



The "Validators" and Other Examiners¹

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EDITORS' NOTE: In this selection from his latest book, Richard Gardner critically discusses the "validators," the people who are doing evaluations in sex abuse cases. He believes that they have played a significant role in the current sex abuse hysteria.

I recognize that I am extremely critical of many (and probably most) of the people who are doing evaluations in sex abuse cases. I appreciate that there are some (but I believe they are in the minority) who are conducting skillful evaluations that are balanced and unbiased. My experience, however, has been that the vast majority of those evaluators whose examinations I have had the opportunity to evaluate in depth exhibit significant deficiencies in their techniques. It is this group that I am referring to in this chapter, and it is this group that is playing a significant role in the present sex abuse fiasco. One cannot possibly know the exact percentage of evaluators who fall into the category that I am criticizing here. Furthermore, even that division is artificial in that each evaluator falls at some point along a continuum — from those who manifest most, if not all, of the deficiencies described here to the most competent and skilled who exhibit few, if any of them. Although their percentage is not certain (and cannot probably be known) there is no question that there are enough of these inadequate and incompetent evaluators to warrant the criticisms presented here.

I suspect that those who refer to themselves as "validators" are most likely performing at the levels of incompetence described in this chapter. The very fact that they are comfortable referring to themselves as validators provides strong justification for my placing them in this category. The name implies that their sole purpose is to *validate* or confirm that the abuse took place. It is the equivalent of a criminal court judge referring to himself as the "convictor" or the "incarcerator." Examiners who read this and find themselves angry and offended might give serious consideration to the possibility that there is validity to my criticisms, and that rectification of the problem might be warranted. Those who respond to such irritation by not giving any consideration to the possibility that my criticisms are valid are likely to be depriving themselves of the opportunity to learn some useful principles and interviewing techniques.

Who Are These People?

There is no generally recognized training program for sex abuse evaluators. The field is basically "open territory." Some have training in psychology, some in social work, and many in various aspects of "social service." Many are self-styled "therapists" who have absolutely no training at all, even in related disciplines. It is important for the reader to appreciate that all states have specific requirements for certification in such disciplines as psychiatry, clinical psychology, and clinical social work. States vary, however, regarding their receptivity to providing certification for family counselors, pastoral counselors, nurse practitioners, and other types of mental health professionals. I do not know of a state (and there may be one or more) that provides certification for therapists. In most states (to the best of my knowledge), anyone can hang up a shingle and say that he (she) is a therapist and one

cannot be prevented from practicing because of the failure to have certification or a license. In short, one cannot be penalized for "practicing without a license" if one does not have to have a license in the first place.

Some of these self-styled therapists have also crept into the sex abuse field where they serve as not only evaluators but therapists as well. Sex abuse is a "growth industry." Up until recently, when we were not aware of how widespread the sex abuse phenomenon was, we did not train many individuals who were qualified to conduct such evaluations and provide appropriate treatment. Now we have come to appreciate how limited are the number of people available to take on the monumental task of processing all these cases legislators are bombarded to provide more money to train and recruit such personnel. Because of the great demand for their services and the paucity of highly qualified people, standards are lowered, requirements are ill-defined, and a wide variety of obvious incompetents are conducting such evaluations and treatment.

Many of these ill-qualified and incompetent take "courses" in which they are trained by people of questionable qualifications. What happens then is that the misinformation, ignorance, and gullibility of the teachers gets passed on to their students and soon down the generations. Unfortunately, most students (happily not all) take a very passive and receptive view of their instructors. They make the assumption that they must know what they are talking about or otherwise they wouldn't be in their position of authority. Walk into any classroom (even if the most prestigious colleges) and there one will see an army of students, writing down reflexively what their instructors are saying. The "best" students are those who vomit forth what they have been asked to memorize. Even in the best schools this process takes place. I believe that only a very small percentage of students are actually encouraged to question the authority of their instructors and to genuinely think independently and creatively. It is no surprise then that evaluators who have most often had limited and even inferior educational experiences are even more prone to accept as gospel what they are taught in these "courses." Even I, who have provided expert testimony in courts on this subject, *never* received formal training (during my medical school, internship, and residency days in the 1950s) for differentiating between bona fide and fabricated sex abuse allegations. However, I have at least had many years of training in related fields — psychiatry, psychology, child development, and medicine — which have served as a foundation for my subsequent three decades of experience in this realm.

Most sex abuse workers operate in the context of a government agency, referred to in many states as the Child Protection Team (CPT) or Child Protection Service (CPS). Many unashamedly refer to themselves as "validators." Those who utilize this term make no secret of the fact that the vast majority (if not all) of the children they have evaluated have been sexually abused. As implied in their name, they are merely there to "validate" what everybody knows happened anyway. Otherwise, why would the child be brought forth?

I am certain that a judge who referred to himself (herself) as a "convictor" would not be considered to have the neutrality that we expect of people in such positions. Yet, we say little about validators and the obvious bias implied in their very title. In their partial (I emphasize the word "partial" here) defense, many of these people have been working in settings where the vast majority of referrals relate to intrafamilial sex abuse, where the prevalence of genuine abuse is quite high. They have had little experience in vicious child custody disputes and day-care centers, where the incidence is quite low. They have had little experience with making the differentiations necessary to utilize when evaluating referrals in the latter categories. Accordingly, they tend to assume that what was valid in the intrafamilial situation is valid in other situations as well. This could have been a rectifiable problem. Unfortunately, for the reasons provided throughout this book, this problem was not addressed adequately or soon enough, thereby contributing to the prevention of the mass hysteria phenomenon that we are experiencing at this time.

What do They Do?

To date, I have spent about 150 hours viewing and analyzing the videotapes of these examiners, and I have about 1500 hours (my best estimate) reviewing their reports and reading their depositions and testimonies. Although such materials have been sent to me from various parts of the United States, it is amazing how similar the techniques are. Accordingly, I consider myself to be in a good position to describe in detail exactly what these examiners do. In fact, because they work so similarly — regardless of what part of the country they operate in — it is easy to make some generalizations about their techniques.

"Children Never Lie"

In order to justify and advance their prediction that the child will be found to be abused, they espouse the dictum that "children never lie" on all issues related to sex abuse. The reasoning goes that a young child, having had absolutely no exposure to or experience with sexual encounters, must be telling the truth if such an encounter is described. A related slogan is "believe the children." Even those who have had children themselves, and deal daily with the fabrications and delusions of their own children, have no problem waving these banners. In order to maintain this position they must deny the "polymorphous perversity" that Freud described almost a hundred years ago and which all parents (if they will only just look and listen) have to accept as a reality of childhood. They have to deny that the sex abuse prevention programs to which many of their evaluatees have already been exposed are in no way a contaminant to their investigatory process. They have to believe, as well, that there has been no coaching or programming (overt or covert, conscious or unconscious) by the parents who bring their children to them, even though a vicious child custody dispute may be taking place or the child is one of many parading out of a nursery school in which there is an atmosphere of mass hysteria. They have to deny, as well, the previously described ubiquity of sexual stimuli in our society.

Ascertaining Whether the Child Can Differentiate Between the Truth and a Lie

Early in the interview these examiners first satisfy themselves that the child can differentiate between the truth and the lie. In many states, the judge, lawyers, and all other investigators are required by statute to submit to this requirement before proceeding with the substantive issues in the interview. For example, when examining children in the three-to-five year age level, a typical maneuver in the service of satisfying this requirement is for the examiner to point to a red object and say to the child, "This is red. Is that the truth or a lie?" If the child answers that the examiner is being truthful ("That's true"), the examiner may then proceed by pointing to something that is green and saying, "This is black. Is that the truth or a lie?" If the child then states that the examiner is "lying," the examiner may then proceed to a series of other equally asinine questions in order to demonstrate that the child knows the difference between the truth and a lie.

The same child is not asked the question, "Santa Claus brings you gifts at Christmas time. Is that the truth or a lie?" "The good fairy left money under your pillow after your tooth fell out. Is that the truth or a lie?" Obviously, asking any question that would be more complex — one that might result in the child's demonstrating confusion between fact and fantasy — would confront the examiner with the obvious fact that young children have great difficulty differentiating between fact and fantasies, between the truth and a lie, in a wide variety of areas. As mentioned previously, we adults are not

famous for our capacity to make such differentiations either. Ignoring this obvious fact enables such examiners to proceed with the "validation." Nor do they set up situations in which the child is likely to lie, such as when accused of a transgression. Children traditionally lie under such circumstances, but to demonstrate this in the interview would, of course, raise questions about the child's veracity regarding the sexual abuse issue.

What is also ignored is the fact that knowing the difference between the truth and a lie is very different from the issue of whether or not the child will actually lie. These evaluators make the very naive assumption that because the child knows the difference between the truth and a lie, the child will not lie. The vast majority of people who commit crimes know quite well the difference between the truth and a lie; yet, they still lie, especially in response to questions that might divulge their guilt. The whole inquiry regarding differentiating between the truth and a lie is a mockery, a sham, a ritual that these people go through in order to convince themselves that they are indeed getting to "the truth."

Naming the Body Parts

The next step in a typical evaluation is to bring out some pictures of naked people, the ostensible purpose of which is to find out what names the particular child being interviewed uses for the various organs and orifices that are to be found on the lower part of the human body. I have not yet seen or heard of an examiner who will ask the mother questions regarding what terms the child uses for these body parts. To do so would deprive the examiner of the opportunity to introduce the subject of sexuality at the outset, which is what the discussion of naming body parts is really all about.

Typically, these examiners are oblivious to the importance of the psychological blank screen (like the blank card on the *Thematic Apperception Test* [TAT] [Murray, 1936]) as the most valid way of obtaining information about what's going on in a person's mind. Sometimes the so-called "anatomically-correct dolls" (see below) are brought out at this point to serve the same purpose.

These examiners do not seem to appreciate that the anatomical pictures and dolls are different from just about anything the child has previously seen and are likely to produce strong emotional reactions. This serves to obfuscate and suppress other emotions (having nothing to do with sex abuse) that may be at the forefront of the child's mind. Also, they transmit to the child the message that the examiner is interested in discussing matters related to naked bodies and this serves to draw the child's thoughts, fantasies, and feelings into that path. Whether the examiner uses the pictures or the dolls, a significant contamination has been introduced at the outset, a contamination that already makes it unlikely that the examiner will truly find out whether the child has been genuinely abused. After exposure to these pictures or dolls, one cannot know whether the child's verbalizations about sex abuse were the result of an actual experience or were stimulated by the naked human figures.

The So-called Anatomically-Correct Dolls

Anatomically-correct dolls (for the reader who does not know about these monstrosities) are dolls that specifically depict genital parts (including pubic hair) and breasts (most often with prominent nipples). Many have gaping orifices (vagina, anus, and mouth). Many cannot be justifiably called "anatomically correct" because of the disproportion between the size of the genitals and the rest of the body. More recently, in order to protect themselves from this criticism, many of these workers have referred to the dolls as "anatomically-detailed dolls." No matter what they are called, they are a serious contamination to any meaningful psychiatric interview.

Unless the child has been previously evaluated by one of these "validators," it is most likely that the child has never seen such a doll before in his (her) whole life. The child cannot but be startled and amazed by such a doll. The likelihood of the child's ignoring these unusual genital features is almost at the zero level. Accordingly, the dolls almost demand attention and predictably will bring about the child's talking about sexual issues. Again, the contamination here is so great that the likelihood of differentiating between bona fide and fabricated sex abuse has become reduced considerably by the utilization of these terrible contaminants.

If one gives a child a peg and a hole, the child is going to put the peg in the hole unless the child is retarded or psychotic. Give a child a wooden doughnut; the child will inevitably place his (her) fingers in the hole. Give a child one of these female anatomical dolls with wide open mouth, anus, and vagina; the child will inevitably place one or more fingers in one of these conspicuous orifices. For many of these workers, such an act is "proof" that the child has indeed been sexually abused. The assumption is made that what the child does with these dolls is an exact, point-by-point replication of what has occurred in reality.

The argument goes that these dolls "help" the child verbalize what has happened. Presumably, they help the child overcome cognitive and verbal immaturities or psychological tensions and anxieties that interfere with direct discussion of the abuse. And this is a basic premise upon which these people that the sexual intercourse did take place because it was demonstrated during doll play. What is one of the great paradoxes of this field is that some of these examiners are indeed trained clinical psychologists (some even have Ph.D. degrees) and will utilize protective instruments as a vehicle for learning about the child's fantasies, wishes, aspirations, and distortions. Yet, in the same report, when the child projects material about sex abuse onto these dolls, the assumption is made that here is the child is "telling the truth." This cognitive "splitting" on the part of such examiners is testament to the power of the human mind to deceive itself in the service of one's wishes, in this case the wish to see sex abuse.

Sophisticated and sensitive clinicians allow a child to begin a session by scanning and selecting from an array of materials that are available for play evaluation and therapy. They recognize that the child's selection will be determined by the psychological processes that are pressing for expression. They appreciate that the toy so selected will be the one that is most likely to serve as a catalyst for the expression of those thoughts and feelings that are most important for the child to reveal at that moment. Validators have little if any appreciation of this phenomenon. Sensitive and knowledgeable clinicians allow a child to scan and search for an array of materials that are available for play therapy. Many of these examiners often have nothing else on their shelves but the anatomical dolls and, even if they do, do not allow the child free play and selection, but confront the child with the dolls immediately. Of course, there are some examiners who do indeed allow the free play. However, the actual presence of such dolls is such a significant contaminant that I would consider incompetent any examiner who utilizes them. I am not alone in this regard. In the state of California testimony based on information elicited from such dolls may not be admissible in court. It is my hope that other states will soon follow suit.

Leading Questions

Most of these examiners seem to be oblivious to the value of the open-ended questions, the question that has a universe of possible responses. It is not pure chance that competent examiners begin each session with questions such as "So what's on your mind?" and "What would you like to talk about today?" The equivalent opening for young children is to allow the child free play in the playroom in order to choose whatever object he (she) desires. Well-trained examiners appreciate that the best

toys for projection are those that have the fewest contaminating stimuli. Accordingly, play objects such as blocks, sand, clay, crayons and blank paper serve well in this regard because they do not have any intrinsic contaminations to the pure projections. Dolls are less valuable for this purpose but, because they resemble human beings, are more likely to catalyze projections related to human relationships. However, experienced examiners recognize that the fewer details the doll has the better it will serve as a stimulus for the child's uncontaminated projections.

Validators do not seem to appreciate these well-established principles of child psychological evaluation and treatment. Well-trained examiners recognize also that all play equipment are props and should only be used when the examiner cannot elicit the desired material by using verbal catalysts. They know also that the best verbal catalysts are questions of the aforementioned type, which do not include any specific references to any particular issue. Rather, the questions are designed to facilitate the expression of a universe of possible thoughts and feelings. What the child selects from that universe is therefore highly meaningful and provides the examiner with useful information about what is going on in the child's mind. Even a question like "Tell me about school?" is not a good one to begin with because it directs the child to only one of the universe of possible areas that might have been focused upon.

Validators appear to be oblivious to these important techniques in child evaluation and treatment. Many zero right in with their leading questions. Almost invariably, these direct the child to talk about sex abuse. Some typical examples: A three-year-old girl has placed her finger in the vagina of the anatomically-correct doll. As mentioned, validators almost invariably consider this to be "proof" that some adult perpetrator has placed his (less often her) finger in the child's vagina. The examiner, without any previous discussion about the child's father, says, "Does your daddy put his fingers in you just like that?" The child may not have been sexually abused and may never even have thought about her father doing such a thing. Yet, the question plants a seed in the child's mind that such an event could possibly take place.

Another example: While holding up the chart of a naked woman (allegedly to find out what names the child uses for the various body parts), the examiner asks, "Has you teacher ever touched you there?" The child may never have been abused by her teacher or anyone else. The question introduces the visual image of such an encounter and contaminates, thereby, all further inquiry regarding sex abuse, by the teacher or anyone else for that matter. After that, whether the answer is yes or no (see below), one does not really know whether or not such an event actually occurred.

Belief in the Preposterous

No matter how preposterous the allegation, no matter how absurd, these examiners will believe them. They have no trouble believing that adult males can have sexual intercourse with two-year-old girls with no evidence of pain, bleeding, and trauma. The facts that the adult male penis cannot be accommodated by the vagina of a two year old and that insertion will result in the aforementioned consequences are ignored. They would believe that a child can be forced to drink urine and eat feces and yet, minutes later, be perfectly happy and friendly — without any sign or symptom of the indignities suffered only a few minutes previously. They would believe that one person was able to undress 25 children, engage them simultaneously in a wide variety of sexual activities, and then dress them quickly in order to be picked up by their parents. And yet, not a single child left wearing the wrong sock, underwear, or other article of clothing. They believe that children can have swords inserted up their rectums with no medical evidence. They believe that children can be smeared with feces and yet be so quickly and thoroughly cleaned that not a scintilla of evidence remains to serve as a clue as to what transpired only a few minutes earlier.

They believe that children can witness the barbecuing of babies, the slaughtering of infants and animals, and their burial in cemeteries, without breathing a word of these activities for weeks and even months after exposure to these atrocities. They believe that dozens of children can be sworn to silence without ever breathing a word to their parents about any of the tortures to which they have been subjected. They believe that children can be stabbed with scissors, knives and other instruments in their mouths, ears, noses, vaginas, and anuses, and yet not reveal any signs of their trauma (even on medical examination) only minutes after the event. They believe that bands of men wearing masks and costumes (clowns, big bad wolf costumes, cops, firemen) can enter a school, involve the children in a wide variety of the aforementioned rituals and abuses and then sneak out, completely unobserved by teachers, parents, and school administrators.

They believe that pedophiles are exceedingly clever and cunning in their methods, so much so that even the most experienced detectives and investigators may find no clues or remnants whatsoever of the wide variety of tortures, rituals, and abuses to which these children have been subjected. Even though no one has ever found any of the dead bodies that these children describe having been buried as a part of their abuse rituals, and even though many cemeteries have been dug up in the search for such bodies, they still believe that such sacrifices indeed took place. Many believe that hundreds of babies have been burned, stabbed, cooked, barbecued, and drowned in the service of warning children that this will happen to them if they breathe a word of their experiences to their parents. Even though not one remnant of any of the aforementioned infants have been found, the belief is still strong. It is as if the common sense cells and tracks of their brains have been extirpated by a special operation.

Selective Ignoring of the Impossible

The aforementioned activities, although outlandish and preposterous, are still within the realm of possibility (often narrowly so). When the examiner is confronted with information that even he (she) recognizes as impossible, then other psychological mechanisms must be utilized in order to maintain the delusion that the child has been sexually abused. For example, in the course of describing the abuse, the child says that her mother (the one who brought about the allegation in the first place) was present at the time when the nursery school teacher fed her "doo-doo." Because the examiner does not believe that this was the case, this bit of information will be disregarded with the excuse that "the child was tired at the time." When the child states that the abuse took place in the examiner's office, a common explanation is "that's her way of saying that she views my office as a 'safe haven' and that's why she spoke about the abuse taking place here." When confronted with inconsistencies that are mutually contradictory and would suggest that one of the versions has to be impossible the examiner might state: "It's not my job to confront her (him) with inconsistencies."

Another way of dealing with the introduction of impossible elements into the scenario is to utilize the mechanism of splitting. Specifically, if the child states, for example, that all four grandparents were there and observed the molestation, the examiner might state: "She's confusing two events, the molestation and the family gathering." In this way the sex abuse scenario remains "pure" and its contaminants removed.

Sometimes the examiner does not even feel the need to provide a rationalization for ignoring material that might suggest that the story is not valid. One child claimed that her nursery school teacher had picked up a car and had thrown it into a tree. The examiner unashamedly just stated that, of course, this could not have happened and then went on to accept as valid all other information that supported the conclusion that sex abuse did indeed occur. This selective inattention to noncorroborating data is one of the hallmarks of these validators' interview techniques.

Another maneuver utilized by these examiners is this: "Her denial proves it's true. That's typical of these children who are sexually abused. They keep denying that it happened. That's because they were threatened with terrible consequences if they were to admit it. I've seen many such cases." Another explanation that is provided when a child denies that anything has happened: "She's repressing it. It's been so traumatic to her that she can't talk about it. It may take months of therapy before she'll be able to admit it, even to herself. That's how powerful these repressive forces are." Obviously, there is no way to win for accused people when the child is interviewed by such validators.

The Utilization of the Yes/No Question

Competent examiners recognize the risks of the yes/no question and generally avoid it. They realize that little information is obtained from such a question. (This is something that attorneys and judges have yet to discover.) When one gets a yes or no answer, one does not know whether the interviewee is lying, is telling the truth, or is merely providing an answer (yes or no selected at random) to "get the examiner off his (her) back."

Spontaneously verbalized sentences and paragraphs are far better sources of information. These "essay type" answers are more likely to be revealing of the child's true thoughts and feelings. But these examiners do not appreciate this obvious fact. Generally, they persist in the inquiry until they get the yeses they want. Often the questions are quite confusing to the child, probably to the point where the child does not even understand what is being asked. In such an altered state of consciousness the child is likely to say "yes" to every question in order to get the examiner to come to the end of the unrelentless series of questions. Because children are suggestible and wish to ingratiate themselves to authority, they may provide all the yes answers the examiner wishes.

The yes/no question is also used in association with the seed planting phenomenon. On day one the examiner asks the child if she ever had a particular sexual experience, for example, whether her father put his penis in her mouth. (This is a very dangerous thing for an adult male to do to an unreceptive child [unless the child has no teeth].) The child may never have entertained such a fantasy. However, the very question has now planted the seed and the visual image of such an encounter has now been created in the child's mind. At that point, the child who has never had such an experience will say no.

During a subsequent interview, the interviewer (or another examiner) may ask the same question. This time the visual image will be brought out of memory storage and the child may be somewhat confused regarding whether or not such a thing actually happened. A young child may not be able to differentiate between an image that depicts something that actually happened from an image that depicts something that was suggested. In fact, we adults are not immune from such a process either. (Professional brainwashers and propagandists know well that if you tell someone a lie frequently enough the person will believe it.) If the child then shows some confusion regarding whether or not such an event actually took place, the examiner is sure to hammer away at the question: "Are you sure?" "Are you sure he didn't do it?" Finally, the child says yes and that will serve as another nail in the coffin of the accused. This is not only tragic for the falsely accused person, but is also tragic for the child who is likely to believe the event took place for the rest of her (his) life.

The So-called Indicators of Sex Abuse

Validators utilize an ever growing list of "indicators" of sex abuse. These are the behavioral manifestations, which can be observed by parents, that result from sex abuse. These manifestations

can be roughly divided into two categories (although there is some overlap). The first are those behaviors that most competent and knowledgeable observers would consider normal. In fact, healthy and knowledgeable parents would also consider these behaviors to be part of the normal child's repertoire. It takes a zealous validator and a gullible parent to share in the delusion that these behavioral patterns are indeed the result of sex abuse.

The second category are psychological symptoms which are listed in the manual of psychiatric disorders. Most competent evaluators recognize that these disorders have a wide variety of causes, most of which have absolutely nothing to do with sex abuse. The validators would consider most of them to result from sex abuse. Of course, this division into two categories is my own; validators have just one long list of behavioral manifestations all of which derive from sex abuse. I will now provide a few examples from each of these two categories.

"Indicators" That Would Be Considered Normal by Competent Evaluators: Examiners who consider the behavioral manifestations in this category as signs of sex abuse must be abysmally ignorant of normal childhood development. Or, if they have received such training, they have to obliterate from memory what they have learned. Furthermore, if they themselves have children, they must deny their own observations (past or present) regarding the presence of these behaviors in their offspring. The frequency with which they are capable of doing this is a testament to the power of the human mind to utilize selective inattention, denial, and projection. Some examples: One doesn't have to be a full professor of pediatrics to know that many children are still bedwetting at ages three and four. This does not prevent validators from considering bedwetting at that age to be a sign of sex abuse.

One does not have to be a full professor of child psychiatry to know that normal children exhibit occasional nightmares, especially in early to mid-childhood. Some of these nightmares are the direct result of frightening experiences such as watching a scary movie on television or actually having a frightening experience. Such nightmares are part of the desensitization process which help children adapt to these frightening exposures. Other nightmares arise *sui generis* and have complex psychological meanings which are still not completely understood (Gardner, 1986, 1988).

Validators will typically consider nightmares to be one of the important indicators of sex abuse. Although frequent nightmares of certain types might very well be an indicator of sex abuse, these evaluators typically do not attempt to make any differentiation between normal nightmares and those that might be exhibited by sexually abused children. I have never seen a report in which an inquiry has been made into the frequency of nightmares and their relationship between the described nightmares and the alleged abuse. This is not the way the human mind works. If a nightmare is being used for the purposes of desensitization to a trauma (whether it be sex abuse or another kind of trauma), it is likely to serve this function soon after the abuse — even the first night following the abuse — not months or years later. Validators will ignore this obvious fact in order to justify the use of the nightmare as an indicator of sex abuse.

Furthermore, if the nightmare is to be used as an indicator, one would think that the examiner might want to consider the *content*, especially with regard to the likelihood that it relates to sex abuse. Most validators do not seem to have any need to do this. Any nightmare, regardless of content, is used as an indicator. They can justify this with the old psychoanalytic standby that it represents a symbol for the sex abuse. The most common normal nightmare involves some malevolent entity (a point, a shadow, a monster, a bad man, a bogeyman, etc.) coming menacingly toward the child. Typically, the child wakes up just before the malevolent figure reaches the child. Invariably evaluators consider this malevolent entity to be symbolic of the alleged sex abuse perpetrator. Whatever the meaning of this nightmare (and my own opinion on its meaning is irrelevant at this point), they do not see the need to

explain how the vast majority of nonsexually-abused children will have the *same* nightmare. (The reader who is interested in my opinion of the meaning of this common nightmare might wish to refer to my publications on the meaning of children's dreams [1986, 1988].)

In one case I was involved in a three-year-old child described how the "big bad wolf" was chasing her in a dream. Predictably, the validator concluded that this dream was proof that the child had been sexually abused. This child was one of many involved in a day-care center sex abuse scandal. The parents actively communicated with one another regarding their children's symptoms and, not surprisingly, within a few weeks most of the other children were also reporting big bad wolf nightmares. Rather than consider this to be the result of the mass hysteria phenomenon, all the validators concluded that the big bad wolf represented the alleged perpetrator, an adolescent boy whom I considered to be completely innocent.

The parents are alerted to be on the lookout for any behavioral changes. Predictably, these are considered to be manifestations of sex abuse. In order to utilize this criterion, one must ignore the obvious fact that every child in the history of the world exhibits behavioral changes, often on a day to day basis. Normal children exhibit behavioral changes; if they did not, they would not be moving along the developmental track. The one-year-old behaves differently from the newborn infant; the two-year-old differently from the one-year-old; the three-year-old differently from the two-year-old, and so on.

Development does not run an even course; rather, it moves in spurts and plateaus. Furthermore, children go ahead three steps and go back two steps, and so it goes. Children have good days and bad days (just like adults). Some of the behavioral changes that validators will consider manifestations of sex abuse are an increase in sibling rivalry, refusal to go to sleep, changing attitudes regarding foods, periods of uncooperative behavior, defiance, and exaggerated reactions to normal disciplinary measures. In one well-publicized case the parents informed the validator that the child had developed an aversion to tuna fish. The validator quickly concluded that this was yet another proof that the child had been sexually molested. Her reasoning: The human vagina, as everyone knows, smells like fish. This child's aversion to tuna fish must relate to the fact that she had performed cunnilingus on her nursery school teacher, the alleged perpetrator. With the utilization of logic like this, it is easy to see how impotent accused individuals feel when the alleged victims are being evaluated by such sick and/or ignorant examiners.

The list of indicators that are derived from normal childhood behavior is long and there are many other examples. Temper tantrums are normal, especially between the ages of two and four. In fact, it is reasonable to say that all children, at some time or another, exhibit temper tantrums. It is the normal, natural, primitive way that children express their anger. Predictably validators consider temper tantrums to be a manifestation of sex abuse, the child allegedly acting out the anger that was built up against the perpetrator.

All siblings exhibit frequent rivalry. In fact, it is ubiquitous. The first-born is generally king (queen) of the world. The second-born now requires that the throne be shared and worse, the time that the parents must devote to the second is greater than that which must be devoted to the first. This produces even greater rivalrous feelings. And when other children come along, there is even greater resentment over the fact that the parental involvement must be shared among all the children. I would go further and say the children who do not exhibit rivalrous feelings toward their siblings have some form of psychopathology, especially in the area of suppression and repression of their thoughts and feelings. Once again, validators ignore this reality and would consider sibling rivalry to be one of the indicators.

And now to masturbation. All normal children explore their bodies from time to time and do not differentiate between the genital area and other parts. They have to learn from others that touching oneself in the particular area is socially unacceptable, especially in public. Children usually learn themselves that stimulation of that area can provide pleasures different from those derived from touching other areas.

Although orgasmic capacity is possible at birth, most young children under the age of nine or ten do not stimulate themselves to the point where they reach orgasm. Those who do may very well have been prematurely introduced into the pubital and post-pubital levels of sexual arousal. Certainly, such introduction can be the result of sex abuse. But this is not the only reason why a younger child might masturbate to orgasm. In some children it is a tension-relieving device, especially when they grow up in homes in which there has been significant privation and/or stress. In some it can serve as an antidepressant.

When a knowledgeable evaluator hears that a child is masturbating, the examiner will make detailed inquiry about the frequency, the time of onset, the circumstances under which it occurs, and whether the child masturbates to orgasm. All this information is useful in ascertaining whether the masturbation is related to sex abuse. Typically, validators do not make such inquiries. They hear the word masturbation and that is enough to prove that the child has been sexually molested.

It is of interest that in the late nineteenth century, in both the United States and England, we witnessed a period of excessive preoccupation and Draconian condemnation of childhood masturbation. Unfortunately, physicians (who should have known better) were actively involved in this campaign of denunciation and attempts to obliterate entirely this nefarious practice. Doctors considered it to be the cause of a wide variety of illnesses, e.g. blindness, insanity, and muscle spasms. Various kinds of restraints were devised in order to prevent children from engaging in this dangerous practice. Some girls were even subjected to clitorectomies, so dangerous was the practice considered to be. Parents were given a long list of symptoms which were considered to be concomitants of masturbation. Some of the alerting signs: temper tantrums, bedwetting, sleep disturbances, appetite changes, mood fluctuations, and withdrawal.

Obviously, in the hundred years since those sad times, we seem to have gone back full circle. The same list of symptoms that were indicators of masturbation are now considered to be indicators of sex abuse. Legrand, Underwager, and Wakefield (1989) have written a fascinating article describing the similarities between the masturbation hysteria of the late nineteenth century and the sex abuse hysterical of the late twentieth century, with a comparison of the list of "indicators."

It is of interest that physicians have played an important role in these crazes. It was a doctor who first "diagnosed" the children in the Salem Witchcraft Trials as being possessed by the devil. Doctors were actively involved in the antimasturbation fanaticism of the late nineteenth century. And, unfortunately, there are doctors actively involved in the present fiasco. There are physicians who are diagnosing sex abuse in the vast majority of children they examine, utilizing criteria that are generally considered to be within the normal range (e.g., anal puckering and hymenal tags). And there are other kinds of doctors (Ph.D. psychologists and M.D. psychiatrists) who are serving as validators and therapists and perpetrating the abominations described through this book.

"Indicators" That Would be Considered by Competent Observers To Be Symptomatic of Disorders Having Nothing To Do with Sex Abuse: Here I refer to those symptoms that are to be found in the *Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-III-R)*. If we are to believe the validators, just about any symptom in this manual that could possibly have a psychogenic

(or environmental) cause can be a manifestation of sex abuse. These would include depression, phobias, tics, obsessive compulsive rituals, conduct disorders, antisocial behavior, hyperactivity, attention deficit disorder, headaches, gastrointestinal complaints, etc. In short, if there is any possibility of attributing symptoms to sex abuse, the evaluator will do so. It is easier to do this when one is ignorant of the multiplicity of factors that can indeed bring about such disorders. Many validators lack this training and so have no problem with this oversimplified approach to the explanation for these symptoms.

The maneuver utilized here is to assume, often reflexively, that a psychopathological manifestation is the result of sex abuse. In order to do this, the evaluator must make the assumption that the child came from a normal, healthy home and all went well prior to the alleged sex abuse. Typically, these examiners do little if any inquiry into the home situation. Detailed interviews of the parents are quite uncommon; rather, from the outset, the primary (and often exclusive focus) is on the child. Most often the conclusion that the child was sexually abused is made within a few minutes, with absolutely no inquiry into the family background, especially with regard to the presence of factors that might be contributory to the development of psychopathology. Many of the validators would not know how to conduct such an evaluation, so limited has been their training. Obviously, if they were to conduct such inquiries, they might learn that the origin of the symptoms had nothing to do with sex abuse but is more likely to be the result of psychopathology engendering environmental influences.

Another common maneuver is to attribute to sex abuse the symptoms that arose directly from the series of interrogations conducted by the validators, lawyers, psychologists, psychiatrists, prosecutors, etc. A detailed history (which most of these individuals fail to take) would quickly indicate that the child's symptoms began at around the time of the interrogations, rather than at the time of the alleged sex abuse. Of course, validators would not want to believe for one moment that their allegedly sensitive and nonintrusive investigations could bring about psychopathology. I consider my own interviews to be sophisticated and to be one in which I avoid the numerous interview pitfalls and errors described in this book. However, I openly admit that even my interviews may be stressful to children and might contribute to the development of psychopathology. However, in my defense, they are limited to a few interviews and I do not conduct "therapy" for sex abuse, unless I am 100 percent convinced that the abuse has indeed taken place. With regard to the stresses related to the few interviews I do conduct during evaluations, I believe that their effects are small as far as their contribution to producing long-term and even permanent psychopathology. Such stresses are a small price to pay when one considers the terrible consequences to a falsely accused person if the court (and often the jury) is not convinced that the allegation is false. We have to weigh here the trauma to the child caused by my inquiry against the psychological trauma suffered by a falsely accused person — whose life may be destroyed and who may even be incarcerated for many years.

More Direct Coercive Techniques

Although all the aforementioned techniques are, in a sense, coercive, there are some maneuvers that these people utilize that are more obviously so. One is: "I know it happened and I'm going to keep you here until you tell me the truth." Other examples: "Things like this happen to lots of kids. I know many children to whom the same thing happened. Don't worry, I'll protect you." "You can tell me. I'll make sure that he'll never do *that* again." "Now, Bobby, Jamie, Bill, Bob, etc. all told me that it happened to them. Are you going to be the only child in the whole school who is not going to tell me what happened?" "I don't believe that's the only place he touched you. I want you to tell me about the *other* places. You know there *were* other places."

The physical torturing of a witness or an accused party is an ancient tradition. Inflict pain on an

individual and you are likely to get a confession. These techniques are the modern-day equivalent of physical torture and, like their ancient antecedents, they also work with a high degree of predictability. Our founding fathers presumably ensured (in our Constitution) protection from such tactics for all Americans. Unfortunately, there appears to be some loopholes in that these torture techniques are still being utilized.

Involvement with Parents — The Accused and the Accuser

Typically, these evaluators see little or no need to interview the accused. In fact, I have come across some who actually believe that it is illegal to interview the accused. This requires a delusional misinterpretation of the US Constitution. Although the accused has the right *not* to speak to the accuser (whether in a court of law or under any other circumstances), this does not mean that the accused *cannot* speak to the accuser if he or she wishes to. Most accused individuals (especially those who are genuinely innocent) are most eager to confront their accusers. Yet these accused individuals are often deprived of this constitutional right. There are validators who, after interviewing only the child, unashamedly write in their reports that the child was abused and *name* the accused without ever having interviewed or even spoken to him (her).

Generally, these evaluators do not even conduct detailed inquiries with the adult accuser (most often the child's mother). They take at face value her accusations and do not consider the possibility that they may be fabricated or delusional. Rather, they do the opposite, namely, take any shred of information that might support the conclusion and use it in the process of "validation." As mentioned, they will consider normal childhood behaviors as manifestation of sexual abuse, e.g., nightmares, bedwetting, temper tantrums, mood swings, and, of course, masturbation. The mother's report of these occurrences, serves to confirm that the child was indeed abused. And the validator becomes even more convinced that the abuse took place when the child exhibits in the office what are traditionally considered to be psychopathological manifestations. Rather than look into other possible sources of such problems in family life — sources unrelated to sexual abuse — they immediately come to the conclusion that these behavioral difficulties are the direct result of the sex abuse. (As mentioned, every symptom in the diagnostic manual has been listed as a possible result of sex abuse. Accordingly, everything now fits together and the abuse is "validated.")

There are a number of ways in which interviewing the accused could be useful in such evaluations. These not only involve interviewing the accused alone, but also interviewing the accused in joint sessions with the accuser, the alleged victim, and all three together. This is the best method for smoking out the truth. Family therapists know this well, but these examiners seem to be oblivious to this obviously useful technique.

The argument that the child might be traumatized by such a confrontation is not an excuse to preclude its utilization entirely. First, examiners should have the freedom to decide whether or not such joint interviews would do more good than harm. By automatically precluding involvement with the accused, this option is not utilized. Furthermore, although such confrontations may be psychologically traumatic to the child under certain circumstances, one must also consider the psychological trauma to the accused of a false accusation. It can result in a completely ruined life and/or years of incarceration. These rights of the accused are rarely considered by these examiners. On many occasions I have been asked to interview a child — and only the child — and then make a decision regarding whether or not the child has been sexually abused. I have *never* accepted such an invitation. Before involvement in the case I make every attempt to obtain a court order in which all three parties are required to participate (the accuser, the accused, and the alleged victim) both individually and in any combination that I consider warranted. This does not automatically involve a joint interview with the

alleged victim and the accused, but it often may. In either case I must be given the freedom to make that decision.

Why Do These People Do It?

Obviously, there are a wide variety of individuals who serve as validators. Equally obvious is the fact that for each person there are a multiplicity of factors operative in this career choice. There are also many factors involved if one is to explain why these individuals function as they do. No one person will fit into all of the categories mentioned below; however, I am convinced that each of these explanations is applicable to at least some of the individuals who serve as validators.

Impaired Educational Background

There is no question that we are witnessing a progressive deterioration of educational standards throughout the United States. Although there are certainly areas in which things have improved in recent years, there is no question that there are more areas in which things have degenerated — so that the overall picture is much more in the direction of downhill than uphill. The erosion of standards has occurred at just about every level from kindergarten to graduate school. No one can deny that there has been a deterioration of public schools in the last 25 years, certainly in the large cities and probably in suburban and rural communities as well. One compelling verification of this (if one needs it) is the progressive deterioration of Scholastic Aptitude Test (SAT) scores. But the numbers here do not reflect the full story. The test has progressively become easier. Accordingly, if the test were as rigorous as it was in the past, the deterioration would become even more apparent.

People who work as validators are products of this eroded educational system, at all levels, and this weakness in their educational foundation is reflected in their work. A good education, if anything, should provide individuals with common sense. Validators, above all, lack common sense. In fact, I put that as the number one item on the list of their deficiencies. One has to lack common sense if one is to believe the preposterous things that they accept as valid in order to justify their conclusions.

There was a time that one had to be bright in order to get into most colleges. This is less often the case today and there are, without question, many validators who are not particularly intelligent — even though they may have a college and/or university education. People who are less intelligent are less likely to have common sense. However, sometimes this can be rectified (to some extent) by academic work that focuses on the capacity for logical reasoning. Courses in logic, mathematics, physics, and chemistry can most likely do this (for those who are intellectually competent to handle these disciplines). In a less direct way, just about any good college course (including the arts) should involve a certain amount of logical thinking. What is clear is that many of these validators lack both the basic intelligence and/or the educational exposure that might have provided them with common sense.

When I was in medical school, our professors would frequently say to us: "Remember this: The most likely things are most likely." At first, I thought the warning was both inane and unnecessary. As time went on, however, I came to appreciate the great wisdom in this seemingly absurd statement. The admonition was most often applied to situations in which a medical student would diagnose a patient as having the rare tropical disease that he (she) had read about just the previous night. This was often done in a state of exultation associated with the pride at having made such a brilliant diagnosis. The professor, often trying to avoid putting the student down, would say something along these lines: "It looks like common viral gastroenteritis to me" or "It looks like the garden variety of bacterial pneumonia to me." The reality of the world is that the most common things *are* most common and

that one does well to remember this.

Validators seem to be oblivious to this ancient and obvious wisdom. Rather, they go in the opposite direction and consider as valid the most unlikely and even preposterous possibilities. One does not need a Ph.D. in advanced mathematics to recognize that the likelihood of a nursery school teacher undressing 50 three-year-old children (in order to involve them when naked in a sex orgy), and then dressing them all quickly, is not very likely to end up with every child wearing the exact same socks, shoes, underwear, dresses, pants, shirts, hats, and coats as they came in with. Two parents with two children have enough trouble accomplishing this goal. One adult with 50 children has an infinitesimal chance of accomplishing this, but these examiners conclude that pedophilic nursery school teachers can indeed do this — so skilled and cunning are they in their techniques.

Every parent knows that the best way to get a three-year-old child to say something to another person is to preface the message with: "I want to tell you a secret and I want you to promise me that you'll never tell anyone." This is the most predictable way to get the message into the pool of public information. Yet, these examiners believe that one can do this with a whole class of children and be confident that they will never breathe a word of their experiences to their parents or anyone else.

There are three classes of people who believe that one can accomplish this goal of group secrecy by three year olds: 1) psychotics 2) retardates 3) zealous validators. The rest of the world well appreciates that it is unreasonable to expect three-year-old children to involve themselves in conspiracies of silence, especially with regard to dramatic experiences (such as people dressed as clown, monsters, etc., engaging the children in sexual intercourse, putting swords up their rectums, and feeding them feces). These examiners do not seem to appreciate that it is not very likely that one can feed feces to a group of children, make them drink their urine, and expose them to a variety of other painful and frightening indignities and yet, only minutes later, get them to skip happily out of the classroom without a speck of feces on their lips or a drop of urine on their tongues.

When presented with this argument, validators claim that the children have been frightened into secrecy by threats of body mutilation, murder, etc. This too is an absurd rationalization. Let us forget, for the moment, the failure to find these mutilated bodies with which the children were threatened. The idea that the *whole* group could be frightened into silence is absurd. Perhaps a few, but not *all* of them for the extended period between the alleged abuse and its divulgence. In fact, one could argue that frightened children would be even more likely to reveal quickly what they have been allegedly exposed to.

The Holier-Than-Thou Phenomenon

Many readers have seen the common bumper sticker: "I brake for animals." There is a holier-than-thou message being transmitted here. The implication here is that the driver of the vehicle bearing this message is a kind of individual who stops for animals and that others are less likely to do so. The message communicates to the reader in the car behind that he (she) should be ever on the alert for a sudden stop by the car ahead and that the driver in front is likely to be stopping short quite frequently. "Keep your foot close to the brakes," it says, "because you never know when you'll have to stop short. You don't have to worry about this when you follow other cars, because they're not driven by the kinds of deeply caring people who are sensitive enough to brake for animals." I have had the thought that, if I had the opportunity, I would ask such individuals if they brake for human beings. The same phenomenon is exhibited by politicians who claim proudly and sanctimoniously that they are fighting for the homeless, the elderly, the poor, and children who are abandoned. The implication is that their opponents are against these individuals.

Validators often manifest this patronizing attitude. They—unlike the rest of us—are there to protect children. They — unlike the rest of us — "believe the children." The implication here is that those who do not believe the children (like the author) are somehow low-life characters who are exposing children to the sea of abusers, who are ever ready to pounce on their prey. It provides these examiners with a feeling of special importance, which likely serves to compensate for basic feelings of inadequacy. If one basically feels competent about oneself, if one basically has a strong sense of self-worth, one does not have to go around looking down one's nose at others. One does not have to go around putting up signs, waving banners, and exhorting one's superiority over others.

The same phenomenon, in a more subtle way, is exhibited by many clinicians in the mental health professions who pride themselves on their "respect" for children. They, unlike the rest of us, are *really* sensitive to children's thoughts and feelings. They, unlike the rest of us, *listen very carefully* to what children are saying and have the *deepest respect* for their wishes. In the precious atmosphere of their offices, they provide the child with "unconditional positive regard" and reflexively "respect" every thought (no matter how outlandish) and every feeling (no matter how at variance with reality) that teachers, parents, and other insensitive individuals do not provide. These same "therapists" may reflexively support the child's position in any difference he (she) may have with the parents, again in the service of respecting the child's position. When this attitude on the therapist's part is carried into a sex abuse evaluation, it contributes to the development of false sex abuse accusations. And, when carried over into the treatment of a child who is not sexually abused, it can contribute to the child's delusion that such an event did occur. Competent and sophisticated therapists know well that true respect for children is not complying with what they say they want but with what they really need.

I suspect that some readers (especially those whom I have criticized) would consider me to have exhibited a holier-than-thou attitude throughout the course of this book. I do not deny that one might easily come to this conclusion. However, in my defense, I believe that it is important to differentiate two types of criticism, namely, that which is justified and that which is unjustified. One could argue that every criticizer is exhibiting a holier-than-thou attitude toward the person being criticized. Whatever the criticism, no matter how constructive, has within it the implicit message that the criticizer is superior to the person being criticized. The criticizer is basically saying that he (she) acts in a superior way, knows better, and feels it incumbent upon him (her) to communicate the corrective measures to the criticized individual so that he (she) can mend his (her) ways and be a better person. And this holds even when the criticism is completely justified and even when the rectification of the criticized person's deficit(s) would be a boon to the world.

It is important to differentiate between criticisms that are warranted and those that are unwarranted. People who have bumper stickers saying "I brake for animals," people who wave the banner "Respect the children," and those therapists who proudly proclaim that they "respect" their child patients are in this second category. People in this category more justifiably warrant the holier-than-thou epithet. The important question for the reader of this book should not be whether I warrant the holier-than-thou label, but whether the criticisms I am making are valid and whether the changes that could result from their implementation are desirable.

The Erosion of Values

Most would agree that we have witnessed in the last quarter century a progressive erosion of values in the United States (and probably western society at large). Evidence of this deterioration is to be found everywhere. Crime rates (with isolated exceptions) are ever soaring. Drug abuse is ubiquitous. Prisons in most states are overcrowded and cannot accommodate the ever increasing flow of convicted criminals. Many are released into the street before the completion of their sentences

in order to accommodate the new wave of inmates. In large cities automobile theft, mugging, and other "minor crimes" are so commonplace that they receive little if any attention by the police, and the perpetrators rarely are meaningfully punished. Church boxes are pilfered, subway turnstiles are jumped over, garbage is strewn on streets, and human beings evacuate in public. Teachers are ever cutting corners, less homework is given, school vacations are longer, college admission (with rare exception) easier, and handling in other students' written work ever more common. Plagiarism among faculty people (even in the most prestigious universities) is becoming increasingly commonplace. And the probable increase in genuine child sex abuse in the intrafamilial situation is another example of this psychopathy. (The reader does well not to forget that I believe that bona fide sex abuse does indeed take place and is indeed ubiquitous and may even be on the uprise.) I could go on and on and the reader, I am sure, could provide his (her) own examples.

One (of the many) manifestations of this moral erosion has been the progressive insensitivity of people to one another. The Golden Rule has essentially become a quaint anachronism. It is all right for clergymen to tell children in Sunday school that they should treat one another as they themselves would like to be treated, but it is another thing to seriously implement this wisdom in the reality of the adult world.

Many factors have been operative in producing this state of affairs. Parental modeling plays an important role in children's development of sympathy and empathy (which are directly related to the ability to put oneself in another person's position). The increasing popularity of day-care centers (their value and justification notwithstanding) deprives children of the kind of intimate involvement with biological parents from which values develop. No matter how dedicated the caretakers at these centers, no matter how educated they may be, they cannot provide the same kind of loving concern as a biological parent. (Elsewhere [1988] I describe this in greater detail, especially with regard to a solution to this problem which would not involve condemning mothers to return to the home to merely cook and change diapers.) Violence on television and in the cinema is ubiquitous. Most often, little or nothing is portrayed about the pain suffered by the victims of such violence. In the 1960s and 1970s during the days of the "me generation," books which emphasized the point "think of number one" often become best sellers.

Evaluators who conclude that the vast majority (if not all) of the children they see have indeed been sexually abused are likely to have a defect in their capacity to place themselves in the positions of those who suffer from their decision. There is an element of psychopathy apparent in a person who would see a three-year-old child for a few minutes and then write a note stating that a particular individual (the father, the stepfather, a nursery school teacher) sexually abused that child. It takes a defect in the mechanisms of conscience to do such an abominable thing. One must completely ignore the effects of such a statement on the alleged perpetrator, effects which may include psychological devastation, destruction of one's lifestyle, and years of incarceration. This is what the "me generation" has wrought.

Interestingly, religious fundamentalism is most often (but certainly not always) a manifestation of moral erosion. I recognize that this statement may come as a surprise to some readers, but it is nevertheless a reality. The more the religious fundamentalist attempts to impose his (her) religious beliefs on others, the less sensitivity the religious zealot has for the person being converted. The examples are legion: Christ's crucifixion, the annihilation of the anti-church Albigensian sects in the thirteenth century, The Crusades, the Spanish Inquisition, the numerous religious wars in Europe between the Protestants and the Catholics, and (to skip quickly many such wars and bring us up to the present) the conflicts between the Shiite Moslems and the more moderate Islamic sects.

When religious fundamentalism ignores the wishes, ideas, and feelings of other human beings, it is

psychopathy masked as religiosity. It is no less a manifestation of moral erosion than the more overt examples cited above. The recent upsurge in religious fundamentalism in the United States may very well be a backlash to the sexual revolution of the 1960s and 1970s (Miller, 1990). Those in the movement who focus on sex have a convenient vehicle for their condemnation in the form of sex abuse validation. The goal of publicly humiliating and incarcerating every "pervert" can only be reached if there is a significant defect in conscience and a suspension of the very morality which the religious proselytizers and purifiers proclaim to hold in such high esteem.

Sex Abuse Victims

All career choices are determined by psychological factors and even psychopathological factors — and the people who choose sex abuse work are no exception. I believe that people who have been sexually abused themselves in childhood are much more likely to enter this field than those who have not had such childhood experiences. I believe that if one were to compare the frequency of childhood sexual molestation in a thousand sex abuse workers with three to four matched groups of workers in unrelated fields, the percentage of sex abuse workers who were sexually molested as children would be significantly higher than the percentages in the other three to four groups. The sex abuse field was attractive to those who were molested because it provided them with the opportunity for working through in many complex ways residual and unresolved reactions to their early traumas. I am not claiming that these factors necessarily operate at conscious levels (but they may), nor am I claiming that the processes are necessarily pathological (but they may be).

The phenomenon is no different from the factors that operate in just about any other field. To begin with my own field, many people choose medicine because they have grown up in a home with a parent who has suffered with a chronic illness. They may deal with this childhood trauma by devoting their lives to the treatment of others with that particular disorder or to the search for a cure for the parent's illness. Many choose psychiatry or psychology because they hope to gain understanding and even help for their own problems. People who frequently consider themselves to be put upon or victimized may choose law as a vehicle for protecting themselves and others from such persecutions. People who grew up in poverty may aspire to be (and even become) philanthropists. When they give to others they are basically giving to their projected selves. In all of these examples there is a range from the nonpathological to the pathological psychodynamic factors, and each person's balance lies at some point along the continuum.

Among the sex abuse workers who have been sexually molested as children, there are many who use their career experience in healthy ways in their work — much to the benefit of abused children and their families. They have been there, they know what it's like, and they can provide a degree of sympathy and empathy not often possible for one who has never had the experience.

But there are others in this group for whom pathological factors are clearly operative in their work with patients — factors that may becloud their objectivity. Some of these individuals harbor significant resentment against the original perpetrator, resentment that may not have been completely dealt with properly. They vent their pent-up hostility on present-day offenders in a work setting that provides sanctions for such pathological release. And some of these workers operation on the principle that there will never be enough perpetrators to punish, so great is their desire to wreak vengeance on those who sexually molest children. Concluding that an alleged perpetrator is indeed innocent deprives them of their vengeful gratification.

It is this subgroup of sex abuse workers who may work with exaggerated zeal to prosecute alleged abusers and resist strongly the idea that some alleged offenders are indeed innocent. They often

adhere tenaciously to the position that child never fabricate sex abuse. They must blind themselves to the aforementioned developments in recent years that makes this notion an anachronism. Such zeal and denial has contributed significantly to the sex abuse hysteria that we are witnessing at this time.

Furthermore, when these people treat sexually abused children, they can gratify vicariously the desire to treat their projected selves. They are curing themselves of the residua of their sex abuse by curing children who have been so afflicted. Again, this may be a normal, healthy mechanism for some who have been genuinely abused. However, if one has to diagnose normal children as being abused and then subject them to years of "treatment," then much psychological damage is being done and such treatment is an abomination. It can destroy children. It can provide chronic psychological trauma. Unfortunately, there are hundreds (and probably thousands) of children in the United States today who are being subjected to such "therapy."

I recognize that there will be some (especially those who work with sexually-abused children) who will conclude that what I have just stated is prejudice on my part and that I have no scientific evidence to support my conclusions. I agree that I have no such studies to support my hypothesis and that my conclusions are based on my own experiences as well as colleagues in the mental health professions (some of whom, interestingly, work in the field of sex abuse).

My view of people in my own field is no less critical. There is no question that the field of psychiatry attracts some of the sickest people in medicine and this is no doubt a factor in the reputation we have as being "crazies." This phenomenon also serves as an explanation for the fact that the suicidal rate among psychiatrists is highest of all the medical specialities. Accordingly, if I am prejudiced against sex abuse workers I may very well be considered to be prejudiced against people in my own field. However, one might also conclude that I am making accurate statements about both fields.

I am not at all claiming that all (or even the majority) of people involved in this field have been sexually abused as children. I am stating only that they are more highly represented than other groups in the population of sex abuse workers.

There are other psychological factors that may be operative. Involvement in this field provides the various kinds of sexual release described earlier in this book, e.g. vicarious gratification, reaction formation, voyeurism. Many can gratify "savior syndrome" personality qualities. They devote themselves to protecting children from perverts who are to be found everywhere: among divorcing fathers, in nursery schools and day-care centers, in the streets, in parks, and in pick-up vehicles. It's a dangerous world out there for children, with sex perverts hiding under practically every stone and lurking behind practically every tree. There is much work to be done protecting these children, and these workers have joined an army of heroes who are devoting themselves to their salvation. Is there a more noble way to spend one's life? Can there be a higher cause to which one can devote oneself?

Over-Zealous Feminists

Although I am basically in sympathy with the aims of the feminist movement, feminists (as is true of all groups) have their share of fanatics. Some of the latter have jumped on the sex abuse bandwagon because it provides a predictable vehicle for venting hostility toward men. These individuals also subscribe strongly (and even fanatically) to the position that children never lie and that any allegation of sex abuse must be true.

Some of these women were subjected to cruel treatment in childhood by their fathers and other men. Some in this category have generalized from their childhood experiences and assume that all men will

be equally abusive to them. Some carry with them a lifelong vendetta and have embarked upon a campaign of vengeance which will involve the destruction of every man who has the misfortune to cross their path and whom they have the opportunity to destroy.

These women gravitate toward becoming validators as iron to a magnet. It is the perfect profession for such fanatics. There is a minimum of effort and with complete social sanction (after all one is involved in the worthy cause of incarcerating perverts), they can humiliate, destroy, and incarcerate one man after the next in rapid succession.

Monetary Gain

A whole power structure has grown up in which an army of prosecutors, detectives, investigators, and others rely on a continual stream of positive findings and convictions if they are to justify their ever-increasing demands for more funds from legislatures. In the private sector, as well, there is money to be made in the field.

I have already mentioned the sea of hungry lawyers who are looking for clients and who are happy to take on any kind of litigation, no matter how preposterous. There is also a sea of hungry mental health professionals (psychiatrists, psychologists, social workers, pastoral counselors, nurse practitioners, family therapists, and a whole group of so-called "therapists") who are happy to have anyone's business, no matter how preposterous the reason for seeking consultation and treatment. Accordingly, there is big money to be made in the diagnosis and treatment of sex abuse. It is indeed a growth industry.

The validators, then are only one part of this network in which they all need one another if they are to take their share of the money pie that has been made available by an hysterical society to support the system. Many of the validators fear (with justification) losing their jobs if they conclude that too many of the investigated clients are innocent or the charges unsubstantiated.

Concluding Remarks

The net result of all of this is that we have here a no win situation for individuals accused of sex abuse. In the hand of many of these validators, no one is innocent. Everyone is found to be guilty. They operate with impunity. False accusers are protected in most states from lawsuits involving slander and libel. I suspect that these "protective" laws are unconstitutional in that they deprive the accused of the opportunity for direct confrontation with the accuser, a right that is provided by the Sixth Amendment of the U. S. Constitution. In many states the accuser does not even have to mention his (her) name to the reporting authorities and will merely be recorded as "anonymous." Yet, an investigation is embarked upon on the basis of the anonymous call, and people have even been jailed as a result of them.

Our founding fathers knew well the terrible indignities and injustices suffered by innocent victims of the European inquisitorial system of adjudication. Hundreds of thousands (and possibly millions) were convicted of crimes they never committed by accusers and witnesses whose identities were unknown to them. It is clear, at least in the realm of child abuse accusations, that we have not advanced beyond those horrible times as far as we would like to think. I know of no falsely accused person who has instituted a lawsuit against a government agency that has utilized such anonymous witnesses as a source of information contributing to the individual's conviction. My hope is that such lawsuits will be instituted and that at least one such case will ultimately come to the attention of the U.S. Supreme

Court. The use of anonymous witnesses must be unconstitutional.

To the best of my knowledge, malpractice suits against these validators have not been common. We would all be better off if there were some well-publicized malpractice suits against such individuals. Such suits might have a sobering effect on the field. Unfortunately, they are practicing at the same level of competence (more correctly, incompetence) as their peers and so do not satisfy an important criterion for malpractice, namely, that the individual's level of practice is far below what is considered standard for peers at a similar level of training and experience. We are left, then, with a situation in which craziness is considered normality.

Last, I wish to repeat that I recognize there are many evaluators who are extremely skilled and sensitive and who do not manifest the deficiencies described here. I recognize, as well, that evaluators, like all other people, exhibit a range of expertise from the most incompetent and defective to the most skilled and insightful. I have focused here on the most common deficiencies exhibited by the most seriously impaired evaluators and am fully appreciative that there are many readers who do not operate at this low level of professional competence. My hope is that readers who react by becoming offended and thereby reject totally all that I say here will reconsider their position and give serious consideration to the possibility that I may be making some important points that may be useful to them. If they can overcome this initial rejection of what I say, they might find here some useful principles and techniques.

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