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False allegations of child abuse in contested family law cases: The implications for psychological practice

Tommy MacKay

Educational psychologists are working increasingly with children who are not only from families where there has been divorce or separation but who are also the subject of contested family law cases. This study investigates 107 children from 72 families in which residence issues had been previously settled but which were subject to ongoing disputes regarding contact or change of residence. Such cases are marked in general by allegations and counter-allegations of each parent in regard to the historical or current conduct of the other. This study considers the frequency of allegations of child physical or sexual abuse in cases of this kind, with a particular focus on false allegations. It also notes the high prevalence of mental health problems among the children involved in the disputes. Implications for educational psychology practice are examined.

Keywords: *child abuse; false allegations; family law; contact disputes; mental health.*

THE PREMISE from which most educational psychologists work with children and young people presenting with difficulties or describing adverse life circumstances is a starting point that may be described as 'what you see is what you get'. That is, it is normally reasonable to assume that the difficulties as described by the individual or others and the life narratives that support these difficulties may be taken at face value as representing the facts as understood by the individual who is presenting them. To put it another way, a normal starting point would not be to question whether the individual's troubled or disabled presentation was a fabrication or whether the life narratives being described had been deliberately falsified.

The situation is very different, however, for psychologists working in a range of other settings, particularly for those who act as expert witnesses for the courts or who assess individuals in any potentially litigious context. In these cases the premise that 'what you see is what you get' is not a reasonable starting point. For a whole range of reasons what is seen and narrated may be very different from reality, not just in the

ordinary way that an educational psychologist would carefully assess a situation to understand the real significance of difficulties and life events, but in ways that involve planned and sustained deception.

It is the fact that there is an interface between these two working contexts, the world of normal educational psychology practice and the world of litigation, that makes this topic important for educational psychologists. The most common situation where this interface is likely to be experienced is that of children and young people who are the subject of contact and residence disputes. Such disputes have historically been a permanent feature of family law cases. However, their frequency has increased in recent times, and the issues arising are encountered in everyday professional practice to the point where it has become much more important for educational psychologists to be familiar with practice in this field. When the author began his career as an educational psychologist at the start of the 1970s approximately eight per cent of children came from what at that time was described as 'broken homes', that is, families which had been disrupted by separa-

tion or divorce. The most recent statistics indicate that, by age 12, that figure has now reached 45 per cent (Department of Work and Pensions, 2012).

Neuropsychological malingering and false allegations of abuse

There are two main factors to challenge the normal approach of taking presenting symptoms and narratives at face value. These are neuropsychological malingering and allegations of abuse. Malingering is a recognised factor in relation to psychological, psychiatric and medical assessments and it is supported by an extensive literature. It may be defined as ‘the intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives’ (American Psychiatric Association, 1994, p.683). It is commonly described as ‘neuropsychological malingering’ because it occurs frequently in the assessment of cases in which there is a major neuropsychological context implying some form of brain injury or dysfunction and in which specific neuropsychological criteria for malingering involving neuropsychological assessments are undertaken (see, for example, Heilbronner et al., 2009; Slick et al., 1999). However, the principles of malingering are applicable to psychological assessment with or without a neuropsychological dimension. External incentives are defined as including the avoidance of military duty, the avoidance of work, obtaining financial compensation, evading criminal prosecution or obtaining drugs, but any manner of external incentive, such as obtaining leverage in pursuing a family law case, is within the definition. This could arise in relation to fabricated symptoms in a child’s presentation, either directly by the child or by proxy in an adult’s allegations.

There is an established literature on malingering among young people in late childhood and adolescence (see, for example, McCann, 1998). While some may consider that the skills and sophistication required for malingering reduce the likeli-

hood of its occurring in younger individuals, the research literature has demonstrated over a very long period the capacity of children to fake believable deficits in psychological assessment (Faust, et al., 1987, 1988). Even in relation to young children, Lu and Boone (2002) present a case study of a child as young as 9 involved in litigation arising from a head injury sustained when he was struck by a car. Neuropsychological evaluation revealed feigned cognitive symptoms, and marked discrepancies were found between the test results obtained in relation to the evaluations for litigation purposes and tests previously taken in school. The authors emphasised the need for routine evaluation of malingering irrespective of the age of the individual.

It is the author’s experience that while malingered symptoms of dysfunction are not uncommon among young people in personal injury claims, they are not at all common in cases of alleged abuse. That is, young people do not frequently fabricate symptoms that may be understood by psychologists to be signs that they may have been subject to abuse. In such cases the focus turns from the symptomatology (the actual presentation of the child or young person) to the narrative presented in relation to alleged abuse. This is particularly relevant to family law cases. Where there are acrimonious contact disputes the research evidence indicates that false accusations of child abuse including child sexual abuse are considerably elevated. For this reason it is necessary to take account of that as a possible contextual factor which may influence the reliability of the children’s narratives. Two related issues arise here. First, there is the question of whether an adult, such as one of the parents of the child, is making false allegations that the child has been abused, generally by the other parent. Second, there is the question of whether the child’s narrative supports a false allegation of abuse.

While general studies of child sexual abuse cases do not indicate high levels of

false accusations or of child coaching (Faller, 2007; Oates et al., 2000), false allegations of any type of abuse or neglect are higher in situations where parents separate, where studies have shown them to be three times higher than in other cases (Trocmé & Bala, 2005). The more acrimonious the context, the more this proportion is likely to escalate.

The study by Trocmé and Bala covered 7672 child maltreatment investigations reported to child welfare authorities in Canada because of suspected child abuse or neglect. Consistent with other national studies of reported child maltreatment, the data indicated that more than one-third of maltreatment investigations were unsubstantiated, but only four per cent of all cases were considered to be intentionally fabricated. However, within the subsample of cases where a contact or residence dispute had occurred, the rate of false allegations shown to be fabricated rose to 12 per cent.

Method

Sample

The sample for this study was 107 children (60 boys, 47 girls), age range 1 to 15 years, who were the subject of contested family law cases in the Scottish courts. In every case the question of the child's residence had previously been settled, but there were ongoing disputes regarding contact or pleas for change of residence. The number of families involved was 72, and there were, therefore, 144 parties in total, comprising an equal number of resident and non-resident parents. Sample selection was limited to cases where the pleadings were exclusively about contact and residence disputes, and cases were excluded if these issues occurred in special or more complex contexts, such as child abductions under the Hague Convention¹, national or international relocation, applications for permanence orders or petitions for adoption. That is, they were representative of the common contact and

residence issues that comprise a large proportion of the cases coming before the family law courts in the UK and elsewhere in the world. All cases had been individually investigated by the author for the purpose of preparing psychological reports for the courts, falling mainly in the four-year period up to the end of 2013. These investigations in most cases involved study of the background documentation, interviews with each of the parents and other key family members and meetings with and assessments of the children. In addition, in many cases further evidence was gathered from schools and other agencies.

Data analysis

The following quantitative data were collected: whether the father or the mother was the resident parent; whether the case included allegations by either party of physical or sexual child abuse; which party made the allegations; whether the allegations had been upheld; and whether the child had displayed mental health issues to a level which had required professional intervention. In general these data related to areas which currently lack clear research evidence and where there are no known population parameters. The data were therefore descriptive, illustrative and to a large extent self-defining in terms of the issues described.

In the case of the data collected on the mental health status of the children, it was possible in addition to making general comment to carry out a nonparametric analysis by comparing frequency of mental health problems in children where the independent variable was whether or not there had been allegations of child abuse. This was done using chi square analysis.

In addition, a vast amount of narrative data was available in every case. From this several brief vignettes have been constructed in order to illustrate some of the key issues

¹ An agreement among signatory countries to ensure the prompt return of children who have been abducted from their country of habitual residence or wrongfully retained in a country that is not their habitual residence.

raised in the discussion section. The children selected for the vignettes are not only anonymised but are randomly allocated in terms of the cultural and ethnic backgrounds they suggest. Only the sex and age of the child are accurate. In terms of the narrative given in the vignettes, they are accurate in all substantive respects. In places, to avoid identification, it has been necessary to change the specific details of some factual circumstances. Cases have been omitted from the vignettes either because they were of such a dramatic nature that they would be easily identifiable by many professionals working in the Scottish family law system or because they are still *sub judice*.

Results

Descriptive data

Of the total sample of 107 children, no allegations of physical or sexual abuse had been made by either party in 70 cases (65 per cent). Allegations had been made in 37 cases (35 per cent). Of these cases, 20 (54 per cent) were of physical abuse only, 11 (30 per cent) were of sexual abuse only and the remaining six (16 per cent) were of both physical and sexual abuse. The median age of the whole sample was 8 years (range 1 to 15 years), this being slightly older in cases where allegations were made (9 years, range 1 to 15 years, compared with 7 years, range 2 to 15 years, where there were no allegations).

In the overwhelming majority of cases (89 children, 83 per cent) the mother was the resident parent, with the remainder divided equally between those where the father was the resident parent and those where there was a shared parenting arrangement. Of the 37 cases where allegations of physical or sexual abuse had been made, all but two were made by the mother. In both cases where the father made the allegations he was the resident parent. When the mother made the allegations she was the resident parent except for one case where the father had residence and one case of shared parenting.

Of the 37 cases where allegations of abuse had been made, 26 (70 per cent) were found in Court or were judged on the best available evidence to be false. Of the remainder, the allegations were unsubstantiated in nine cases (24 per cent), while the remaining two (5 per cent) were upheld. In five cases (14 per cent of all cases of alleged abuse, 19 per cent of cases where abuse allegations were deemed false), there was evidence that the children had been coached. These five children were from three separate families (see Vignette 1).

The results are summarised in Tables 1 and 2. In view of the fact that in the overwhelming majority of cases the mother had residence, and that the allegations were almost always made by the resident parent, there was no basis on which to present a further breakdown of the outcome of cases by resident parent or source of allegations. There were also no differences in the breakdown in terms of whether the child in question was a boy or a girl.

Mental health

From the entire sample of 107 children, 19 (18 per cent) had displayed mental health issues to a level that they had required assessment and intervention by Child and Adolescent Mental Health Services (CAMHS) or other mental health services. From the 70 cases where no child abuse was alleged the number with mental health issues was eight (11 per cent), while from the 37 cases where abuse was alleged the number was 11 (30 per cent).

These data were subject to a chi square analysis to test whether they were equally distributed across the two groups. The results are shown in Table 3.

Table 1: Contested family law cases by residence and abuse allegations (N=107).

Physical or sexual abuse	Median age	Boys	Girls	Mother has residence	Father has residence	Shared parenting
No allegations made	7 years	39	31	56	6	8
Allegations made	9 years	21	16	33	3	1
Total	8 years	60	47	89	9	9

Table 2: Physical/sexual abuse allegations by source and outcome (N=37; boys 21, girls 16).

Source/outcome of allegations	N	%
By resident parent	33	89
By non-resident parent	3	8
Shared parenting	1	3
Abuse upheld	2	5
Abuse unsubstantiated	9	24
Allegation deemed false	26	70
Child coached	5	14

Table 3: Child abuse allegations and mental health issues.

	Number of cases	Mental health issues		χ^2
		f_o	f_e	
Abuse not alleged	70	8	12.43	
Abuse alleged	37	11	6.57	
Total	107	19	19	$p=0.0326^*$

* Significant at $p<0.05$ level

Vignettes

The overall data presented in this study, while illustrating the issues arising and the frequency of their occurrence, hide the underlying tragedies which ruin the lives of so many children caught up in contentious family law disputes, as well as some of the case dynamics which are behind the figures cited. The four brief vignettes provided in the study may illustrate this.

Discussion

There were four clear findings from this small study of contested family law cases referred for psychological reports regarding contact and residence. First, the number of cases in which physical or sexual child abuse was alleged was very high, being approximately one-third of all cases. Second, the proportion of these allegations deemed to be false was also very high, being more than two thirds of all allegations made. Third, significant mental health problems were higher for this group of children than would be expected in the general population. Fourth, significant mental health problems were apparent in almost one-third of all cases where abuse had been alleged. These are considered in turn.

The context of false allegations of child abuse

In this sample the number of allegations of physical or sexual abuse, and particularly of false allegations, was higher than has commonly been reported from other studies. Of 107 children who were the subject of psychological reports for the courts in this study, allegations of physical or sexual abuse had been made in 37 cases, and 26 of these were deemed to be false, with nine of the remainder unsubstantiated and two upheld. In contrast, Trocmé and Bala (2005) spoke of a 'widespread misperception that there is a high incidence of intentionally false allegations of child abuse made by mothers in the context of parental separation and divorce' and they spoke of sexual abuse allegations in such cases being 'relatively rare' (p.1334).

Vignette 1

Joseph and Alan were brothers, age 9 and 10, and they had had no contact with their father since age about 4 and 5 respectively, as their mother moved constantly from house to house and did not reveal her whereabouts. The father sought contact through the courts for years. The mother replied by saying that he had subjected the boys to physical abuse. She demonstrated the fear in which the family were said to live by having a complex system of home alarms and personal alarms, supported by police advice so that an immediate alert could be raised if the father traced them. Several expert witnesses had investigated the circumstances and reported that the mother and the boys gave consistent and reliable accounts of the abuse they had received, which included one boy being locked for hours in a darkened cupboard while the other was being beaten. The Court finally appointed a psychologist to investigate the case. The story of the mother and both boys was found to be consistent to the point of being identical. However, when the boys were interviewed separately and were asked about events which did not in fact occur, but which they thought the psychologist knew about from interviewing the mother, they not only agreed that these fictitious events had taken place but readily embellished them. The children had clearly been coached and all of the evidence they and their mother presented was discredited. Contact with the father, however, was never restored.

Several factors are of relevance when considering these diverse findings. First, it should be noted that figures cited across studies are very divergent. Many of these are cited by Trocmé and Bala (2005) in their own review of the literature. For example, unsubstantiated abuse reported by child welfare services typically ranges from 30 to 70 per cent. While it is stated that false

allegations are relatively low it is not known how many unsubstantiated cases may be false as there is often not a procedure for determining and recording this. It is recognised that false allegations increase substantially as cases become more contentious, but rates are still very divergent, ranging from five to 23 per cent, the latter figure from the study by Bala and Schuman (2000). Second, many studies, including the large Trocmé and Bala (2005) study, cover all categories of abuse, including emotional abuse, and also neglect. The current study deliberately focussed on physical and sexual abuse. This was because allegations and counter-allegations of the emotional impact of each party's conduct on the child and the failures they showed in parental care are almost endemic in contentious cases, and at times it is very difficult to determine a threshold at which these allegations would constitute abuse or neglect.

Third, the contexts to which studies relate are very different. Some include only allegations that were reported for formal child protection investigations and others include only those where there were formal findings. Many allegations in family law cases, however, have never been referred for formal investigation, and in several of the cases in this study the allegations were dropped when the psychologist's report was produced. In addition, some studies relate to the initial divorce settlements. These have lower rates of abuse allegations and often do not come back to the courts with further disputes over residence or contact issues. The current study considered cases which had originally been settled but which then came to the courts with ongoing issues, mainly concerning contact with the non-resident parent. The source of allegations also varies widely. For example, cases referred direct from the police or from social workers have high rates of being upheld. This study restricted itself exclusively to allegations made by one parent against the other.

Fourth, the fact that the cases in this sample were the subject of psychological

investigations already indicates that they were likely to include issues which had not been satisfactorily resolved by agencies such as those routinely working in child protection. That is likely to include cases where there is concern about the validity of abuse allegations, as seen by the fact that in several cases the remit included a requirement to examine and assess the police and social work Joint Investigative Interview videos. Finally, it is possible that there is an uneven geographical distribution of allegations of child abuse in family law cases internationally. Indeed, Trocmé and Bala (2005) observe that the highest rate of malicious false reports in child sexual abuse investigations was in the UK.

Abuse allegations and mental health

The extensive occurrence of mental health problems in the general population of children and young people has been well documented. The most recent survey of the mental health of children and young people in the UK provided an overall prevalence of about 10 per cent for all children age 5 to 16 years (Green et al., 2005), and these are the figures that are most commonly cited. However, it is important to understand how such figures might best be applied to how mental health issues in the community are normally construed. There are two key problems here. The first is the conflation of the ideas of 'mental health problems' and 'mental disorders'. The statistics from the survey by Green and her colleagues are for those who have a 'mental disorder', and the overall figure is made up of four per cent with an emotional disorder (such as anxiety or depression), six per cent with a conduct disorder, two per cent with a hyperkinetic disorder and one per cent with a less common disorder, including autism, tics, eating disorders and selective mutism (the extra percentage points being explained by the number having more than one disorder). The main category of interest here is the much smaller group with emotional disorders. The second problem, which works in

the opposite direction, is that the figures cited are for those who have met full diagnostic criteria for a disorder. However, there are many young people who would fall short of receiving a formal diagnosis but who nevertheless have mental health issues requiring specialist support, since mental health needs extend beyond diagnosable disorders (see Tolan & Dodge, 2005). While there is no robust estimate of the numbers who have a mental health issue as we normally construe it, it is likely to be considerably in excess of the four per cent who meet full criteria for an emotional disorder.

Whatever prevalence figure is viewed as the best estimate for the general population, it is clear from an examination of the sample in this study that an issue arises in relation to mental health. The number of children who have been counted as having mental health problems is not based on an assessment of whether they displayed any difficulties at a level that might merit support, but those who got to the point of being assessed and treated by Child and Adolescent Mental Health Services or equivalent mental health professionals. The number receiving such services ranged from the lowest figure of 11 per cent for children where no allegations of abuse had been made to the highest figure of 30 per cent where such allegations had been made. Both figures far exceed any level at which CAMHS and other such scarce specialist resources are working with the general population. Any studies conducted in this area have also shown that only a small percentage of the children and young people who would merit such services actually receive them. In the UK, studies have typically indicated that only about one in five of those who have significant mental health issues receives services (see, for example, Davis et al., 2000; Kramer & Garralda, 2000). In the US, a similar pattern emerges, with all major reports describing a large gap between the mental health needs of children and the supports and services that are available to meet those needs (Tolan & Dodge, 2005; Tolan et al., 2001).

It is clear, therefore, that significant mental health issues are considerably over-represented in the population in this sample. Two observations may be made in this regard. First, it is already well established that divorce and separation are bad for children. While many children have the resilience to make good adjustment, the overall group effects in terms of child outcomes include economic adversity, physical ill-health, psychological ill-health, lower educational achievement, substance misuse and other health-damaging behaviours, conduct disorder, over-representation in the criminal justice system and increased risk of later marital breakdown (see Coleman & Glenn, 2009, for a review). These authors stress that the adverse effects do not reflect a period when divorce and separation were sufficiently uncommon to carry a social stigma, but have remained just as marked in recent studies when the situation has become much more normative. From that point of view, an elevated figure of mental health issues in this population might be expected. However, the levels of such issues found in this study are in excess of expectations based on divorce and separation effects alone. The clear message is that acrimonious family law disputes are bad for children's mental health.

The second observation has to do with the significantly increased numbers with mental health problems in cases where allegations of abuse against the child had been made. It might be claimed that this is only to be expected and that it would often support the view that abuse had taken place, since child abuse of every kind has an adverse impact on children's psychological well-being and mental health (see the research briefing by Lazenbatt, 2010). However, in all 11 cases of alleged abuse where there were significant mental health issues the evidence was that these were false allegations. A study of case documents and Court outcomes indicates that often the allegations had been deliberately contrived as a strategy for having contact terminated. In terms of the effective-

ness of that strategy, it was often a highly successful one.

The message here is again clear. A parent who makes false allegations of child abuse against the other parent for whatever reasons – and the reasons varied considerably, including parents who genuinely believed contact was not good for the child but could find no other way to have it stopped – is likely to damage the child's mental health. Sometimes that damage was of a tragic and distressing nature. Again, an examination of case documents and of psychological interview data points to cases where children were living in fear and alarm in case they encountered the allegedly abusive parent (see Vignettes 2 and 3). Often a process of alienation and demonisation of the parent took place. Sometimes there was an overwhelming sense of loss for the child, for whom a loving relationship was often suddenly lost, and an already vulnerable child was left still less supported through trusting relationships. Mental health issues in these cases included anxiety, panic, suicidality, hair pulling at times to the point of disfigurement and general loss of confidence and a sense of grief. In summary, a false allegation of abuse against a parent has the potential to do substantial damage to a child's well-being.

Limitations

Although there were over 100 cases in this study, the parameters of the data generated by contested contact and residence disputes in family law cases dictate the need for very large samples. In the overwhelming majority of cases the resident parent was the mother, this representing the default position in such cases in the UK courts (Hunt & Macleod, 2008). This meant that, with only nine cases where the father was the resident parent, there were insufficient numbers in the present sample to analyse the data in terms of the comparative position of resident mothers and fathers in relation to allegations of abuse.

Vignette 2

David, age 11, lived with his mother in a safe house, an undisclosed address in a town far from her former home and husband. This followed allegations of physical abuse both of mother and child, and assertions that the aim of the father was to trace the mother and carry out a violent vendetta against both her and the child. As a result David lived in constant fear that he might meet his father and he was not allowed to be on his own or out playing if out of sight of his mother. The psychologist raised the subject of his father with him and looked at alternative constructions of his history, but he became upset and panic stricken. One day he saw his father by chance in a motorway restaurant. Shortly afterwards he had a total breakdown at home, wrecked the house and threatened suicide. He had to be taken into emergency psychiatric care. While there he requested to meet his father, did so and was soon restored to a loving relationship with him. He rejected, and was rejected by, his mother, and asked to be resident with his father, and this was granted. His father, a forgiving man incapable of either revenge or violence, patiently worked with him until he had managed to restore David's relationship with his mother.

Caution must also be expressed regarding representativeness of the sample. The focus of the study was on contested contact and residence disputes, so it was not intended that it should be representative of all outcomes of separation and divorce, many of which do not involve such disputes. However, within that focus there is the question of whether the sample is representative of the target population. First, as noted, all of these were cases where a psychological report had been called for, indicating that there were already issues where the evidence was unclear. Second, all of the cases were referred to one psychologist, the author, who is at times appointed by the Court where a

Vignette 3

Farhad, age 12, had been told that the reason his mother left with him suddenly when he was 6 to live with another man was because his father was a paedophile who abused him. The case, a very complex one which crossed Court jurisdictions, ran for years. A detailed narrative of sexual abuse of Farhad was discussed frequently with him by his mother and her partner as the basis on which he had to be kept safe and away from his father in an unknown location at all times. He was told that it was his own narrative from his early years, and he embraced it as his own in all detail. He was also told that his father kept the contact case going through the courts because he wanted to get hold of him to abuse him again. Farhad was fearful of leaving the house on his own, and for a long time had been having frequent sessions with a mental health worker. He said he would commit suicide if any Court ordered him to see his father. When the evidence of the mother and her partner was finally exposed in Court as false and deliberately concocted, she was persuaded to put matters to rights. Soon Farhad was having good residential contact with his father and he asked that his mental health appointments should be stopped.

case is already known to be unusually contentious or problematic. That may have elevated the number where allegations of abuse proved to be false. Nevertheless, the vast bulk of the cases analysed were typical of those requiring psychological reports.

Implications for educational psychology practice

The findings of this study have implications not only for educational and child psychologists working in the specialised context of family law cases but also for the majority who are working in generic settings such as education authority psychological services.

Educational psychologists work with children and families who are vulnerable. As noted, children from families disrupted by separation or divorce are more vulnerable as a group than others and, as indicated in this study, those who are involved in contentious family law disputes are likely to be more vulnerable still. With separation and divorce being at a very high level, bringing a corresponding increase in cases coming before the courts, it is clear that such children will not infrequently be among the vulnerable cases referred to educational psychologists.

This can present a number of significant challenges to the psychologist. On the one hand there is a requirement to take all appropriate measures to address the child's needs, and also to raise formally any cases where there are reasonable grounds for suspicion of child abuse. There is an ever-present danger of failing to identify the child's needs, or to stand back on the assumption that some other agency will do so. There is also the danger that genuine cases of child abuse will not be identified, reported and investigated, although in many family law cases where abuse has been alleged there are already investigations in process. On the other hand there is a requirement on the psychologist to carry out valid assessment, taking account of all of the facts and circumstances, so that any recommendations or interventions are appropriate. Often there will be key information that is not available to the psychologist, but that would only be made available to professionals instructed by the courts or other parties to carry out full investigations. There may, therefore, be a total or almost total dependence on information from one party, namely, the parent in attendance at the session with the psychologist, yet that information may be highly contested and in many cases may prove to be unfounded. In the midst of this there is likely to be a vulnerable and disturbed child or young person, but it is not possible to assume that the situation as alleged is the cause of the problem.

It is possible in these circumstances for the psychologist to become part of the problem rather than part of the solution. The author has been instructed in many cases where local professionals have been called on to provide services, such as support for mental health issues, but where support given in good faith has helped to validate a situation that was based on false allegations, with the result that the child's difficulties have been exacerbated (see Vignette 4). It is important, given a significant possibility of false allegations of child abuse in cases of this kind, that the psychologist should proceed only on the basis of reliable information validated by collateral evidence that is not dependent on parties supporting one side of a contested case. Such information should include evidence of the actual facts and circumstances of the case, and not merely evidence of the child's vulnerability.

In some cases the proper course of action is not to intervene because of lack of adequate assessment information. This is a formal stance taken by some CAMHS and other services in contested family law cases, and while all steps must be taken to ensure that a child's needs are not overlooked, it is often better not to intervene at all than to intervene in a way that is not in fact going to support the child's interests. In short, a balance must be struck which may restrict the types of supportive intervention the psychologist might normally take, but which at the same time allows such vulnerable children to know that psychologists and other professionals are seeking to support them in an appropriate way, while gathering as much valid assessment information as possible in liaison with all relevant agencies.

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Vignette 4

Isla, an only child age 6, had a loving relationship with both parents after separation, including residential contact with her father. Eventually her father found a new partner. The mother stopped contact immediately. She also went to see a counsellor in a voluntary organisation because of her own anxiety and depression. The father's treatment of Isla before separation, not raised as an issue before, was now construed as having involved physical abuse, and was used as a justification for stopping contact. The counsellor asked for a child protection investigation and offered to see Isla too. She reinforced with Isla the discourse regarding abuse, and began to equip her with strategies to 'keep herself safe' if her father ever tried to make contact with her. Isla became increasingly disturbed and also developed a fear of her father. The abuse investigation proved that the allegations were without foundation. Progress to a restored relationship with her father and improved mental health were only made when the counsellor's services were withdrawn and work done with the mother to support the child's interests in a different way.

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