency to focus on mothers as the ones to fabricate child abuse can be traced back to practices in the 1980s. When social scientists first began writing about incest, the role the mother of the sexually abused child played in the abuse was ignored (Humphreys, 1997). With the growing prominence of family therapy, the focus shifted from the provocative child victim or the deviant abuser to the family interaction, and especially the role of the mother (Humphreys, 1997). These kinds of early views suggested that most child abuse allegations made at the time of marital breakdown were not real, or that it was mostly 'collusive' mothers that were to be blamed and held solely responsible for allowing abuse to occur. With several studies in the 1980s discovering that there were unsubstantiated or false allegations of abuse in forensic settings, many of these articles then focused on the behaviors of the mothers, which then led to the idea that it was solely women who were making false allegations to manipulate others for the benefit of themselves (Benedek & Schetky, 1985; Green, 1986; Hooper & Humphreys, 1998; Scourfield, 2001).



## **Rates of Abuse Allegations in Legal Settings with a Focus on Florida**

The Child Maltreatment 2019 report investigated state reported child neglect and abuse investigations across all 50 states (Child Welfare Information Gateway, 2021). In this report, Florida represented 5.1% of all substantiated cases in the US. While California had the highest number of unsubstantiated cases across the US, Florida was the second highest state of unsubstantiated abuse cases (9.6%). What is most surprising is that unsubstantiated cases made up 86.9% of all reported child abuse cases in Florida (Child Welfare Information Gateway, 2021). In 2020, the Florida Chapter of the American Academy of Pediatrics (Robinson, 2020) presented a letter to Congress stressing the importance of utilizing child protection teams and child abuse pediatricians to investigate and support all allegations of child abuse. According to this report, 672,000 children are maltreated annually with 4 to 5 children dying daily from this maltreatment. The Florida Child Abuse Death Review Committee noted that an average of 140 children who live in Florida die from abuse or neglect annually. In one year, the Florida Department of Children & Families Child Abuse Hotline screened in or accepted for review 219,656 reports of child abuse or neglect between June 30, 2018 and July 1, 2019 with 16,874 cases being referred and reviewed by a Child Protection Team (CPT) for further medical evaluation. Of those 16,874 cases, 39% were identified as substantiated abuse or neglect, 21% were unclear if abuse or neglect occurred, and 40% were found to be unsubstantiated (Robinson, 2020). It is imperative that child abuse allegations are thoroughly investigated and that children can receive the necessary services, including psychological treatment. Affects of child abuse on child functioning has been extensively investigated and survivors of child abuse are at risk for poorer psychological adjustment

in adulthood (e.g., depression, anxiety, distress; Gal & Basford, 2015; Lindert et al., 2004).

Regardless of whether a child abuse allegation is substantiated or unsubstantiated, the impact of these types of reports on the child, parents, and family unit should not be neglected. Whether allegations are false or true, the child, accuser, accused, and family unit will still need therapeutic assistance to process their experiences so that they can move forward in their lives and develop healthy relationships with their caregivers, other adults, peers, siblings. Furthermore, reducing psychological distress and improving psychological health both in the present, as well as, in the future should be the primary focus for children, parents, and families who are involved in these types of proceedings. Furthermore, it will be important to address what may have happened that led to these allegations (and possible abuse) to mitigate the risks from it occurring again. Descriptive information highlighting possible risk factors and indicators will be paramount for identifying standardized assessment batteries and psychological interventions.

While the rate of false allegations in the general population has been a topic of research spanning back to as early as the 1970s, there have been few recent studies looking at the frequency at which false allegations occur, especially when looking at non-sexual child abuse cases (e.g., neglect, physical; O'Donohue et al., 2018). Previous studies have examined the extent to which concerns about abuse have been raised in mediation and custody investigations in family courts. In 1991, a client baseline study involving 1,318 families during a two-week period ( $N = 2,669$  sessions) estimated that domestic violence and substance abuse were most frequently alleged (39% and 38%,

respectively), followed by child neglect (30%), child physical abuse (18%), child sexual abuse (8%), criminal activity (8%), and child stealing (5%; Depner et al., 1992).

There is an extensive amount of research on false allegations of abuse focused on the accuracy of children's recollections of abuse; and, in research examining adults' false allegations or false memories of child sexual abuse made by adult survivors (Trocmé & Bala, 2005). However, little recent research has been conducted on false child abuse allegations in the context of custody disputes. Research on false child abuse allegations made in the context of parental separation disputes falls into two categories: 1) studies of divorce custody and access disputes where child abuse allegations arise, and 2) studies of child protection investigations involving custody disputes. In the first category of cases, rates of intentionally false child abuse allegations ranged from 4.7% to 23% (Bala & Schuman, 1999; Faller & DeVoe, 1995). Unfortunately, many studies, especially those published in the 1980s and 1990s, only examined sexual abuse allegations, had small sample sizes, and primarily consisted of cases where child protection investigators had difficulty in determining the validity of the allegations or where further independent assessment or litigation was necessary (Trocmé & Bala, 2005). In the category of cases where false allegations arose out of child protection investigations, rates of false allegations were found to be between 2.5% to 8.5% (Anthony & Watkeys, 1991; Oates et al., 2000). Little research has been done recently with respect to allegations in high conflict marital dissolution cases, which will be the focus of the present study.

The 1998 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-98) was the first national study to examine the rates of false child abuse allegations arising in the context of custody or access disputes (Trocmé & Bala, 2005). Using a

multistage sampling design to first select a representative sample of 51 child welfare service areas, they tracked investigations conducted between October and December of 1998, which yielded a final sample of 7,672 child maltreatment investigations reported to child welfare services because of suspected child abuse or neglect. Consistent with other national studies of reported child maltreatment, the results indicated that 31% of maltreatment investigations were unsubstantiated, but only 4% of all cases were considered to be intentionally fabricated. Within the subsample of cases wherein a custody or access dispute occurred, the rate of intentionally false child abuse allegations was higher at 12%. This lends to the idea that false child abuse allegations occur at a rate higher in custody or access disputes than in the general population.

### **Barriers to Conducting Research in Child Abuse**

One of the issues with conducting research in child abuse allegations is that there is often confusion regarding its definition. Rates on unsubstantiated abuse typically reported by child welfare services in Canada and the United States range from 30 to 70% (Trocmé & Bala, 2005), with the Children's Bureau reporting a rate of 56.5% in its most recent Child Maltreatment 2019 report of all state reported investigations or alternative responses of alleged abuse or neglect (Child Welfare Information Gateway, 2021). Policy makers and professionals in child welfare tend to distinguish *substantiated cases* as those that represent children who have truly been maltreated based on available evidence, whereas *unsubstantiated cases* represent children who have not been maltreated based on available evidence (Public Health Agency of Canada, 2010). However, there is a distinction between unsubstantiated versus intentional false allegations of abuse. In *unsubstantiated allegations*, there are often well-intentioned investigations prompted by

concerning behaviors, suspicious injuries, or misunderstood stories (Trocmé & Bala, 2005). While mandatory reporting laws require the reporting of suspected abuse or neglect, there is no expectation of reporters to conduct their own investigations prior to the report (Trocmé & Bala, 2005). On the contrary, *intentional false allegations* are deliberate fabrications made by adults or children (Trocmé & Bala, 2005). Then there are allegations where abuse cannot be substantiated but remains *suspected* due to insufficient evidence (Oates et al., 2000; Public Health Agency of Canada, 2010). Therefore, it is understandable that there remains confusion in the interpretation of abuse statistics because studies do not often distinguish between suspected, unsubstantiated, and intentional false allegations.

Another problem with investigating the rates of abuse is that there is a lack of consensus regarding the way that abuse is confirmed or validated (Roeder, 1996). Jones and McGraw (1987) developed a systematic validation process for investigating child sexual abuse that included looking for behavioral indicators of abuse, conducting investigations with law enforcement, assessing the child's credibility by examining their statement, reviewing of supporting features, and physiological evidence. When McGraw and Smith (1992) applied this process to 18 cases previously investigated by the Boulder County Sexual Abuse Team using a less structured validation procedure, the previously one case (5.6%) of confirmed sexual abuse increased to eight confirmed cases of sexual abuse (44.4%). This demonstrates the importance of systematic and detailed protocols for investigating child sexual abuse allegations and how these protocols can ultimately serve as an example of child abuse investigations of all types, significantly impacting the outcome of research conducted in the area of child abuse allegations.

## **The Reporters of Child Abuse**

There is often disagreement as to who is more likely to make child abuse allegations. In the late 1980s and up until recently, most of the literature implied that it was only mothers who made child abuse allegations, or at least the majority of child abuse allegations came from mothers. Thoennes and Tjaden (1990) investigated 169 child abuse cases from court counselors, family court, and CPS agency files and reported that the top three most frequent accusing parties were the mother against the father (48% of cases), followed by the mother against a third party (e.g., other relatives, family friends; 13% of cases), and the father against the mother's new partner (10% of cases). On the other hand, fathers accusing mothers only accounted for 6% of the total cases. However, there is more recent literature asserting that fathers are more likely to make intentional false allegations of abuse than mothers. Trocmé and Bala (2005) found that within their sample of 7,672 child maltreatment investigations in Canada between October and December of 1998, only 4% of all cases were intentionally fabricated. The authors found that neglect was the most common form of intentionally fabricated maltreatment overall, while anonymous reporters and non-custodial parents (usually fathers) more frequently made intentionally false reports. Similarly, non-custodial parents' (usually fathers) allegations of all types of maltreatment were more likely to be intentionally false (15%) than custodial parents (2%; usually mothers). Only 2% of false reports were made by children and none of the children's false reports involved sexual abuse (Trocmé & Bala, 2005). There also is additional support for fathers having a greater likelihood of making false allegations than mothers. A Canadian study of allegations of maltreatment in custody cases between 1990 and 1998 examined 196 written Canadian Family Court

opinions (Bala & Schuman, 1999). The judges reported 45 (23%) to be false reports, and that fathers were 16 times more likely to make false reports than mothers. Mothers, however, were more likely than fathers to make reports of maltreatment to the Family Court (Bala & Schuman, 1999). Based on these findings, there is no generally accepted consensus as to which parent is more likely to make false allegations.

It appears that in very few cases do children make false child abuse allegations. In fact, Bala and Schuman (1999) found that only 9% of all reports in their research, whether true or false, came from children. While it is hypothesized that some children who make child abuse allegations are coached by a parent, there is little support of this (Faller, 2007). Faller examined 192 professionals' perceptions on parent coaching of children about sexual abuse. Although most (80%) of the respondents indicated they worked on a case where they believed the child was coached, most people responded that they encountered five or less of these types of cases, which is consistent with the research that suggests that false allegations of sexual abuse by children, caused by coaching or other dynamics, are uncommon. It is interesting to note that close to 80% of respondents perceived women were more likely to coach children, and 75% indicated that they believed coaching occurred mostly in custody cases. The results suggested that in false allegation cases, professionals usually assume that mothers are the coaches, that custody cases are at the greatest risk of false allegations, and that these false allegations derive from collusion between the mother and the child, which are central components of *Parental Alienation Syndrome* (Faller, 2007).

However, it is hypothesized that children whom intentionally make false allegations of child abuse do so because children are prone to suggestibility, especially

when it comes from powerful and authoritative figures. Hershkowitz (2001) presented a case study in which they followed the route by which a naïve suggestion by a mother was transformed into a false and serious allegation of sexual abuse by the child. Results demonstrated that the event described by the child was “*very unlikely to have happened*” but the credibility assessment of the child failed to detect its implausibility. Comparison of the child’s highly implausible statement and the corrected statement revealed that the child did fabricate central details but incorporated them into a description of an event that she really experienced, and most of the information provided was truthful (Hershkowitz, 2001). This case is an example of how children and their susceptibility to suggestibility can lead to serious abuse allegations when children are given false information from an authority figure.

It also is important to consider the type of issues reported and by whom it is reported. In 1999, a statewide study of approximately 18,000 child custody cases seen by family court services discovered that different issues were raised against mothers and fathers (Judicial Council of California Administrative Office of the Courts, 2003). More often domestic violence, substance abuse, maligning the other parent, harassment, and child abuse (specifically emotional, physical, and sexual), child abduction, and stalking allegations were raised against fathers while child neglect and psychological disorders were raised against mothers.

In another study where specific types of abuse allegations were reported, Johnston et al. (2005) sought to examine substantiations and allegations of abuse in custody-disputing families. The authors found that compared to statewide rates of child abuse allegations, there were much higher rates of allegations in their study, which is consistent



with the premise that there are significantly more child abuse allegations in custody cases than in the general population. Results indicated that at least one abuse allegation was raised against mothers in 56% of families and against fathers in 77% of families. Multiple abuse allegations were raised against mothers in 32% and against fathers in 59% of families. Mutual allegations of abuse within the same family were raised in half (49%) of the sample. Mothers were significantly more likely to make child abuse allegations regarding sexual abuse; and, also were significantly more likely to make any type of child abuse allegations. Most interesting is the fact that overall, allegations against mothers and fathers had virtually identical rates of substantiation (52% and 51%) which implies that women in custody disputes are no more likely to allege unsubstantiated abuse against their child's other parent than are men (Johnston et al., 2005). Johnston and colleagues (2005) data does not support a *Parental Alienation Syndrome* perspective that implies women are more likely to make unfounded allegations; and, suggests that there may be no differences between the rates of reporting between mothers and fathers.

In another study highlighting the different kinds of false allegations raised by mothers and fathers, Kopetski et al. (2006) presented descriptive statistics on 84 cases of Parental Alienation Syndrome, compiled by a custody evaluator in Colorado. False allegations of child abuse, defined as physical or sexual abuse, or child neglect, appeared in 54% of cases. However, results revealed that in cases involving false allegations of sexual abuse and physical abuse, the mother was the accusing parent 79%, and 71% of the time, respectively. In cases with false allegations of child neglect, the father was the accusing parent 76% of the time (Kopetski et al., 2006). These studies reflect the

inconsistency regarding the types of issues reported in abuse cases and by whom these concerns are reported.

### **Frequently Cited Reasons for Child Abuse Allegations**

Mantell (1988) reviewed several hundred court cases involving false child sexual abuse allegations and grouped them by type: 1) simple misunderstanding, 2) simple misreporting, 3) distortion through emotional or mental illness of the parent or child, 4) distortion by design, 5) professional error or misrepresentation, and 6) miscellaneous errors. These results suggest that there are multiple reasons for unfounded child abuse allegations. A few of these reasons will be further discussed below.

**Manipulation of the court proceedings.** Trocmé and Bala (2005) reported that false child abuse allegations are often done to manipulate the legal system or seek revenge against an estranged former partner. The literature suggests that parents who falsely accuse their former partners of abuse choose to do so because of its apparent impact in court. Gardner (2002) suggested that false sexual abuse allegations function as a “weapon” in child custody disputes. He claimed that the main reason that mothers make child abuse allegations is because it serves as the most powerful vengeance tactic available to a woman whose husband has left her. Likewise, during the 1998 Canadian Special Parliamentary Joint Committee on Child Custody and Access hearings, there was heated testimony from fathers, men’s groups, and professionals about the problem of false child abuse allegations in cases involving custody disputes. One witness was quoted as saying that false sexual abuse allegations were the “weapon of choice” of mothers in custody disputes (Trocmé & Bala, 2005).

Although parents may allege child abuse because of vindictiveness, another reason parents may want to claim abuse is because of wanting to speed up the custody or divorce case. Gardner (2002) suggested that women are likely to make abuse claims when they want to be separated from their husband permanently and believe that such allegations will most likely make permanent removal of the child(ren) from their former partner's life a possibility, and that such claims will also speed up the process of the separation or divorce. Similarly, Faller (1991) hypothesized that in her three cases of deliberate false allegations of child sexual abuse, that parents wanted to not only exclude their former spouse from the life of the child, but to exclude their former spouse from their own life. With the removal of the children from the other parent, the former spouse's contact with the accusing parent now is non-existent.

One of the reasons there may be more research conducted on "vindictive mothers" making false child abuse allegations is because fathers have a more difficult time using these allegations in court. Gardner (2002) mentioned that fathers have a more difficult time using the sexual abuse accusations against mothers because females are less likely to sexually abuse their children than male caregivers. However, fathers may try to make claims that the mother's new male companion is the one engaging in abuse of the child. These allegations against the new male companion may be effective because the court may deem the mother as neglectful by possibly exposing the child to abuse, and then primary custody may be reverted to the father.

**Unintentional false allegations.** Some studies suggest that parents make false allegations not deliberately, but because they misinterpret the behaviors of others. Faller (1991) claimed that some false allegations of child sexual abuse were "misperceptions"

on the part of the parent triggered by the stress of divorce, misinterpretation of the child's behavior, or incorrect attribution of actual sexual abuse. However, Faller (1991) did not mention the possible causes of these "misperceptions" or "misattributions." Likewise, Faller and DeVoe (1996) found that 34 of the 45 cases of false or possibly false child sexual abuse allegations were classified as misinterpretations by the adults who made the report. Benedek and Schetky (1985) explained that these misinterpretations of behavior occur under the stress of divorce and lead to perceptions of behavior to become distorted. The authors further hypothesized that the person to develop these distorted perceptions start to believe that the behavior of their former partners was pathological (e.g., occasional drinking episodes may be viewed as alcoholism, a desire for sex may be seen as perversion).

Furthermore, some authors suggest that some people who report false allegations do so unintentionally, and truly believe that their former spouse has engaged in child abuse. Wakefield and Underwager (1990) found in most of their cases of false child abuse allegations that they were not made deliberately for the purpose of obtaining custody. Instead, the frequent publications about abuse "behavioral indicators," frequent publicity about sexual abuse, proliferation of prevention programs, and publicity about sexual abuse resulted in people becoming hypersensitive to the possibility of abuse and unintentionally developing false child abuse allegations as a result. This implies that some parents are influenced by the media's accounts of child abuse and may begin to believe that they see signs of abuse within their own children, which is likely caused by their former spouse.

Additionally, parents may make allegations of abuse because there are many reinforcements and few (if any) repercussions. Wakefield and Underwager (1990) suggested that some parents may make false allegations of abuse because there is social approval for making the accusations; and possible free legal counsel, welfare payments, and support from mental health professionals (Wakefield & Underwager, 1990). Therefore, unless the legal system finds evidence that these allegations were fabricated, then there may be some social and practical benefits to making false allegations.

**Personality of the accuser.** The Minnesota Multiphasic Personality Inventory (MMPI) is a widely used tool for assessing personality traits and psychopathology in clinical and forensic settings, and is utilized in more than 90% of child custody evaluations in conjunction with other pertinent information (e.g., clinical interviews, parent-child observations, in-home visits; Roma et al., 2014; Semel, 2015). The literature on the psychopathology of parents undergoing high conflict divorce when utilizing the MMPI has described elevations in a number of clinical scales including depression (scale 2), hysteria (scale 3), psychopathic deviate (scale 4), paranoia (scale 6), schizophrenia (scale 8), hypomania (scale 9), and social introversion (scale 0; Bathurst et al., 1997; Redondo et al., 2019; Resendes & Lecci, 2012; Roma et al., 2021; Semel, 2015). Parents undergoing high conflict divorce have also been observed to present themselves as more socially desirable (L scale) and have a greater tendency to deny faults and complaints (K scale; Roma et al., 2021).

For some parents undergoing high conflict divorce, alleging abuse may function as a method to manipulate the legal system or to seek revenge on a spouse. Another reason that abuse allegations occur may be due to parent psychopathology. As previously

mentioned, some parents may misinterpret others' behaviors, and this may be due to parent symptomatology. In a study by Benedek and Schetky (1985), they found that 10 of their 18 cases of alleged child sexual abuse in the context of dispute over divorce or custody were false, and that in their cases all allegations were made by the parent, not the child. They observed three different personalities operating in the accusing parent: 1) *the borderline mother* trying to replace a "bad father" with a "good father," 2) *the paranoid mother* who projects her own thoughts onto her former husband, and 3) *the hysterical mother* who misperceives or overreacts to events.

Blush and Ross (1987) coined the phenomenon *Sexual Allegations in Divorce (SAID) Syndrome*, which occurs when a sexual abuse allegation develops within a pre- or post-divorce context and when a family unit has become dysfunctional as a result of that divorce process. The authors believed that sexual abuse allegations made in divorcing families occur in a different manner than in non-divorcing families. Although the SAID syndrome has been largely contested and refuted by other researchers, their study was one of the first in which parent personality was examined. The authors suggested that mothers showed a profile consistent with that of the "hysterical" personality type where they are emotionally fearful; and feel like they have been coerced, victimized, or manipulated during the marriage (Blush & Ross, 1987). Additionally, Blush and Ross (1987) suggested that the mothers endorsed a "psychotic" personality type where they are vindictive, emotionally expansive, hostile, dominating, and would like to see "justice" for themselves. In an updated study, Ross and Blush (1990) renamed the "hysterical" personality type as having a *histrionic personality*; and, replaced the "psychotic" personality with personality patterns they labeled as the *justified vindicator* and the

*borderline personality*. The justified vindicator is a variation of the histrionic personality in which the woman initially offers an intellectually organized, assertive, and justified agenda with evidence of the child abuse (e.g., facts, figures, opinions). However, when clarification is needed regarding details, the mother becomes hostile, resistant, and passive-aggressive. On the other hand, the borderline personality functions in a highly dysfunctional way and may lose contact with reality, offering strange descriptions of events in their recounts of the abuse (Ross & Blush, 1990). While those terms are not often used today, Blush and Ross were one of the first to look at the personality profiles of the accusing parents, and more specifically the maternal caregiver.

The literature also suggests that there are personality differences between the falsely accused and those who make the allegations. In one of the only published studies to use a standardized measure of personality to examine this phenomenon, Wakefield and Underwager (1990) compared the personalities of 72 falsely accusing parents and 103 falsely accused parents to each other, and to a control group of 67 custody only parents (without allegations of abuse). Diagnoses were confirmed by medical reports, hospital records, test results, and psychological evaluations. They found that the falsely accusing parents were much more likely than were the other two groups to have been diagnosed with a personality disorder such as mixed, unspecified, histrionic, borderline, passive-aggressive, or paranoid (based on the Diagnostic and Statistical Manual of Mental Disorders (DSM) version in press at that time: *DSM-III-R*). The most frequent personality disorder diagnoses were mixed or unspecified personality disorder (Wakefield & Underwager, 1990). Only one-fourth of the falsely accusing parents were not diagnosed with any personality disorders. However, when comparing the MMPI

profiles of the three groups, they did not find differences in diagnoses. The authors suspected this was because of the high degree of defensiveness in all the responses, particularly in the accusing parents' group which prevented the authors from reaching conclusions about psychopathology (Wakefield & Underwager, 1990).

In a similar study, Roeder (1996) examined whether there were differences in MMPI-2 scales between 17 parents making unfounded allegations of child sexual abuse in child custody disputes and 17 parents involved in custody disputes with no sexual abuse allegations. The author found that the MMPI-2 scores for the parents making the unfounded allegations were higher than the control parents on three of the four critical scales (Hypochondriasis, Hysteria, and Repression), as well as the Lie and Psychopathic Deviate scales. This suggests that some parents do not deliberately fabricate abuse allegations in custody disputes, but make these allegations based on their own symptomatology which may cause them to misinterpret the behaviors of their children and of the other parent. Although, it is also possible that parents undergoing challenging life circumstances, like custody disputes, may experience mental health concerns as a result of the stress of these disputes. The present study will examine parental psychopathology of accused versus accusers and parents of families with and without abuse allegations.

**Personality of the accused.** Little is known about the personality of those accused of abusing their children in custody cases. Ross and Blush (1990) described the personality characteristics of falsely accused men in cases of divorce disputes as unremarkable. They stated these men may be nurturing, passive, child-like; and unlikely to be socially aggressive, competitive, anxious, or angry. Those with personality



disorders may likely to be diagnosed as passive-dependent or passive-aggressive and may also lack insight into their personal relationships (Wakefield & Underwager, 1990).

Wakefield and Underwager suggested that because these men are often sensitive and caring, they may be susceptible to involvement with dependent women and behave passively as they continue to try to make the relationship work. Additionally, parents may behave in a certain way to avoid being accused of child abuse. Kopetski (1998) hypothesized that when children alienate a parent, that the targeted parent is more likely to be passive, emotionally constricted, and over-accommodating because they fear child abuse allegations by the other (aligned) parent.

### **Summary, Purpose, and Hypotheses**

Overall, the literature highlights little agreement regarding parental characteristics and the presence of child abuse allegations in legal proceedings, especially allegations within high conflict marital disputes/divorce involving minor children. In fact, it is notable that the breadth of research conducted in this area was conducted over 30 years ago with very little updated research on this topic. While previous research has shown that there are unique qualities in the families where child abuse allegations occur, there are few recent studies that examine psychological characteristic of these families, and specifically the role of parent psychopathology and stress in making child abuse allegations. Since there is a gap in recent literature investigating the psychological profiles of parents who make child abuse allegations compared to those who do not make allegations, especially in the context of high conflict marital dissolution cases, this exploratory study examined the relationship between unfounded child abuse allegations and parent psychological functioning in high conflict divorce cases. Children who are

exposed to high conflict divorce proceedings, regardless of whether there was substantiated abuse present, would benefit greatly from ongoing assessment and psychological treatment to ensure psychological health moving forward. Identifying risk factors and indicators of high conflict parental disputes/divorce is a much-needed area of future research and investigation. Furthermore, regardless of whether a child abuse allegation is substantiated or unsubstantiated, the impact of these types of reports on the child, parents, and family unit should not be neglected. Whether allegations are found to be false or true, the child, accuser, accused, and family unit will still need therapeutic assistance to process their experiences so that they can move forward in their lives and develop healthy relationships with their caregivers, peers, and siblings. There should also be greater emphasis placed on reducing psychological distress both in the present, as well as, in the future. Furthermore, it will be important to address what may have happened that led to these allegations (and possible abuse) to mitigate the risks from it occurring again. Descriptive information highlighting possible risk factors and indicators will be paramount for identifying standardized assessment batteries and psychological interventions.

Therefore, the present study was designed to gain further insight into the relationship between child abuse allegations and parent psychopathology in families involved in high conflict divorce proceedings. More specifically, the first aim was to describe the demographic and psychological characteristics of parents involved in high conflict divorces in which child abuse allegations occurred. The second aim was to examine psychological factors (i.e., personality characteristics and parenting stress) using standardized self-report assessments of parents within high conflict families where abuse

allegations co-occurred. The present study examined whether there were statistically significant differences in psychological functioning among the parents where there were unfounded abuse allegations compared to those with no abuse allegations. Specifically, it was hypothesized that parents in families with unfounded child abuse allegations would have worse psychological functioning than parents in families without unfounded child abuse allegations. These parents are likely to report clinically elevated scores on the MMPI-2, especially in the domains of superlative self-presentation, depression, hysteria, and paranoia. Similarly, on the Parenting Stress Index, parents in families with unfounded child abuse allegations are more likely to report higher elevations in emotional distress, more tenuous parent-child relationships, higher life stress, and increased rates of defensive responding.

## **CHAPTER III: Method**

### **Study Design**

The present study utilized an original data set that was collected from fully de-identified psychological reports from two private licensed psychologists' offices in Southern Florida from 1998 to 2014 ( $N = 87$  families). The detailed Court-mandated mental health (i.e., psychological) evaluations typically consisted of face-to-face interviews with the parents and child(ren), reports of psychological testing, record reviews, collateral reports, and reports of parent-child behavioral home observations completed by the Court-appointed psychologist. Data was collected by trained doctoral level research assistants from the College of Psychology at Nova Southeastern University, who were blind to the hypotheses of the current study. The principal investigator trained the research assistants to obtain the necessary scores and information from the de-identified data. The Institutional Review Board (IRB) of Nova Southeastern University as well as the Court-appointed psychologists involved in the forensic assessments approved the study, including data collection procedures and study methods.

### **Participants**

Psychological and demographic data was collected on 87 families (mother and/or father, and oldest child). Data was abstracted from written psychological reports produced by two private Court-appointed licensed clinical-forensic psychologists in South Florida from 1998 to 2014. The role of the psychologist was to investigate and evaluate questions of child custody and visitation for the family court in highly contested matters for divorced parents or parents undergoing divorce proceedings. Each family had at least one child between the ages of zero (i.e., less than one year old) and 18 years. In

families with multiple children, the oldest child falling within the aforementioned age range was included in the study.

Two families had only one parent reporter available. As shown in *Table 1*, the 85 mothers in this sample ranged in age from 23 to 54 years, with an average age of 39.0 ( $SD = 6.2$ ), while the 87 fathers ranged in age from 28 to 65 years, with an average age of 42.6 ( $SD = 7.1$ ). The mean age for all parents was 40.8 years ( $SD = 6.9$ ). Furthermore, children ranged in age from less than one to 17 years, with a mean age of 9.1 years ( $SD = 4.3$ ). Of the 82 children with gender reported, 57 were male (69.5%) and 25 were female (30.5%).

**Table 1**

*Age of Family Members in Years for Entire Cohort (N = 259)*

Family Member	Mean	SD	Range
Mother ( $n = 85$ )	39.0	6.2	23-54
Father ( $n = 87$ )	42.6	7.1	28-65
Child ( $n = 87$ )	9.1	4.3	9 months-17years

As shown in *Table 2*, the majority of parents, 87.1% ( $n = 135$ ), described themselves as White, with 1.3% ( $n = 2$ ) self-describing as Black, 0.6% as Asian ( $n = 1$ ), and 5.8% as Hispanic/Latino ( $n = 9$ ). Moreover, 5.2% ( $n = 8$ ) identified as multi-racial or bi-racial. Seventeen parents did not report their race/ethnicity.

**Table 2***Sample Frequencies and Percentages of Parental Race/Ethnicity for Entire Cohort (N = 155)*

Race/Ethnicity	Mother (n = 79)		Father (n = 76)		Total	
	Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)
White	70	88.6	65	85.5	135	87.1
Black	1	1.3	1	1.3	2	1.3
Asian	1	1.3	0	0	1	0.6
Hispanic/Latino	4	5.1	5	6.6	9	5.8
Multi-racial	3	3.8	5	6.6	8	5.2

Level of parent education was coded as a categorical variable. In the current cohort, most parents (97.6%) reported obtaining at least a high school degree (*Table 3*).

**Table 3***Sample Frequencies and Percentages of Level of Parent Education for Entire Cohort (N = 165)*

Level of education	Mother (n = 82)		Father (n = 83)		Total	
	Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)
Less than high school	3	3.7	1	1.2	4	2.4
High school	30	36.6	27	32.5	57	34.5
Some college	21	25.6	14	16.9	35	21.2
College	18	22.0	19	22.9	37	22.4
Graduate	10	12.2	22	26.5	32	19.4

## Measures

**Demographic information.** A 6-page questionnaire was utilized to gather information in several areas: demographic information about the families (e.g., age, gender, race/ethnicity of parent(s) and child); information pertaining to the current litigation process; marital, education, criminal and abuse history of each parent; and history of childhood maltreatment, including physical abuse, sexual abuse, neglect, or witnessing domestic violence for each parent.

**Presence of child abuse allegations.** Parents were asked the following question to determine whether there were allegations of child abuse: “*Allegations the child experienced abuse?*” Available response choices included: *physical, sexual, verbal, emotional, neglect, and none*. A total of 21 of the 87 families (24.1%) identified having allegations of child abuse. All of these allegations were determined to be unfounded by the state child protective agency.

**Parent psychopathology.** The Minnesota Multiphasic Personality Inventory – 2nd Edition (MMPI-2; Butcher et al., 1989) was used to assess parent psychopathology. The MMPI-2 was administered as part of a standard assessment battery given to each parent during the evaluation process. All administrations of the test followed the standard MMPI-2 conditions and instructions. Each MMPI-2 was scored via computer software.

The MMPI-2 is a broad-based test designed to assess different domains of personality, emotional, and behavioral disorders in adults and is often utilized in forensic psychological evaluations. It consists of 567 statements that an individual marks as true or false. The test is comprised of 10 clinical scales and three validity scales which consist of the lie (L), infrequency (F), and correction (K) scales. Test-retest reliability for content scales in prior research range from 0.67 to 0.92 for males (median  $r = .82$ ), and 0.58 to 0.91 for females (median  $r = .79$ ; Noggle & Dean, 2012).

**Parenting stress.** The Parenting Stress Index (PSI; Abidin, 1990) was used as a measure of parenting stress. The 101-item measure is used to demonstrate the degree of stress respondents experience in their roles as parents. The measure is culturally sensitive. The test has high reliability and validity in prior research and is applicable for use with diverse patient populations, including Latinx, rural, and inner-city populations (Abidin,

2012). In prior research, test-retest reliability after one year was 0.70 for parents, and 0.55 for children (American Psychological Association, 2011). Reliability coefficients for the Child and Parent domains, as well as the Total Stress scale were 0.96 or greater.

### **Data Analysis**

Analyses were performed on archival data from the offices of two local private licensed psychologists, who routinely conducted forensic evaluations with families undergoing high conflict divorces ( $N = 87$ ). For the purpose of this study, the presence of unfounded child abuse allegations was coded dichotomously (0 = no, 1 = yes) before analyses were conducted. The present study was designed to gain further insight into the relationship between child abuse allegations and parent psychopathology in families involved in high conflict divorce proceedings. The first aim was to describe the families in which child abuse allegations occurred. Descriptive statistics were calculated for key demographic variables, which included means and standard deviations for continuous variables (e.g., age, length of marriage), and frequencies and percentages for categorical variables (e.g., gender, ethnicity).

The second aim was to examine the psychological outcomes of parents within families where abuse allegations occurred, as well as whether there were statistically significant differences among the parents where there were unfounded abuse allegations compared to those with no abuse allegations. In order to identify these outcomes, MMPI-2 profiles were examined to determine if a relationship existed between the presence of clinically elevated MMPI-2 outcome scores and abuse allegations. Scores on the PSI were also examined. Analyses were carried out using IBM SPSS Statistics for Windows, Version 22.0 (IBM Corp., 2013).



## CHAPTER IV: Results

### Description of Parents Reporting Child Abuse

In the present sample, 21 of the 87 families (24.1%) had at least one parent reporting child abuse. Only one of the 21 families (4.8%) had both parents claim child abuse in the family, totaling 22 out of 172 parents (12.8%) overall reporting child abuse. The one case where both parents claimed child abuse was included given each parent served as a single case of false abuse independent of one another (i.e., comparisons were being made between parents rather than between families). All abuse allegations were determined to be unfounded by the state child protective agency.

As depicted in *Table 4*, the majority of abuse reporters in the present study were mothers (68.2%;  $n = 15$ ) compared to 31.8% ( $n = 7$ ) of fathers. A chi-square test of independence was performed to examine the relation between parent gender and the presence of abuse allegations. The relation between these variables was not significant,  $\chi^2(1, N = 168) = 2.93, p > 0.05$ . Fathers were no more likely than mothers to claim child abuse, nor were mothers more likely than fathers to claim child abuse. The 15 mothers who reported child abuse ranged in age from 36 to 43 years, with an average age of 39.9, whereas the 7 fathers ranged in age from 30 to 50 years, with an average age of 39.0. A bivariate correlation did not reveal a significant relationship between parental age and allegations of child abuse,  $r(163) = -.56, p > 0.05$ .

**Table 4**  
*Age in Years of Parents Reporting Child Abuse (N = 22)*

Role in family	Mean age (SD)	Range
Mother ( $n = 15$ )	39.9 (2.5)	36-43
Father ( $n = 7$ )	39.0 (7.1)	30-50

As depicted in *Table 5*, the majority of parents (86.4%;  $n = 19$ ) reporting child abuse described themselves as White, 4.5% ( $n = 1$ ) as Black, and 9.1% ( $n = 2$ ) as Hispanic/Latino. A Fisher's exact test revealed no relationship between parent race/ethnicity and the presence of abuse allegations,  $p > 0.05$ .

**Table 5**

*Sample Frequencies and Percentages of Parental Race/Ethnicity of Parents Reporting Child Abuse (N = 22)*

Race/ethnicity	Frequency	Percentage (%)
White	19	86.4
Black	1	4.5
Asian	0	0
Hispanic/Latino	2	9.1
Multi-racial/Bi-racial	0	0

Information pertaining to family income was not collected; however, level of education was identified for all parents and was coded as a categorical variable (*Table 6*). Similar to the overall sample, the majority of parents who alleged abuse reported having at least a high school education (95.2%;  $n = 20$ ). A Fisher's exact test revealed no relationship between parent education and the presence of abuse allegations,  $p > 0.05$ .

**Table 6**  
*Sample Frequencies and Percentages of Level of Parental Education of Parents Reporting Child Abuse (N =21)*

Level of education	Frequency	Percentage (%)
Less than high school	1	4.8
High school	8	38.1
Some college	4	19
College	2	9.5
Graduate	6	28.6

With respect to marital history (*Table 7*), the average length of marriage in years was 10.8 years and they had an average of 2.0 children with their former partner. The parents reported an average of 1.3 marriages. A series of bivariate correlations were performed which indicated no significant findings with respect to allegations of child abuse and length of marriage,  $r(142), = -.01, p > .05$ , total number of children with the target partner,  $r(168) = .10, p > 0.05$ ; and total number of marriages,  $r(160) = -.01, p > 0.05$ .

**Table 7**  
*Marital History of Parents Reporting Child Abuse (N =22)*

Variable	Mean	SD	Range
Length of marriage with this partner (in years)	10.8	4.9	3-21
Total number of kids with this partner	2.0	0.8	1-4
Total number of marriages	1.3	0.6	1-3

*Table 8* presents other pertinent parental demographics, some of which will be highlighted here. Thirteen parents (59.1%) reported being the primary residential parent. Nine parents (40.9%) reported a history of domestic violence with the other parent. Three parents (13.6%) reported experiencing conflict with their former partner prior to their marriage. Six parents (27.3%) reported participation in marital therapy. Notably, there were no significant findings with respect to presence of child abuse allegations and

whether the parent was : 1) the primary residential parent, 2) had a legal history, 3) had a history of abuse, 4) claimed the other parent had a history of abuse, 5) experienced domestic violence with the other parent, 6) experienced domestic violence in other significant relationships, 7) experienced conflict prior to marriage with their former partner, 8) claimed the other parent was unfaithful, 9) engaged in an affair, 10) had a prenuptial agreement, or 11) participated in marital therapy (all  $p$ 's > 0.05).

**Table 8**  
*Sample Frequencies and Percentages of Other Parental Demographics of Parents Reporting Child Abuse (N = 22)*

Variable	Frequency	Percentage (%)
Primary residential parent	13	59.1
Presence of legal history	2	9.1
Parent history of abuse	0	0
Allegations other parent had history of abuse	1	4.5
Parental history of domestic violence with other parent	9	40.9
Parental history of domestic violence in other significant relationships	0	0
Parental history of conflict prior to marriage with this former partner	3	13.6
Parental allegations of infidelity of other parent	2	9.1
Parental admission of engaging in an affair	0	0
Presence of prenuptial agreement	0	0
Participation in marital therapy	6	27.3

### **Presence of Unfounded Child Abuse Allegations**

The majority of alleged abuse was sexual (31.8%), followed by physical (22.7%), emotional (13.6%), neglect (9.1%), and verbal (4.6%). Four of the parents (18.2%) alleged multiple types of abuse (*Table 9*). The present study also found fathers to be more frequently accuse the other of sexual abuse (42.9%). Alleged abuse types of mothers were much more variable compared to fathers with physical (26.7%) and sexual abuse

(26.7%) being the most commonly reported alleged abuse followed by emotional (13.3%) and physical/emotional abuse (13.3%). See *Table 9*.

**Table 9**

*Sample Frequencies and Percentages of Alleged Child Abuse Type (N = 22)*

Abuse Type	Mother (n = 15)		Father (n = 7)		Total	
	Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)
Physical	4	26.7	1	14.3	5	22.7
Sexual	4	26.7	3	42.9	7	31.8
Verbal	1	6.7	0	0	1	4.6
Emotional	2	13.3	1	14.3	3	13.6
Neglect	1	6.7	1	14.3	2	9.1
Physical and emotional	2	13.3	1	14.3	3	13.6
Physical, emotional, and verbal	1	6.7	0	0	1	4.6

### **Description of Parents Where Abuse Allegations Occurred Compared to Those with No History of Abuse Allegations**

Demographics were examined for parents who made abuse allegations compared to parents who did not make abuse allegations. As displayed in *Table 10*, no demographic variables were significantly different between parents who made abuse allegations when compared to parents who did not make abuse allegations (all  $p$ 's > 0.05).

**Table 10***Demographic Characteristics of Parents Who Make and Do Not Make Abuse Allegations*

Variable	No Allegations		Allegations		$\chi^2$
	Frequency	Percentage (%)	Frequency	Percentage (%)	
Role in family ( <i>N</i> = 168)					2.9
Mother	70	47.9	15	68.2	
Father	76	52.1	7	31.8	
Race/Ethnicity ( <i>N</i> = 152)					4.0
White	113	86.9	19	86.4	
Black	1	0.8	1	4.5	
Asian	1	0.8	0	0	
Hispanic/Latino	7	5.4	2	9.1	
Multi-racial/Bi-racial	8	6.2	0	0	
Level of education ( <i>N</i> = 162)					3.9
Less than high school	3	2.1	1	4.8	
High school	48	34.0	8	38.1	
Some college	31	22.0	4	19	
College	35	24.8	2	9.5	
Graduate	24	17.0	6	28.6	
Other Parental Demographics	Frequency	Percentage (%)	Frequency	Percentage (%)	$\chi^2$
Primary residential parent ( <i>N</i> = 166)	57	39.6	13	59.1	3.0
Presence of legal history ( <i>N</i> = 167)	14	9.7	2	9.1	0.0
Parent history of abuse ( <i>N</i> = 168)	11	7.5	0	0	1.8
Allegations other parent had history of abuse ( <i>N</i> = 167)	5	3.4	1	4.5	0.1
Parental history of domestic violence with other parent ( <i>N</i> = 168)	57	39.0	9	40.9	0.0
Parental history of domestic violence in other significant relationships ( <i>N</i> = 165)	3	2.1	0	0	0.5
Parental history of conflict prior to marriage with former partner ( <i>N</i> = 161)	12	8.6	3	13.6	0.6
Parental allegations of infidelity of other parent ( <i>N</i> = 168)	25	17.1	2	9.1	0.9
Parental admission of engaging in an affair ( <i>N</i> = 168)	10	6.8	0	0	1.6
Presence of prenuptial agreement ( <i>N</i> = 167)	1	0.7	0	0	0.2
Participation in marital therapy ( <i>N</i> = 168)	41	28.1	6	27.3	0.0

\**p* < 0.05

## **Psychological Characteristics of Parents Where Abuse Allegations Occurred Compared to Those with No History of Abuse Allegations**

The second aim was to examine the psychological characteristics of parents within families where abuse allegations occurred, as well as whether there were statistically significant differences among the parents where there were unfounded abuse allegations compared to those with no abuse allegations. Specifically, it was hypothesized that parents in families with unfounded child abuse allegations would have worse psychological functioning than parents in families without unfounded child abuse allegations.

**Parent psychopathology (MMPI-2).** The first comparison for parent psychopathology included examination of MMPI-2 assessment results for parents who made abuse allegations compared to those parents who did not make abuse allegations. As displayed in *Table 11*, scores were similar between both groups with the exception of scale 3 (hysteria). Parents who made abuse allegations scored significantly higher on the hysteria scale ( $M=59.7$ ) compared to parents without a history of alleging abuse ( $M=55.1$ ),  $t(163) = -2.0$ ,  $p = 0.4$ . Respondents with  $T$  scores between 55-64 are more likely to present with somatic complaints, denial, immaturity, self-centeredness, demands, and higher suggestibility (Butcher et al., 2015; Graham, 1990).

**Table 11**  
*Comparison of MMPI T-Scores of Parents Who Make and Do Not Make Abuse Allegations (N = 172)*

Scale	No Allegations (n = 150)		Allegations (n = 22)		t
	Mean	SD	Mean	SD	
Vrin (Variable Response Inconsistency)	46.9	10.0	46.3	8.8	0.2
Trin (True Response Inconsistency)	55.1	5.9	55.9	7.4	-0.5
F (Infrequency)	47.9	7.6	49	6.4	-0.6
Fb (Back F)	46.3	6.8	45.2	4.4	0.7
Fp (Infrequency – Psychopathology)	49.4	9.7	46.9	8.5	1.0
L (Lie)	58.5	11.3	63.4	10.9	-1.9
K (Correction)	57.9	9.6	61.2	6.8	-1.9
S (Superlative Self-Presentation)	59.1	10.4	62.1	8.7	-1.1
1. Hs (Hypochondriasis)	52.6	9.5	56.6	9.3	-1.9
2. D (Depression)	50.9	8.7	53.2	12.2	-0.8
<b>3. Hy (Hysteria)</b>	<b>55.1</b>	<b>10.1</b>	<b>59.7</b>	<b>9.0</b>	<b>-2.0</b>
4. Pd (Psychopathic Deviate)	54.3	9.1	56.7	8.4	-1.1
5. Mf (Masculinity/Femininity)	50.8	9.4	51.2	9.4	-0.2
6. Pa (Paranoia)	55.9	10.6	58.4	9.0	-1.1
7. Pt (Psychasthenia)	49.6	7.2	53.1	10.9	-1.4
8. Sc (Schizophrenia)	49.9	8.0	51.7	7.5	-1.0
9. Ma (Hypomania)	50.1	9.0	50.6	8.6	-0.3
0. Si (Social Introversion)	44.2	8.1	44.0	8.7	0.1

\* $p < 0.05$

The second comparison for parent psychopathology included examination of MMPI-2 assessment results for the accusing parents and the accused parents. As displayed in *Table 12*, no significant differences were found between the groups (all  $p$ 's > 0.05).



**Table 12***Comparison of MMPI T-Scores of Accused and Accusers of Abuse (N = 44)*

Scale	Accused (n = 20)		Accusers (n = 22)		t
	Mean	SD	Mean	SD	
Vrin (Variable Response Inconsistency)	48.7	11.8	46.3	8.8	0.7
Trin (True Response Inconsistency)	53.2	5.1	55.9	7.4	-1.2
F (Infrequency)	51.3	8.3	48.9	6.4	1.0
Fb (Back F)	47.9	6.0	45.2	4.4	1.5
Fp (Infrequency – Psychopathology)	50.0	9.8	46.9	8.5	0.9
L (Lie)	57.5	12.4	63.4	10.9	-1.6
K (Correction)	57.3	11.0	61.2	6.8	-1.4
S (Superlative Self-Presentation)	61.1	10.2	62.1	8.7	-0.3
1. Hs (Hypochondriasis)	51.9	8.4	56.6	9.3	-1.7
2. D (Depression)	48.8	10.3	53.2	12.2	-1.2
3. Hy (Hysteria)	54.2	9.2	59.7	9.0	-2.0
4. Pd Psychopathic Deviate)	54.3	9.6	56.7	8.4	-0.9
5. Mf (Masculinity/Femininity)	51.7	10.9	51.2	9.4	0.2
6. Pa (Paranoia)	59.9	7.0	58.4	9.0	0.6
7. Pt (Psychasthenia)	48.6	7.7	53.1	10.9	-1.5
8. Sc (Schizophrenia)	50.8	7.8	51.7	7.5	-0.4
9. Ma (Hypomania)	51.6	10.2	50.6	8.6	0.3
0. Si (Social Introversion)	44.7	9.5	44.0	8.7	0.2

\* $p < 0.05$ 

The third comparison for parent psychopathology included examination of MMPI-2 assessment results for parents in families with abuse allegations and parents in families with no abuse allegations. As displayed in *Table 13*, scores were similar between both groups with the exception of scale 6 (paranoia). Parents in families with abuse allegations scored significantly higher on the paranoia scale ( $M=59.1$ ) than parents in families without abuse allegations ( $M=55.1$ ),  $t(168) = -2.2$ ,  $p = 0.0$ .  $T$  scores between 55-64 are typically indicative of someone being overly sensitive, guarded, distrustful, angry, and resentful (Butcher et al., 2015; Graham, 1990).

**Table 13**  
*Comparison of MMPI T-Scores of Parents in Families with Allegations and Parents in Families without Allegations (N = 172)*

Scale	No Allegations (n = 130)		Allegations (n = 42)		t	
	Mean	SD	Mean	SD		
Vrin (Variable Response Inconsistency)	46.6	9.6	47.4	10.2	-0.4	
Trin (True Response Inconsistency)	55.5	5.9	54.7	6.5	0.7	
F (Infrequency)	47.4	7.3	50.1	7.4	-1.9	
Fb (Back F)	46.3	7.3	46.4	5.3	-0.9	
Fp (Infrequency – Psychopathology)	49.5	9.7	48.3	9.1	0.5	
L (Lie)	58.3	11.6	60.7	11.8	-1.1	
K (Correction)	57.8	9.7	59.4	9.1	-0.9	
S (Superlative Self-Presentation)	58.7	10.7	61.7	9.2	-1.3	
1. Hs (Hypochondriasis)	52.8	9.7	54.5	9.1	-1.0	
2. D (Depression)	51.3	9.0	51.2	11.4	0.1	
3. Hy (Hysteria)	55.3	10.1	57.1	9.4	-1.0	
4. Pd (Psychopathic Deviate)	54.6	9.1	55.6	9.0	-0.6	
5. Mf (Masculinity/Femininity)	50.8	9.2	51.5	10.0	-0.4	
<b>6. Pa (Paranoia)</b>	<b>55.1</b>	<b>10.8</b>	<b>59.1</b>	<b>8.0</b>	<b>-2.2</b>	*
7. Pt (Psychasthenia)	49.9	7.3	51.0	9.7	-0.7	
8. Sc (Schizophrenia)	50.0	8.1	51.3	7.6	-0.9	
9. Ma (Hypomania)	50.1	8.8	51.0	9.3	-0.6	
0. Si (Social Introversion)	44.3	8.1	44.4	8.9	-0.1	

\* $p < 0.05$

**Parenting Stress (PSI).** The first comparison for parenting stress included parents who made abuse allegations and parents who did not make abuse allegations. As displayed in *Table 14*, no significant differences were found between the two groups (all  $p$ 's  $> 0.05$ ).

**Table 14***Comparison of PSI Scores of Parents Who Make and Do Not Make Abuse Allegations (N = 172)*

Scale	No Allegations (n = 150)		Allegations (n = 22)		t
	Mean	SD	Mean	SD	
Distractibility/Hyperactivity	21.3	4.0	23.8	7.1	-1.0
Adaptability	23.4	6.8	22.9	5.3	0.2
Reinforces Parent	9.3	3.5	9.2	1.6	0.2
Demandingness	15.8	4.3	17.1	6.6	-0.8
Mood	9.0	3.4	10.1	1.9	-1.0
Acceptability	11.9	3.8	11.7	3.1	0.2
Child Domain	89.9	20.8	93.2	21.8	-0.5
Competence	21.9	5.0	21.7	4.7	0.1
Isolation	10.3	3.0	11.6	3.3	-1.2
Attachment	10.9	2.9	9.4	1.8	1.5
Health	9.4	2.7	10.8	3.6	-1.1
Role Restriction	14.2	3.1	15.4	5.1	-0.7
Depression	16.1	4.6	15.0	3.2	0.7
Spouse/Parenting Partner Relationship	19.3	5.0	22.1	6.0	-1.6
Parent Domain	101.5	18.1	102.2	16.1	-1.6
Total Score	191.8	34.3	195.5	30.4	-0.1
Life Stress	16.8	10.1	20.2	10.5	-1.0
Defensive Responding	28.4	6.9	30.8	4.0	-1.1

\* $p < 0.05$ 

The second comparison included assessment of differences in parenting stress between the accusing parents and the accused parents. As displayed in *Table 15*, scores were similar between both groups with the exception of two subscales. Parents who were being accused of child abuse scored significantly higher than the accusing parents on the subscales for: *Reinforces Parent* ( $M=12.7$  vs.  $M=9.2$ ),  $t(11.4) = 2.2$ ,  $p = 0.0$ ; and, *Attachment* ( $M=13.2$  vs.  $M=9.4$ ),  $t(17) = 4.4$ ,  $p = 0.0$ . Higher scores on the *Reinforces Parent* subscale for the parents accused of child abuse are likely indicative of the accused parents feeling that the parent-child interaction does not yield positive feelings. Higher scores on the *Attachment* subscale for the parents accused of child abuse are likely

associated with the accused parents feeling that any interactions between them and their child are less warm, ultimately impairing their ability to understand their child's needs and emotions.

**Table 15**

*Comparison of PSI Scores of Accused and Accusers of Abuse (N = 44)*

Scale	Accused (n = 20)		Accusers (n = 22)		t	
	Mean	SD	Mean	SD		
Distractibility/Hyperactivity	22.9	5.2	23.8	7.1	-0.3	
Adaptability	26.7	5.9	22.9	5.3	1.5	
<b>Reinforces Parent</b>	<b>12.7</b>	<b>4.7</b>	<b>9.2</b>	<b>1.6</b>	<b>2.2</b>	*
Demandingness	17.5	5.1	17.1	6.6	0.1	
Mood	9.9	3.6	10.1	1.9	-0.2	
Acceptability	13.4	3.9	11.7	3.1	1.1	
Child Domain	102.9	25.5	93.2	21.8	0.9	
Competence	23.6	5.8	21.7	4.7	0.8	
Isolation	11.9	2.0	11.6	3.3	0.3	
<b>Attachment</b>	<b>13.2</b>	<b>1.9</b>	<b>9.4</b>	<b>1.8</b>	<b>4.4</b>	*
Health	9.2	1.4	10.8	3.6	-1.2	
Role Restriction	14.7	3.4	15.4	5.1	-0.4	
Depression	18.1	3.8	15.0	3.2	1.9	
Spouse/Parenting Partner Relationship	20.2	3.0	22.1	6.0	-0.9	
Parent Domain	110.6	16.8	102.2	16.1	1.1	
Total Score	213.4	35.9	195.5	30.4	1.2	
Life Stress	16.4	14.3	20.2	10.5	-0.7	
Defensive Responding	31.3	5.2	30.8	4.0	0.2	

\* $p < 0.05$

The third comparison included parents in families with abuse allegations and parents in families with no abuse allegations. As displayed in *Table 16*, scores were similar between both groups with the exception of two subscales. Parents in families with abuse allegations scored significantly higher than parents in families without abuse allegations on the subscales for: *Reinforces Parent* ( $M=11.1$  vs.  $M=8.9$ ),  $t(101) = -2.5$ ,  $p$

= 0.0; and *Isolation* ( $M=11.7$  vs.  $M=10.2$ ),  $t(100) = -2.1$ ,  $p = 0.0$ . Higher scores on the *Reinforces Parent* subscale for the parents within families where abuse allegations occurred is what we would expect given that families who are managing abuse allegations are likely to feel that parent-child interactions do not yield positive feelings between parent and child. Higher scores on the *Isolation* subscale for the parents within families where abuse allegations occurred also is what we would expect given the family system is managing the intensity of an abuse allegation leading to one or both parents feeling that they are unable to establish a meaningful connection with their previously established support systems, making them feel more socially or emotionally isolated. It is notable that higher scores are often associated with an increased risk for child abuse or neglect. Similarly, higher scores are often indicative of relationship problems between caregivers.

**Table 16**  
*Comparison of PSI Scores of Parents in Families with Allegations and Parents in Families without Allegations (N = 172)*

Scale	No Allegations (n = 130)		Allegations (n = 42)		t	
	Mean	SD	Mean	SD		
Distractibility/Hyperactivity	21.1	3.9	23.3	6.0	-1.6	
Adaptability	23.0	6.8	24.9	5.8	-1.1	
<b>Reinforces Parent</b>	<b>8.9</b>	<b>3.2</b>	<b>11.1</b>	<b>3.9</b>	<b>-2.5</b>	*
Demandingness	15.5	4.2	17.3	5.7	-1.5	
Mood	8.9	3.4	10.0	2.8	-1.4	
Acceptability	11.8	3.7	12.6	3.5	-.8	
Child Domain	88.4	19.8	98.1	23.5	-1.8	
Competence	21.6	4.9	22.6	5.2	-.7	
<b>Isolation</b>	<b>10.2</b>	<b>3.0</b>	<b>11.7</b>	<b>2.6</b>	<b>-2.1</b>	*
Attachment	10.6	2.9	11.4	2.7	-1.2	
Health	9.4	2.9	9.9	2.7	-.7	
Role Restriction	14.1	3.0	15.1	4.1	-1.1	
Depression	15.8	4.6	16.6	3.8	-.8	
Spouse/Parenting Partner Relationship	19.3	5.2	21.1	4.6	-1.4	
Parent Domain	100.5	17.9	106.4	16.5	-1.3	
Total Score	189.4	33.3	204.0	33.5	-1.7	
Life Stress	16.9	9.6	18.4	12.2	-.5	
Defensive Responding	27.9	7.2	31.1	4.5	-1.9	

\* $p < 0.05$

## CHAPTER V: Discussion

### Conclusions

The present study sought to gain further insight into the relationship between child abuse allegations and parent psychopathology in families involved in high conflict divorce. The first aim was to describe the families in which child abuse allegations occurred. Although there is no consensus on whether mothers or fathers are more prone to alleging abuse, the majority of allegations in the present study were made by mothers, which is similar to findings in some of the previous studies (e.g., Thoennes & Tjaden, 1990). However, in the present study, there was not a significant difference between the frequency of fathers and mothers who falsely alleged abuse towards minor children, which is similar to Johnston et al. (2005) findings that there may be no differences between the rates of false or unfounded allegations reported between mothers and fathers. In the current study, most of the alleged abuse either was sexual (31.8%) or physical (22.7%) abuse. A much lower number of parents (18.2%) alleged multiple types of abuse occurred. The numbers reported in this study were similar to what Trocmé and Bala (2005) reported in their study, with physical (40%) and sexual (36%) abuse being the types most often found to be unsubstantiated.

Prior research also indicated that examining which parent reported abuse and the type of abuse reported by that parent was an important variable to consider in abuse allegations. The Judicial Council of California Administrative Office of the Courts (2003) found that fathers were more frequently accused of emotional, physical, and sexual abuse; whereas, mothers were more frequently accused of child neglect and presence of psychological disorders. The present study found that fathers were more often accusing

the other parent of sexual abuse (42.9%) with far fewer accusations of alleged physical (14.3%) and emotional (14.3%) abuse, physical/emotional abuse (14.3%), and neglect (14.3%); whereas mothers' accusations was more variable across categories with physical (26.7%) and sexual abuse (26.7%) being the most commonly reported alleged abuse followed by emotional (13.3%) and physical/emotional abuse (13.3%). In this study, every allegation (100%) was deemed to be unfounded by the state child protective agency (Florida Department of Children and Families), which is much higher than what has been previously reported by national studies on child maltreatment.

The Florida Chapter of the American Academy of Pediatrics (Robinson, 2020) presented a letter to Congress in 2020 stressing the importance of utilizing child protection teams and child abuse pediatricians to investigate and support all allegations of child abuse. In 2020, it was reported that 672,000 children are maltreated every year with 4 to 5 children dying daily from maltreatment. As of 2020, 140 children died annually on average from abuse or neglect in Florida. From 2018 to 2019, the Florida Department of Children & Families Child Abuse Hotline screened in/accepted 219,656 reports of child abuse/neglect for further investigation with 16,874 cases being directly investigated by a Child Protection Team (CPT). Of those 16,874 cases, 39% were confirmed as substantiated abuse/neglect, 21% were unclear if abuse/neglect occurred, and 40% were found to be unsubstantiated (Robinson, 2020). Similar to these 2020 findings, the Child Maltreatment 2019 report reviewing state reported investigations of alleged abuse or neglect across all 50 states indicated that Florida represented 9.6% of all unsubstantiated cases in the United States. Florida had the second highest number of abuse cases for a state with California having the highest number (Child Welfare Information Gateway,



2021). Compared to other states, the percentage of substantiated reports (5.1%) in Florida was lower than the percentage of unsubstantiated reports (9.6%). When considering the recent data from Florida, unsubstantiated child abuse cases made up 86.9% of all reported abuse cases in Florida. While higher than what would be expected based on state-level data, the findings of unsubstantiated abuse reports in the present study (100%) is fairly comparable to what was observed state-wide (87%). While this was an unexpected finding, it may largely be due to the small sample size of this study ( $N = 87$  total families) and the homogeneity of the cohort (i.e., families referred to court-appointed forensic psychologists due to high conflict divorces).

While prior research suggested that cases of unsubstantiated child abuse are often repeatedly re-reported, indicating that unsubstantiated reports actually may represent true reports of child maltreatment or risk for future maltreatment (Jedwab, Harrington, & Dubowitz, 2017), the recent statistics on unsubstantiated abuse cases in Florida indicates that false reports or unclear reports of child abuse indicate that abuse allegations may occur more frequently in Florida than what is expected or anticipated in other states. Therefore, regardless of what state a family may reside, it is imperative that the agency conducting the investigation be extremely thorough in their investigation; otherwise, there may be risk for potential future maltreatment if cases are deemed unclear or unsubstantiated when abuse is actually occurring. Florida has recently engaged with Child Protection Teams to help assess child abuse/maltreatment cases; as well as, engaging pediatricians in specialized training on child abuse/maltreatment (Robinson, 2020). This type of framework could serve as a model for future states moving forward.

In the present study, there were no significant differences observed in marital history, length of marriage with target partner, and total number of children with target partner for those alleging child abuse when compared to parents with no abuse allegations. Of note, no parent demographic variables in this study were significantly associated with abuse allegations, including level of parental education, primary residence of minor children, legal history, history of personal abuse, claims that other parent had history of abuse, history of domestic violence with the other parent or domestic violence in other significant relationships, reports of conflict prior to marriage with their former partner, reports that the other parent was unfaithful or engaged in an affair during the marriage, report of a prenuptial agreement, or participation in marital therapy. This suggests that results can safely be interpreted without the conflation of demographic variables.

The second aim of the present study was to examine the psychological characteristics of parents within families where abuse allegations occurred, as well as whether there were differences among the parents where there were unfounded abuse allegations compared to those with no abuse allegations. Specifically, it was hypothesized that parents in families with unfounded child abuse allegations would have worse psychological functioning than parents in families without unfounded child abuse allegations. When examining the MMPI results in the present study, there were some consistencies noted in our findings that was similar to prior research on family dissolution and child custody, as well as studies specific to child abuse allegations (e.g., Wakefield & Underwager, 1990; Roeder, 1996). Parents who made abuse allegations were more likely to score higher on the Hysteria scale than parents with no history of

abuse allegations. Higher T scores on the hysteria subscale indicate that respondents are more likely to report somatic complaints, and to present with denial, immaturity, self-centeredness, demands, and higher suggestibility (Butcher et al., 2015; Graham, 1990). Additionally, parents in families with abuse allegations scored significantly higher on the Paranoia scale than parents in families without abuse allegations. Similarly, higher scores on the Paranoia scale are often indicative of the respondent being overly sensitive, guarded, distrustful, angry, and resentful (Butcher et al., 2015; Graham, 1990). The Hysteria and Paranoia scales have been cited in the literature as being elevated in child custody evaluations and divorce proceedings (Bathurst, Gottfried, & Gottfried, 1997; Resendes & Lecci, 2012; Redondo et al., 2019; Roma et al., 2021, Semel, 2015). Like some authors have suggested, divorce may already lead to stress and distorted perceptions, causing parents to misinterpret behaviors (Benedek & Schetky, 1985; Fallor, 1991). Some of the traits associated with these particular scales (e.g., suggestibility, sensitivity, distrust) may be associated with even higher likelihood of misinterpretation of others' behaviors, ultimately leading to a belief that actual abuse has occurred.

Unlike some of the existing literature, the other scales commonly identified in the literature as being elevated in high conflict divorces (e.g., Depression, Psychopathic Deviate), were not significantly different between those who falsely accused and those with no history of abuse allegations in the present study. Given the elevations of parental stress in the present study in the domains of parent-child attachment and isolation, it was unexpected and surprising that the depression subscale was not elevated in the current study. Elevated results on the depression subscale with a T value of 55-64 suggest mild depressive symptoms and indicate that individuals are generally dissatisfied with their

life, present as introverted and withdrawn, often have a restricted range of interests, and lack confidence (Butcher et al., 2015; Graham, 1990). Those with clinically significant elevations on the depression subscale ( $T \geq 65$ ) may present with moderate to severe clinical depression, increased worry, somatic complaints, suicidal ideation, and feelings of being less than worthy or inadequate. It was less surprising that Psychopathic Deviate was not elevated in the present study as those with elevated results on the psychopathic deviate subscale with a T value of 55-64 are typically indicative of individuals who present as unconventional, immature, self-centered, extroverted, and energetic. These individuals also often seek superficial relationships (Butcher et al., 2015; Graham, 1990). Those with clinically significant elevations on the psychopathic deviate subscale ( $T \geq 65$ ) may present with increased rebellion, non-conforming behaviors, report increased family conflict, and present as impulsive, angry, and dissatisfied. These individuals also may report a history of under-achieving behaviors, work difficulties, anti-social behaviors, and legal problems. In the present sample, these personality traits did not seem to be associated with a higher likelihood of alleging abuse.

In our sample, parents alleging abuse were not more likely to overreport or underreport their behaviors (based on the validity scales), unlike what has been previously reported in the literature specific to abuse allegations (Roeder, 1996; Wakefield & Underwager, 1990). Arce et al. (2015) found that parents involved in child custody disputes were more likely to score higher on impression management scales on the MMPI-2 than parents not involved in child custody disputes. Interestingly, they found that the parents undergoing custody disputes scored significantly higher on the Hysteria scale (specifically the Hysteria-Subtle), which is a personality trait associated with a self-

favorable image. In the present study, parents who made abuse allegations were more likely to score higher on the Hysteria scale than parents with no history of abuse allegations. This suggests that the reported behaviors in the present sample are likely still an accurate representation of actual behaviors and self-reported psychological functioning; however, parents in situations where there is potential benefit to appearing more favorably to others (e.g., those who are alleging others of abuse, those involved in custody disputes) are more likely to engage in impression management behaviors.

In prior research, several emotions were cited as being present in custody cases where there were child abuse allegations. In a report by the Association of Family and Conciliation Courts Research Unit (as cited in Roeder, 1996), the authors noted a significant association between the level of anger between parents and the presence of false reports of sexual abuse. Geffner and Pagelow (1990) suggested that many angry and hostile couples have nothing left to fight over except the children. Therefore, these feelings of anger and hostility may be the catalyst to fabricating child abuse allegations. Additionally, Wakefield and Underwager (1990) found that in their 181 divorce and custody cases where sexual abuse allegations were made, the behaviors, statements, and written material often demonstrated that hatred may have played a large role in the development of false child abuse allegations. However, they noted that hatred is not likely to show up on personality tests or even clinical interviews, and that there is yet to be any satisfactory way of measuring or assessing the presence or degree of a person's anger. That said, the elevated findings on the Hysteria and Paranoia scales in the present study may support a higher degree of anger and other negative emotions that are often observed in custody cases involving child abuse allegations.

When looking at the PSI, parents who were being accused of child abuse scored significantly higher than the accusing parents on the *Reinforces Parent* and *Attachment* subscales. This is what would be expected given parents who are accused of child abuse are more likely to feel that the parent-child interaction does not always yield positive feelings. Similarly, parents who are accused of child abuse are more likely to feel that interactions between them and their child(ren) are less warm, which will ultimately impair their ability to understand their child's needs and emotions, which could be interpreted by the accusing parent as neglectful and emotionally abusive. Additionally, in a study of targeted parents of parental alienation, they described physical and emotional distance separating them from their child(ren) (Poustie et al., 2018). Allegations against a parent may not only create physical distance, but also emotional distance and purposeful alienation from their minor children.

Additionally, parents in families with abuse allegations scored significantly higher than parents in families without abuse allegations on the *Reinforces Parent* and *Isolation* subscales. This is what would be expected given that accused parents within families who are managing abuse allegations are more likely to feel that their overall parent-child interactions do not yield any positive feelings between the accused parent and the minor child. Similarly, accused parents within families where abuse allegations occurred are more likely to feel that they are unable to establish a positive connection with their previously established support systems given the accusations of child abuse, making them feel more socially or emotionally isolated. It also is notable that higher scores on the *Isolation* subscale is often associated with an increased risk for child abuse or neglect. Similarly, higher scores on this subscale are often indicative of relationship problems

between caregivers, which would be expected given that caregivers are managing a high conflict divorce proceeding. The extant literature on targeted parents of parental alienation found that these parents do express the desire for isolation, along with despair and frustration (Lee-Maturana et al., 2019).

### **Limitations and Future Directions**

Several limitations should be considered when interpreting these findings. This study included a small sample size and homogenous demographics. The data in the present study also was gathered from two private practices in South Florida; and, included only data from families with a history of high conflict divorce who were referred by the court for psychological evaluation, which may limit generalizability of study findings. The small sample size and multiple t-test comparisons also may increase risk of Type I errors. The small sample size in this study may also be a reason that unlike other studies of abuse, 100% of the allegations in our study were found to be unsubstantiated. Future research should attempt to replicate the findings presented here in a larger, more heterogenous sample of families across different geographic regions who are undergoing high conflict divorce proceedings. A multi-site study targeting heterogeneous samples would promote generalizability of study findings (e.g., future research on this topic should also include outpatient community settings, academic medical centers, as well as private practices to ensure that ethnically/racially diverse cohorts and those of varying SES are included). A larger sample size also would potentially identify a larger subgroup of parents alleging abuse with a stronger potential for including families of different levels of abuse cases (e.g., substantiated, suspected, intentionally false/unsubstantiated) and cultural diversity.

Another limitation was the length and type of assessment materials utilized, which often required assessment periods spanning several hours and were limited to self-reported data. While the MMPI-2 is a widely used tool for assessing personality traits and psychopathology in clinical and forensic settings, it requires the individual to fill out more than 500 items. In comparison, while the PSI is not as long and comprised of only 101 items, it is still time consuming to complete. It would be beneficial to identify a standardized assessment battery that is of much shorter duration but would yield clinically useful information for assessment and potential intervention. In addition to self-reported assessment data, behavioral observational data would be an excellent supplement to assess family functioning and interpersonal relationship dynamics between caregivers and minor children. Similarly, the present study did not investigate family conflict or the potential motivation of the reporting parent and whether this factored into abuse allegations (e.g., removal of other parent from their life, decreasing length of court proceedings, etc.). Future research should assess level or degree of family conflict and if there are possible positive or negative consequences associated with alleging abuse towards the other parent. Finally, it is important to consider that results in the present study do not reveal whether psychopathology existed prior to the divorce process or whether these mental health concerns were a function of the stressful nature of the legal process. Future research should consider longitudinal measurement of outcomes over time (i.e., pre-court hearing, post-court hearing, one-year post divorce, etc.). It would also be beneficial to consider whether the results are a reflection of psychological functioning in the context of false child abuse allegations specifically, or whether the results are a function of parents undergoing high conflict divorce. It would be interesting for future



research to not only include the current groups (i.e., parents undergoing high conflict divorce who do and do not falsely accuse an ex-partner of child abuse), but to include the following groups as well: 1) parents in intact families who do and do not falsely accuse a partner of child abuse; and, 2) parents undergoing high conflict divorce who do and do not have a history of criminality.

Future research should also consider the experience of child adjustment in these high conflict divorce cases where there are alleged cases of abuse. Parents in this study filled out several measures assessing for psychological functioning in their children (e.g., Behavior Assessment System for Children, Revised Children's Manifest Anxiety Scales); however, results from these assessments were ultimately not reported in the present study since very few families completed the measures. Rates of completion may have been affected by the lengthy assessment battery. While there are few recent studies investigating parent psychopathology in the context of false abuse allegations, there also appears to be few studies investigating the child's psychological functioning in these cases, which will be an important next step. Although there is extensive literature on children's adjustment to divorce, there is less on those in high-conflict divorce, and very few studies specifically focus on children involved in cases of unsubstantiated abuse.

### **Clinical Implications**

Children and adolescents who are exposed to high conflictual divorce proceedings may be at greater risk for developing anxiety, mood concerns, depression, self-esteem issues, substance abuse; or, may be at greater risk for experiencing academic difficulties and interpersonal conflicts with siblings, parents, peers, or adults (Kelly, 2000; van Dijk et al., 2020). Furthermore, children who are exposed to parents with significant

psychiatric or personality disorders after divorce (e.g., depression, anxiety), are more likely to experience impaired emotional, social, and academic adjustment (Johnston, 1995; Kline, Johnston, & Tschann, 1991), so it is beneficial to identify these parents in the hopes of preventing poor adjustment. While parent psychopathology and stress alone do not predict the likelihood of parents falsely alleging child abuse, the identification of psychological vulnerabilities within the context of conflictual separation and divorce potentially allows for prevention of these allegations and development of effective interventions to improve parent, child, and family functioning (e.g., individual therapy for parents or children, family therapy). Identification of parents who are more likely to engage in false child abuse allegations may also inform the identification and treatment of children and adolescents who may be at risk for developing their own psychopathology as a result of their parent's functioning.

Administration of standardized assessment batteries as part of high conflict divorce proceedings has significant benefits but also drawbacks. Psychodiagnostic interviews and standardized assessments could identify potential areas or domains that require immediate psychological interventions, ultimately reducing future risks for parents and children. However, these results could also be harmful for overall family dynamics and parent-child relationships and interactions. If one or both parents become aware of the other parents psychological functioning this could lead to greater conflict between parents which will ultimately impact the children. Similarly, the time and costs associated with such assessments could ultimately result in longer court hearings, which would put the children and the parents at greater risk for increased psychological distress. That said, if assessment batteries were standardized to be of a shorter duration with only

measures that are deemed absolutely necessary and coupled with behavioral observations, this would allow for faster administration, scoring, and interpretation to inform preventative and therapeutic interventions. It will also be important for psychologists to advocate that results obtained from the psychological evaluation be considered sensitive and confidential material, such that, only the results that are necessary to be shared with the other parent for intervention purposes be shared.

Interestingly, no sociodemographic variables were significantly associated with the presence of false allegations, including parent race/ethnicity and education. Ethnic minorities may be more prone to ignoring or resisting the acknowledgement of maltreatment due to fears of stigmatising the entire community (Sawrikar & Katz, 2017). However, even when disclosure occurs, there may be differential treatment of individuals referred to child welfare services for child maltreatment based on race/ethnicity. In general, children of color are more likely to undergo abuse evaluations than White children, which may be due to socioeconomic status and/or race (Brown, 2021). Additionally, Mumpower and McClelland (2014) specifically found that Black individuals were more likely to be referred to the child welfare system and had a higher incidence of unsubstantiated cases and false negatives than White or Hispanic individuals. Therefore, it is surprising that the rates of allegations in the present study were not different based on race/ethnicity and education level (measure of SES in this study), which may ultimately be due to the small, homogenous sample size from a restricted region of the US (South Florida).

The role of a psychologist in these types of cases will be dependent on their area of specialty/expertise and the presenting problem. For psychologists who are receiving

information of suspected or known abuse during routine clinical care (intervention and/or assessment), as Mandated Reporters in the state of Florida, they must report this abuse to the Florida Department of Children and Families (DCF) statewide hotline or website due to their Professional stature and ethical obligation. For psychologists who provide intervention services during and after an investigation of abuse takes place, their specific role may be to help one or more members of a family process their experiences within the high conflict divorce and abuse allegations. For these psychologists, it is very important that they do not dually serve as both the court-appointed evaluator and the clinician providing psychological treatment.

Finally, the present study offers important recommendations for clinicians regarding how best to address significant clinical elevations that were observed. For instance, in this study, parents in families with abuse allegations scored significantly higher than parents in families without abuse allegations on the Isolation scale of the PSI. Psychological treatment may involve addressing feelings of isolation and enhancing the family's support system since social support has been found to be an important protective factor following divorce (Visser et al., 2017). It is important the psychologist serve the individual (child or parent), estranged caregiver dyad, or the family unit without bias or judgement of these allegations; otherwise, they may be at risk of intruding on the role and responsibilities of the forensic psychologist who is conducting the evaluation for the court. For example, a psychologist who provides advice to one parent on what to expect or how to behave during an evaluator's in-home visit may result in bias within the evaluation process and ultimate outcome of the court proceeding (Patel & Choate, 2014). Psychologists providing therapeutic intervention should ultimately defer parents ask any

questions or report observations directly to the forensic psychologist who is involved in the assessment portion of the case so that the assessor can thoroughly conduct their investigation and provide pertinent information, as needed, to the court. Other important matters (e.g., locating housing after separation, regaining custody after trial) may be better addressed by other professionals with the expertise in locating these appropriate services (e.g., caseworker), rather than the psychologist becoming dually involved and potentially causing a conflict of interest.

If the psychologist's role is the Court-appointed forensic psychologist who is conducting the investigation involving the abuse, it is imperative to include thorough evaluations consisting of face-to-face interviews with the parents and child(ren), interviews of other significant members of the family, reports of psychological testing, record reviews, collateral reports (e.g., school reports), and reports of parent-child behavioral home observations. Reports of psychological testing can provide helpful information and are often included in forensic and clinical settings. For example, the MMPI-2 is used in more than 90% of child custody evaluations (Roma et al., 2014; Semel, 2015) and includes validity scales to detect under- or over-reporting of symptoms. While there is large support that the MMPI-2 has the ability to detect efforts at "faking good" and "faking bad," it does not provide information as to which symptoms are being under- or over-reported (Grossman et al., 2002). One meta-analysis examining the impact of coaching on the detection of symptom exaggeration or feigning on the MMPI-2 found that while the measure's validity scales still generated moderate to very large effect sizes (range  $g = 0.89$  to  $1.95$ ), coaching on test-taking strategies improved individuals' ability to elude detection by the validity scales (Aparcero et al., 2021). In-home behavioral

observations may allow a psychologist to observe how interactions are occurring in a natural environment with the goal of increasing ecological validity, which may be less prone to intentional manipulation than self-report measures. In one study of family law attorneys on their attitudes and beliefs of child custody evaluations, they rated parent-child observations within the top three most important aspects of the evaluation, whereas the psychological evaluation of the parent and child were considered the least important (Bow et al., 2011).

In summary, the findings from the present study offer support that identification of specific parental characteristics of parents who are more likely to engage in false child abuse allegations may ultimately contribute to the development of effective assessment and intervention models to improve parent, child, and family functioning; ultimately improving psychological outcomes for parents and their children. Furthermore, future research should focus on parent, child, and family outcomes following this type of experience, to inform development of interventions targeting strategies to improve parent-child relationships and psychological functioning of all parties involved in high conflict divorces. Finally, while the impact of false allegations on the children within the family unit was not a focus of the present study, future research should examine the child experience from the child perspective to develop therapeutic interventions addressing their needs to prevent future psychological distress. The present study highlights that regardless of whether a child abuse allegation is substantiated or unsubstantiated, the impact of these types of reports on the child, parents, and family unit should not be neglected. Whether allegations are false or true, the child, accuser, accused, and family unit will still need therapeutic assistance to process their experiences so that they can

move forward in their lives and develop healthy relationships with their caregivers, siblings, peers, and other adults to reduce psychological distress both in the present, as well as, in the future. Furthermore, it will be important to address what may have happened that led to these allegations (and possible abuse) to mitigate the risks from it occurring again. Obtaining descriptive information highlighting possible risk factors and indicators of dysfunctional behaviors will be paramount for identifying standardized assessment batteries and psychological interventions.

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