

## Chapter Nine

# FATHERS – MYTHS AND REALITIES ABOUT CHILD MALTREATMENT

by  
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Over the past decade or so, there has been frequent media reference to fathers mistreating their children. This paper tries to establish the nature of this mistreatment, and the extent to which it really happens in our society. It looks at the different forms of child maltreatment; when these are likely to occur and by whom; how to recognise whether a child is being abused or neglected; and the likely consequences of this. The paper moves from a discussion of child maltreatment in general to a focus on situations where the father is the accused perpetrator.

It is also necessary to define the term ‘father’. Although some reports and studies tend to label as ‘father’ any man in the fathering role, including step-fathers and mother’s boy-friends, in general ‘father’ in this paper refers to the natural or biological father of a child. This is important, because a number of outcomes for children will be very different, depending on whether they live with their natural father or with a step-father. Children in stepfather households do much worse by a variety of parameters than children in original, two-parent households.<sup>1</sup> For example, a recent United States study of 6,000 young men found that boys who grew up with absent fathers had twice the chance of ending up in jail as young men than those who remained with both their natural parents, and those who grew up with a step-father in their home had an even increased risk for incarceration (three times that of boys growing up with both their original parents).<sup>2</sup>

### **WHAT IS CHILD MALTREATMENT?**

Child maltreatment is the deliberate abuse or neglect of a child by an adult care-giver (usually a parent). The Children, Young Persons and their Families (CYPF) Amendment (No 121) Act 1994 defines child abuse as ‘*the harming (whether physically, emotionally or sexually), ill treatment, abuse, neglect, or deprivation of any child or young person*’.<sup>3</sup> In general, child maltreatment is seen to encompass the emotional, physical or sexual abuse or neglect of a child or young person.

Emotional or psychological abuse is defined in New Zealand legislation as including intimidation, harassment, damage to property, threats of physical, sexual, or psychological abuse, and causing or allowing a child to witness the physical, sexual, or

psychological abuse of another person.<sup>4</sup> It is defined by the Children and Young Person's Service (CYPS) as any act or omission that results in impaired psychological, social, intellectual and/or emotional functioning and development of a child or young person.

Physical abuse is any act that results in the non-accidental injury of a child by a parent or caregiver, either deliberately inflicted or the unintentional result of rage.

Sexual abuse is often not defined, and when it is, this can be very variable. The definition of child sexual abuse may include a range of behaviours or events considered as wrong (immoral), illegal, or harmful by different cultures and countries. How professionals deal with sexual abuse will be affected by whether they perceive it to be a crime, a sickness, or a family problem.<sup>5</sup> Some definitions may include acts not involving physical contact such as visual exposure to adult genitals and the photographing of naked children. One of the more common working definitions used by social services and in research is "*..any unwanted or negative sexual experience in childhood and/or early adolescence*".<sup>6,7,8</sup>

CYPS defines sexual abuse as "*any act or acts that result in the sexual exploitation of a child or young person, whether consensual or not.*"<sup>9</sup> Their definition includes, but is not restricted to:

- Non-contact abuse (including exhibitionism, voyeurism, suggestive behaviours or comments, exposure to pornographic material);
- Contact abuse (including touching breasts, genital/anal fondling, masturbation, oral sex, object or finger penetration of anus or vagina, penile penetration of anus or vagina, encouraging child or young person to perform such acts on perpetrator);
- Involvement of child or young person in activities for purposes of pornography or prostitution.
- Neglect is the wilful failure to provide adequate care and protection of children. CYPS includes in their definition of the neglect of children or young people:
- Physical neglect (failure to provide the necessitates to sustain their life or health);
- Neglectful supervision (failure to provide developmentally appropriate and/or legally required supervision leading to increased risk of harm);
- Medical neglect (failure to make sure the child gets medical care when needed, leading to their impaired functioning and/or development);
- Abandonment (leaving them in any situation without arranging for their necessary care, with no intention of returning);
- Refusal to assume parental responsibility to provide appropriate care or control.

Neglect is by far the most common form of child mistreatment. In 1994 about one million cases of child maltreatment were substantiated in the United States.<sup>10</sup> Nearly half of these were cases of neglect; over a quarter were physical abuse; about 10% were sexual abuse and the remainder were cases of emotional or other unspecified abuse (see chart). So it can be seen that children are about twice as likely to suffer from neglect rather than from physical abuse. Sexual abuse is far less common again, and is more

likely to be co-existing with other forms of abuse and neglect than occurring in isolation. Research shows that the various forms of abuse and neglect tend to occur concurrently: children who are not being looked after properly are more likely to be getting beatings from their parents; to be told they are stupid and bad; and to be the victims of sexual molestation.

### **WHO MALTREATS CHILDREN?**

Men perpetrate the majority of sexual abuse of children.<sup>11,12,13</sup> Women, on the other hand, are responsible for the majority of non-sexual child maltreatment. This is not surprising, given that women are the predominant care-givers of children and hence spend much more time caring for children than men.

Certainly the data indicate that both mothers and fathers may subject their children to physical violence. For example, a large Canadian study which looked at 46,683 cases of child abuse handled by child protection agencies in 1993 (physical assault, sexual assault, neglect, or emotional victimisation) found that mothers were perpetrators in 49% and fathers in 31% of the total number of substantiated cases.<sup>14</sup> Biological mothers were the perpetrators of physical abuse in 39% of the substantiated cases and biological fathers in 40% of the substantiated cases. Mothers were perpetrators in 79% of proven emotional abuse, and 85% in cases of neglect.

In 1996 almost 1 million United States children were identified as victims of substantiated or indicated abuse or neglect. Almost two-thirds of the perpetrators were women; 75% of neglect was associated with female perpetrators, while almost 75% of the sexual abuse cases were associated with male perpetrators.<sup>15</sup>

Most studies indicate that women kill their children at least as frequently as men.<sup>16,17,18,19,20</sup> However these figures combine a number of quite different phenomena. While women are far more likely to commit infanticide (kill their new-born babies), men are more likely to carry out fatal attacks on older children.

Children are at the greatest risk of all forms of child abuse when they are being raised by solo mothers, without input from the fathers.<sup>21,22,23</sup> It is ironic that so often current child protection policies result in the removal of children from father's care. Children from single family homes (which are predominantly solo-mother households) are also much more likely to develop a wide range of social and health problems than children from two parent homes. This includes conduct disorders, juvenile offending and substance abuse,<sup>24,25</sup> criminal offending,<sup>26</sup> and adolescent attempted suicide.<sup>27</sup>

While child maltreatment can potentially occur in any family, certain families are high risk. Children from all social strata may be maltreated on occasion, but child abuse and neglect is highly associated with poverty and with multi-problem families (who have difficulties such as parental alcoholism and drug abuse; psychiatric illness; domestic violence and social isolation). As well as single parenting, child abuse and neglect is strongly correlated with poorly educated parents; unemployment; poor housing; and

welfare reliance.<sup>28</sup> Children resulting from unplanned pregnancies (including those where abortion or adoption has been considered) are also at greater risk of abuse or neglect.<sup>29,30</sup>

Children are at far greater risk of abuse from step-parents than from natural parents. The Christchurch Health and Development Study has collected data from a birth cohort of over 1200 youngsters since 1977. A study of 1019 members of this cohort when they were aged 18 year-olds found an overall prevalence rate of child sexual abuse of 10.4% (n = 132).<sup>31</sup> Sexual abuse included incidents that were not identified as abusive by those interviewed and ranged in severity from intercourse down to leering and suggestive comments. Only 2 (1.5%) of those cases involved natural parents as perpetrators but 22.5% of accused offenders were step-parents. A number of other studies also have indicated that step-fathers are far more likely to engage in serious sexual abuse with their step-daughters than natural fathers.<sup>32,33,34</sup> For example, Finkelhor found that *“a step-father was five times more likely to sexually victimise a daughter than was a natural father”*.

Biological fathers who form strong early attachments with their children and who are actively involved in their children’s nurturing are far less likely to abuse them. Paternal support in the form of affection, promotion of independence, and positive modelling / fairness reduces the likelihood of abuse. Furthermore, a strong father / child bond acts as a mitigating effect, reducing the chance of children developing ongoing problems should they suffer maltreatment in the future.<sup>35</sup>

### **HOW DO WE KNOW IF A CHILD IS BEING MALTREATED?**

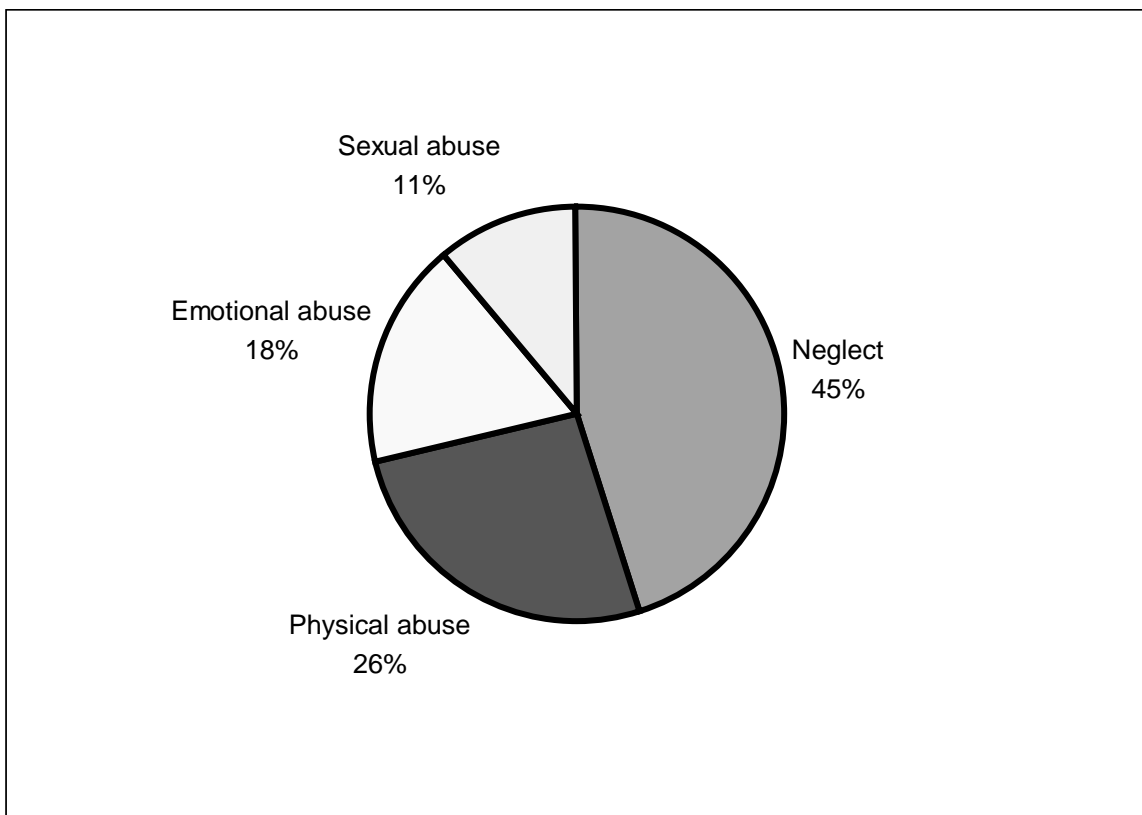
Whenever a suspicion of child maltreatment occurs, there are four possibilities with respect to its detection. Firstly there is a true positive: an abused or neglected child is accurately detected and appropriate management is instigated. There are also true negatives: the suspicion is shown to be unfounded, and the problem which alerted the suspicion is shown to be caused by something other than child abuse (for example, an accident; illness or misinterpretation). However sometimes there will be errors: either of omission (false negatives) or commission (false positives). In a false negative, a maltreated child is not identified and hence remains in a potentially harmful situation. This situation may also leave other children at risk. There are a number of reasons that under-reporting might occur on occasions.

To avoid this possibility, there has been a tendency for health and social services to over-report and over-diagnose child maltreatment, to err on the side of caution. Often the adverse consequence of a false positive, where a non-abused child is wrongly assumed to have been abused, is not considered or is given inadequate consideration. Even if abuse is later shown to be unfounded, the investigation process shakes the foundation of secure family life at best, and is undoubtedly traumatic for children and their families.

Once an accusation has been voiced, there is no going back. Even an acquittal in a subsequent court case may not restore normal parent-child relationships or even access for the acquitted parent, since Family Courts operate on a lower standard of proof than Criminal Courts and often deny access on the less rigorous evidence that a child may still be in danger. When sexual abuse is alleged, children are frequently referred to counsellors at the onset, and the negative effects of receiving months or years of counselling for a trauma that never occurred are unknown but potentially extensive.

Over-reporting of a mixture of true and false incidents can also swamp available services and resources. It is difficult to know how many accusations are considered to be unfounded, although the problem appears to be mounting. In the United States in 1975, 35% of all child abuse allegations nation-wide were unsubstantiated. A decade later in 1985, that figure had risen to 65%, an increase attributed to excessive concern about the problem, and over-reporting.<sup>36</sup> 1994 data from the United States National Committee to Prevent Child Abuse found about 70% of - over 3 million alleged victims were reported to child protective services but only about one million of these were substantiated.<sup>37</sup>

**Box 1: United States National Committee to Prevent Child Abuse 1994**  
Substantiated cases of child maltreatment reported to child protective services in the USA in 1994 (n = 1,000,000)



Every one of those cases went through some form of social service investigative procedure. Such overwhelming of services can mean that not enough help is available for those who really need it.

In New Zealand and overseas, a growing number of cases are reported where children who have not been abused have made false allegations, and come to sincerely believe they have suffered sexual molestation when nothing has happened.<sup>38,39,40</sup> This situation can be as damaging to children as genuine abuse, and they may exhibit the same symptoms of distress and trauma.

Whenever a suspicion of abuse and neglect arises, it is important to also explore whether there are alternative explanations for the allegations and findings. For example, malnourishment; late presentation of health problems or failure to comply with treatment; and avoidable accidents such as poisoning and scalding may all suggest neglect, but there may also be other causes (for example, the malnourished child is suffering from an illness). Similarly, injuries including bruises and fractures may be the result of genuine accidents as well as of physical abuse.

False sexual abuse allegations can result from a number of contaminating factors.<sup>41</sup> Of significant concern is the possibility that health workers may influence the nature and content of the allegations.<sup>42</sup> A child who has not been abused may come to say things have happened through being interviewed by someone who, perhaps subconsciously, prematurely decides the accusation is true. For example, the questioning adult inadvertently reinforces a 'disclosure', by repeating a question to which the child has already answered 'no'.<sup>43</sup> This tells the child that her initial reply is not believed and/or strongly indicates which is the 'correct' way to go. She may be encouraged that it is now safe to "tell", that she need not be scared any more. If the child eventually answers "yes" to a repeated question, she may be rewarded with praise for being brave, she may receive a drink or a biscuit or she may be reinforced by having the interview finally finish.<sup>44</sup> A child's story may also be contaminated by the use of suggestive or leading questions, stimuli or gestures,<sup>45,46</sup> or by exposure to coaching or post-event misinformation.<sup>47,48</sup> Findings on genital examination which are variants on normal, or caused by nonabusive accident or illness, may be wrongly assumed to be the result of sexual abuse.<sup>49,50,51</sup>

A wide range of emotional and behavioural problems, such as hyperactivity and delinquency; bed wetting; eating disorders; bullying; or poor school records may all result from emotional or sexual abuse, but none of these are specific or pathognomonic, and often occur in the absence of abuse. Where parents are separating, children commonly manifest behavioural, emotional or somatic reactions, hence these signs of stress do not necessarily indicate that a child is being maltreated.

It is important that the context in which an allegation has arisen is considered. The chronological history of events should be examined. How has the suspicion of abuse arisen? Has the child made an allegation? Or has someone else expressed a concern that perhaps this child is being abused? While not fool-proof, scales and protocols have been established to estimate the risk of child maltreatment occurring in specific circumstances,<sup>52</sup> and to assess the likely validity of a specific child's testimony.<sup>53</sup>

## **THE EFFECTS OF CHILDHOOD ABUSE AND NEGLECT**

In general, psychopathology appears to be more a consequence of being raised in a dysfunctional family environment rather than the result of any specific form of maltreatment.<sup>54</sup> As reprehensible as child sexual abuse is, overall, studies have failed to demonstrate that there is a causal relationship between childhood molestation and any specific psychological disorder in either childhood or adulthood.<sup>55,56</sup>

The 1988 Bushnell et al. study interviewed 301 women previously identified in a cross-sectional mental health study of 1498 adults from the general population of Christchurch city.<sup>57</sup> Respondents were women aged 18-44, who met criteria for affective, eating or substance abuse disorders, plus a 12% random sample. They were asked if anyone in their family had any kind of sexual contact with them when they were growing up. The researchers found that women who had experienced depression, substance abuse or eating disorders had a slightly increased chance of giving a history of intrafamilial childhood abuse, although this only reached statistical significance for depression. Sexual abuse was seen as one of many factors contributing to the development of an adult disorder.

The Otago Women's Health Survey involved use of a questionnaire sent to 2000 women randomly selected from the electoral role, which included a question as to whether they had ever experienced sexual abuse as a child or adult.<sup>58</sup> The Otago study found that only one in five women reporting sexual abuse as a child developed a psychiatric disorder.<sup>59</sup>

The Christchurch Health and Development Study is a longitudinal study of a birth cohort of 1265 children born in the Christchurch urban area during mid-1977. These children have been studied at birth, at 4 months, then annually up to age 16, and again when they were 18. At 18, the young people underwent an extended interview on mental health issues, including questions relating to unwanted sexual activities before they were 16 years old.<sup>60</sup> In this study, researcher Prof David Fergusson found that those reporting childhood sexual abuse had an increased rate of depression, anxiety, substance abuse, disturbed behaviour or attempted suicide than those not reporting sexual abuse, and when confounding factors such as family dysfunction were adjusted for, that 10 to 20% of the risk of psychiatric disorder in young adults might be accounted for by exposure to child sexual abuse.<sup>61</sup>

It appears that just as a history of childhood sexual abuse is not necessary for the development of any particular psychiatric or adjustment disorder as an adult, not all people exposed to childhood sexual abuse develop such problems. In the Fergusson study, 24% did not appear to show any disturbance as eighteen year olds. The Bushnell et al. researchers commented that they could not determine whether any relationships observed in their sample were caused by sexual abuse itself or the characteristics of families in which such abuse occurred. In the Otago study, which used the Present State Examination, 82% of those reporting abuse were not psychiatric cases. These figures are in keeping with international studies which indicate that a significant percentage of people who have been sexually abused do not appear to have suffered either short-term

or long-term harm, although these figures should not be misused as some sort of acceptance of such behaviour.<sup>62</sup> The simple explanation is that most people are hardy and demonstrate resilience while a minority are vulnerable and develop a wide range of problems. This vulnerable group demonstrate responses which are both idiosyncratic and unpredictable.<sup>63,64,65,66,67</sup>

The Otago study found that many subjects who had been exposed to severe child sex abuse showed no long-term psychiatric disorders, and most of those who had developed problems had concomitant histories of family violence or emotional neglect.<sup>68</sup>

In another recent survey, five different forms of maltreatment of children and adolescents (physical abuse; physical neglect; verbal abuse; emotional neglect and sexual abuse) were rated for their effect on psychopathology. Neglect was found to have the greatest ill-effect, and sexual abuse, if it occurred in isolation from other forms of child maltreatment, the least ill-effect.<sup>69</sup> Physical and verbal abuse accompanying neglect caused the greatest long-term damage. The current over-emphasis by agencies such as CYPS and Rape Crisis with child sexual abuse, which probably represents only about 10% of all cases of child maltreatment and is less likely to have long-term ill effects than child neglect, means that detection and management of other forms of child maltreatment may be relatively neglected.

Children who suffer abuse and neglect clearly have an increased chance of adult problems. Needless to say, family dysfunction correlates with both childhood abuse and later problems as an adult. However, young people are very adaptable, and the majority will demonstrate resilience. A recent meta-analysis showed that only 10-15% of sexual abuse victims got worse over a two-year period following victimisation.<sup>70</sup> To date, there is no evidence to demonstrate that any form of child sexual abuse psychotherapy has a beneficial effect and improves the potential outcome compared to children who receive no treatment.<sup>71</sup>

Although 'behavioural indicator' lists were promoted in the 1980s to identify victims of child sexual abuse which included a variety of symptoms and behaviours, such as bedwetting, nightmares, over-eating, shyness, fearfulness or being too bold<sup>72</sup>, it is now realised that none of these are specific indicators. Antisocial behaviour, regressive behaviour such as thumb-sucking or bedwetting, psychosomatic disorders such as stomach-aches, or other behavioural problems such as nightmares, may result from sexual abuse but may also result from many other causes including the stresses associated with parents separating. With the rare exception of specific markers of sexual activity (genital injuries, sexually transmitted disease or pregnancy) there are no specific indicators of sexual abuse.<sup>73,74</sup>

Data from the Christchurch Health and Development Study found that children who suffered physical abuse had an increased risk of violent offending, suicide attempts, being a victim of violence and alcohol abuse.<sup>75</sup>



Currently, there is no way to identify those children who will develop problems, although those with poor child/parent relationships and who form friendships with delinquent peers are at higher risk.<sup>76</sup>

Adequate parental support is a protective factor.<sup>77</sup> The Otago Women's Health Survey study of women sexually abused as children found that those women who had had a good relationship with their fathers as teenagers did much better psychologically as adults than would be statistically expected.<sup>78</sup> Similarly the Christchurch Health and Development Study found that good father/child bonding and a supportive affectionate father reduces the chance of adult psychological problems developing when sexually abused children become adults. Other studies have also found that childhood social support, especially father support, is inversely associated with the potential for abuse to cause adult difficulties.<sup>79,80</sup> Close parent/child relationships appears to be a protective factor generally against the effects of exposure to adversity.<sup>81,82,83,84,85,86,87</sup>

## **FATHERS AND FALSE ALLEGATIONS OF MALTREATMENT**

A growing number of non-custodial parents (mainly fathers) are unable to maintain contact with their children after separation. A recent NZ survey found that 18% of custodial parents (mostly mothers) and 15% of non-custodial parents (usually fathers) reported that the non-custodial parent had no contact with their children six months after the couple had separated.<sup>88</sup> While some of these may be the 'dead-beat dads', who walk away from their children and do not want to see them any more, there are many loving fathers denied or restricted access to their children by our social and legislative services. The most serious impediment to a father continuing to parent his children after separation is often the Family Court.

If the mother makes any allegation that the father has displayed violence (physical, sexual or psychological) the Court is likely to limit him to supervised access even if there is no substantiation that he has ever been guilty of what he is accused. This might be an allegation that he has been violent towards his child in the past, or it might be that the child has witnessed him being verbally or physically abusive towards the child's mother in the past (given that the law includes a child witnessing violence by one person towards another as abuse). The Court operates on the suspicion that his child might have been abused in the past or might be abused in the future and denies that child free access to the father.

In many cases these actions have been taken without any corroborative evidence that the father has ever maltreated his child, often based solely on the testimony of the child's mother, who is feeling angry and bitter towards her ex-partner; wishes to have no further contact with him (therefore wants to prevent his access to their children) or uses the allegations as a weapon to hurt him. Despite the fact that research indicates that women are at least as likely to engage in physical violence against their partner or child, similar accusations against her will seldom result in these actions by the Court, and in some cases can count against the accusing father.

When allegations of sexual abuse are made during a custody dispute between separated parents (and the accusing parent has considerable motive to hurt or exclude a hated ex-spouse) there is a greatly increased likelihood that the allegations are false.<sup>89,90</sup> Some studies have found that 50% or more of allegations arising in the context of custody access disputes were false.<sup>91,92,93</sup>

Frequently the risk of a father sexually molesting his children is grossly exaggerated by agencies who work in the field. For example, during the recent New Zealand Rape Awareness week Rape Crisis claimed that “*Kiwi homes are plagued by incest*” and that the most common offenders are fathers. They said they averaged over 400 incest calls per year. However 1997 Ministry of Justice figures showed that during that year a total of 1328 people were charged with sexual offences, and 720 of these (54%) resulted in convictions. Of these, there were five cases of alleged incest, four of which led to convictions. It is not specified whether those convicted were fathers or other relatives of the victim. Rape Crisis figures exceed official statistics by a magnitude of one hundred. While not wishing to under-estimate the seriousness of the crime of incest, and acknowledging that not all cases of incest will be reported to the police, despite Rape Crisis’ encouragement, the discrepancy between the figures from the Ministry of Justice and those from Rape Crisis suggests that the latter are significantly over-stating the problem.

The general climate which presents molestation of children by their natural fathers as common-place, has effected the way that many fathers interact with their children. This applies to fathers in intact two-parent families as well as separated couples. Many fathers avoid bathing their children; touching, hugging, kissing and cuddling them; reading them good-night stories alone in their bedrooms, for fear that these loving acts might be misconstrued as having sexual overtones.

## **CONCLUSIONS**

Most fathers (like most mothers) love and care for their children and wish the best for them. It is internationally recognised that children have a right to maintain contact with both parents if separated from one or both.<sup>94</sup> This is reflected in many western jurisdictions where shared or joint custody is the norm. A large body of research indicates that children do best if they are co-parented by both mothers and fathers. Support and affection from fathers is a protective factor against children developing later psychological and social difficulties. Natural fathers who have a strong and early parent/child bond and who have actively participated in nurturant child care are very unlikely to abuse their children.

A minority of father and mothers abuse and /or neglect their children. While this can occur in any social group, child maltreatment is highly associated with poverty; single parenting; alcoholism and drug abuse; psychiatric illness; poorly educated parents; unemployment; poor housing; and welfare dependence (although of course many such families do not maltreat their children).

The vast majority of fathers do not abuse or neglect their children. Children are at much greater risk of child maltreatment when they are raised by solo parents (most of whom are solo mothers – 82% in 1991<sup>95</sup>). It is therefore important to assist couples to keep their families intact wherever possible, while ensuring that the well-being and safety of children is maintained. Some low income families today find that they are effectively penalised for staying together, and they are economically advantaged if they separate, where upon the woman can go on the domestic purposes benefit and the man on the unemployment benefit. There should be financial and other incentives for couples to live and raise their children together.

Where couples do separate, it must be recognised that children are much less likely to come to harm if they can maintain ongoing relationships with both parents. Regular contact between children and their fathers should be actively encouraged and supported by our social service and the courts. The sexually discriminatory practice of giving ‘custody’ to the mother and ‘access’ to the father should cease. The Family Court should have a presumption of joint or shared custody in the interest of children’s welfare and to the benefit of our society. This should not be undermined or restricted unless there is compelling evidence that the father has abused or neglected the child in the past, and is likely to continue to do so in the future. Supervised access significantly reduces the quality of father / child interaction, and therefore is only indicated in those instances where clear evidence of past child maltreatment has been demonstrated. The courts should firmly reprimand any mother who makes false maltreatment allegations in order to restrict a father’s access to his child.

Children need and deserve both their parents. Overwhelmingly, research shows that their chance of happy, healthy and successful adulthood is greatly enhanced when they have love and support from both mothers and fathers. Common sense gives us the same conclusion. Policies, practices and legislation should award mothers and fathers equal rights and equal responsibilities. It should be presumed that parents love and care for their children, and have their best interests at heart, unless there is compelling evidence to the contrary.

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