FALSE ALLEGATIONS OF SEXUAL ABUSE
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Questions
1. Nationally, what percentage of reported cases of child maltreatment are not substantiated?
2. What is the best estimate of false reports?
3. What is the fundamental obstacle to studying false allegations?
4. Do adults seem more or less likely to make false reports than children?

Review and Critique
Almost every allegation of sexual abuse raises a question about its veracity. Although there has always been some skepticism about sexual abuse, many professionals working in this area perceive the current reaction as one of "backlash." The truth of children's allegations of sexual abuse is being challenged; the techniques of professionals working in the sexual abuse field are being criticized; and the Child Protection System is being attacked for over-substantiating sexual abuse, as well as for other types of incompetence (e.g., Schultz, 1989; Wakefield & Underwager, 1988).

Therefore, the professional involved in assessing children said to have been sexually abused must understand what is known about false allegations. Five topics will be discussed in this chapter: the difference between an unsubstantiated case and a false one; criteria for deciding that a case is false or true; base rates for false allegations; situations where there is risk that an allegation by an adult is false; and situations where there is risk that an allegation by a child is false.

Differentiating an Unsubstantiated Case from a False Allegation.
In the United States there are laws that mandate the reporting of suspected cases of child maltreatment, including suspected sexual abuse. State statutes require professionals (usually all persons in educational settings with children, all health care professionals, and all mental health personnel, and in some states everyone, regardless of their roles) to report suspected abuse. Moreover, there are civil and criminal penalties for failure to report and protections from law suits for reporters (Myers, 1998; National Center for the Prosecution of Child Abuse, 1997).

Since the threshold for reporting is rather low ("reasonable cause to suspect maltreatment" or "reasonable cause to believe" the child has been maltreated), and there are legal protections and penalties related to reporting, it is to be expected that some reported cases will not be substantiated after investigation. From the time mandated reporting first became a Federal statutory requirement to the present, there has been a dramatic increase in the number of reports, from 670,000 in 1976 to over 3 million cases involving 5 million children in 2000 (American Association for Protecting Children, 1988; National Child Abuse and Neglect Data System, 2002). From 1994 onward, over 3 million children have been reported annually (McCurdy & Daro, 1994; Peddle & Wang, 2001). At the same time, the proportion of not substantiated cases has risen. In the mid seventies, approximately 60% of cases were substantiated (American Association for Protecting Children), whereas by the year 2000, about a third of cases were (National
Child Abuse and Neglect Data System, 2002; Peddle & Wang). There are several causes for the decrease in the proportion of cases substantiated.

First, in order to manage the overwhelming influx of cases, states developed screening measures. Using various criteria, states screen out approximately one third of cases (National Child Abuse and Neglect Data System, 2002). Cases are screened out because they do not involve maltreatment but involve some other problem (e.g., delinquency, a child mental health problem, a custody dispute, or, in some jurisdictions, a parental substance abuse problem that is not affecting the children). Cases are also screened out because the abuser is not a caretaker. A substantial proportion of child sexual abuse is perpetrated by non-caretakers (e.g., Faller, 1994).

A case may not be substantiated for a wide range of reasons. Most common, as reflected in national data, is the lack of sufficient information to make a determination about maltreatment. Substantiation rates for sexual abuse and reasons for not substantiating are fairly consistent with those for other types of child maltreatment (National Child Abuse and Neglect Data System, 2001, 2002).

There are a few studies that focus specifically on reports and dispositions in sexual abuse. Jones and McGraw (1987), researchers at the Kempe National Center, studied the proportion of cases founded (substantiated) and reasons for failure to substantiate in a sample of 576 sexual abuse reports during the year 1983 to the Denver County Department of Social Services. In this sample, 53% of cases were founded, and the remaining 47% were not. The largest proportion were not founded because of insufficient information (24%). The next largest category of cases was unsubstantiated suspicion (17%). In the latter, usually an adult reported suspicion of sexual abuse and accepted the disposition of unfounded when it was rendered. Only six per cent of cases were classified as fictitious (false).

A decade later, researchers at the Kempe National Center replicated this study, again using one year of reports (N=551) to Denver County Department of Social Services (Oates et al., 2000). Although the classification system is somewhat different in the replication, the findings reflect the national trend of decreased rates of substantiation: 43% of cases were substantiated; 21% were inconclusive; 34% were classified as “not sexual abuse;” and 2.5% “erroneous accounts by children.” The findings of both of these studies will be discussed in additional detail later in this chapter.

Unfortunately, several authors (e.g., Besharov, 1990; Gardner, 1991, 1992, 1995; Wexler, 1990), referring to the proportion of cases that are not substantiated, have implied that an unsubstantiated case is the equivalent of a false allegation. Based upon this distortion, these writers have asserted that there is an overwhelming flood of false, maliciously made reports of child maltreatment. (For a careful review of the issue of over-reporting of child abuse, see Finkelhor, 1990).

As well, a number of authors have asserted (Gardner, 1991; Nathan, 2003; Rabinowitz, 1990, 2003; Renshaw, 1987; Wexler, 1990) that there is an atmosphere of hysteria about allegations of sexual abuse and have likened charges of sexual abuse to the Salem Witch Trials (Gardner, 1991). However, no data, but rather the authors' beliefs, are provided to support these assertions (see Finkelhor, 1994, for a discussion of data that refute the assertion that there is a hysteria related to sexual abuse).

**Methodology for Deciding an Allegation Is False or True**

Some writers have reviewed the literature on false allegations and suggested certain types of cases that are likely to be false (Bernet, 1993; Mikkelsen, Guthiel, & Emens, 1992). For example, Bernet reports on a review of 40 works and suggests an array of child and adult variables that result in false sexual abuse reports: 1) indoctrination, 2) suggestion, 3) fantasy, 4) delusion, 5) misinterpretation, 6) miscommunication, 7) innocent lying, 8) deliberate lying, 9) confabulation, 10) pseudologia phantasia, 11) overstimulation, 12) group contagion, and 13) perpetrator substitution. (See also AACAP Practice
Mikkelsen and colleagues examined the false cases described in the literature and propose four categories: 1) arising out of custody disputes (i.e., divorce), 2) stemming from the accusers’ psychological disturbance, 3) resulting from conscious manipulation, and 4) being caused by iatrogenic elements. Both of these categorizations take into account that false accusations may derive from children or adults. Nevertheless, even though both articles appear in peer-reviewed journals, they are subject to the limitation in methodology of knowing, with certainty, allegations are true or false. Issues related to determining if an allegation is either false or true will be discussed next.

**Criteria for false allegations.** A fundamental challenge in the study of false allegations of sexual abuse is knowing with certainty that the cases being studied are false, so that indeed the study is of the characteristics of false allegations. Researchers and practitioners have proposed or used a number of criteria that would indicate the case is false. These criteria and their limitations will be discussed. The discussion will include research on actual reports of sexual abuse and analogue studies testing adults’ capacity to identify false cases.

**Research on reports of sexual abuse.** Arguably, the criterion that would assure with certainty that no sexual abuse occurred is “no opportunity,” that is that the offender did not have access to the victim or the victim was not exposed to the offender (AACAP, 1997). A researcher would need to accumulate a body of such cases, study them, and determine what characteristics these cases have in common. Even then, it might be erroneous to assume that these characteristics usually are attributes of false allegations. However, because of the difficulty of finding a sample of “no opportunity” cases, no such research has been conducted.

Courts and child protection agencies often assume “retraction of an allegation” is a signal that the original allegation is false. To use this criterion in research, however, researchers would need to differentiate true retractions of false allegations from false retractions of true allegations. Researchers have found a proportion of children recant in actual cases of sexual abuse (Elliott & Briere, 1993; Goodwin, Sahd, & Rada, 1982; Sorenson & Snow, 1991). In some of these studies, the existence of sexual abuse is documented by another indicator of abuse, such as medical evidence or offender confession (Sorenson & Snow). Because the absence of medical evidence and the failure to confess do not signal no sexual abuse, no parallel research on false cases exists. Indeed, recantation of actual sexual abuse is one of the characteristics of the Child Sexual Abuse Accommodation Syndrome (Lyon, 2002; Summit, 1983).

Polygraph results have been used as one of several measures by one team of researchers (Raskin & Esplin, 1991a&b), and the polygraph is often used by law enforcement to screen cases for criminal prosecution (e.g., Abrams & Abrams, 1993; Faller & Henry, 2000). Although the polygraph has its proponents (e.g., Abrams & Abrams), the scientific validity and reliability of the polygraph have yet to be demonstrated. In a review conducted for the U.S. Office of Technology Instruction, the polygraph was found to have only a somewhat better than chance probability of differentiating true from false statements (Saxe, Doughtery, & Cross, 1985, 1987). Moreover, the properties of the polygraph, in that it measures autonomic nervous system response when responding to questions, make it particularly problematic in sexual abuse cases (Cross & Saxe, 1992, 2001). Finally, one study examined the relationship between polygraph findings and other indicia of likelihood (e.g. details from the child interview, medical evidence, CPS findings, law enforcement findings) in 42 sexual abuse allegations, and found no relationship (Faller, 1997).

Schultz (1989) employed somewhat unusual criteria. He gathered information while attending two meetings of Victims of Child Abuse Laws (VOCAL), an advocacy group for individuals who state they have been falsely accused of abuse. Based upon 100 questionnaires completed by participants, findings indicated all had been falsely accused of sexual abuse, and all stated they had been vindicated in court.
data were relied upon other than the participants’ responses. Schultz was studying the negative consequences of being accused of sexual abuse and making suggestions for systemic change.

The most common criteria for false allegations used in studies of sexual abuse allegations are as follows: 1. consensually arrived at criteria, 2. a disposition by a mandated professional, or 3. the writer's clinical judgment. Although consensually arrived at criteria seem the most promising measure, experts can be in agreement and be wrong (Conte et al., 1991; Faller & Corwin, 1995; Poole & Lamb, 1998). For example for over 50 years, based upon Freud's work, mental health professionals believed that the overwhelming majority of children's accusations of sexual abuse had their basis in fantasy (Faller & Corwin, 1995; Masson, 1984).

Although their methodologies are somewhat different, the two Kempe Center studies described earlier use criteria a group of sexual abuse experts agreed on (Jones & McGraw, 1987; Oates, et al., 2000). Jones and McGraw first asked caseworkers to categorize cases (categories, as already noted, included fictitious allegation by child and fictitious allegation by adult). If there was a question about how to categorize the case, it was reviewed by the researchers and classified. However, they also reviewed 10 randomly selected cases from each of the categories, 1) reliable accounts, 2) insufficient evidence, and 3) unsubstantiated suspicion. The researcher report complete agreement between the caseworkers and the researchers. It also appears that all cases where there were recantations, fictitious allegations by adults, and fictitious allegations by children were examined by the research team, and a number of the fictitious allegation cases were reclassified. In their study, Jones and McGraw classified 6% as fictitious allegations. The percent rises to 8% when cases classified as insufficient information are eliminated from the analysis.

In the second Kempe Center study (Oates et al., 2000), the researchers relied primarily on the disposition of the protective services record. The exception was 2% of cases in which the researchers could not discern the disposition from reading the case record. In these cases, they asked the worker. Inter-rater reliability in coding cases was 89.9% when every 20th case coded was by a different member of the research team. As noted earlier, there were four general categories in the coding system: 1) sexual abuse, 2) not sexual abuse, 3) inconclusive cases (where there could be sexual abuse), and 4) erroneous allegations by children.

In a pioneering assessment and treatment program at Tufts University, researchers classified 181 cases as likely (N=156; 86%) and unconfirmed (N=25; 14%) based upon the assessment and treatment results. Within the unconfirmed cases were three subcategories, highly unlikely (N=16; 9%), uncertain (N=9: 5%), and false by child (N=7; 5%).

Thoennes and colleagues (Thoennes & Tjaden, 1990) studied allegations of sexual abuse in divorce, thus in a special circumstance. They employed the CPS worker or domestic relations court expert’s opinion to classify cases as 1) likely, 2) unlikely, or 3) uncertain. Examining 9,000 cases in family/divorce courts involving custody/visitation disputes from 12 jurisdictions, these researchers found 169 cases (less than two per cent) with allegations of sexual abuse. Of these, 50% were classified likely, 33% unlikely, and 17% inconclusive. Cases where there was disagreement between the child protection worker and the court appointed evaluator, as well as other cases without a definitive disposition, were classified as inconclusive.

The remaining studies, which mostly consist of small samples, many involving divorce, from the practices of the writers, either do not articulate the criteria employed or rely upon the clinical judgment of the writers (Benedek & Schetky, 1985; Goodwin et al., 1979; Green, 1986; Schuman, 1986). Generally information relied upon includes not only the child's statements and behavior, but also information related to the parents and the circumstances of the allegation. There are also writers who describe what they
believe are the characteristics of false allegations but provide no data (Blush & Ross, 1986; Gardner, 1989, 1992, 1995; Renshaw, 1987).

One of the problems is that a criterion for a false allegation by one professional could be regarded as insignificant or even indicative of a true account by another. For example, Green (1986) reported on 11 cases involving custody disputes he had seen in his practice. He defined four of these accounts as false. From these four cases, Green derived characteristics of false allegations, which he asserted were especially prevalent in divorce. His article occasioned an article in response by a number of leading experts in sexual abuse (Corwin, Berliner, Goodman, Goodwin, and White [1987]), that challenged his list of characteristics of false allegations. Among other things, Corwin and colleagues pointed out that divorce was both a context in which ongoing sexual abuse might finally be reported and a situation that might precipitate sexual abuse. Similarly, the practice of making inferences about the likelihood of sexual abuse from behaviors during interactions between the child and the accused parent (e.g. Haynes-Seman & Baumgarten, 1994) has been challenged (Faller, Froning, & Lipovsky, 1991).

Analogue research. The report from Ceci and colleagues (1995) illustrates the fallibility of clinical judgment about the truth of an abuse account related to the analogue study called the Sam Stone study, described in the chapter on children’s memory and suggestibility. The researchers showed videotapes of three children from the study to professional audiences at two conferences. These professionals scored at less than chance level in rating the veracity of children's accounts. Ceci and colleagues (1994) conducted a comparable study with five true and five false vignettes from the “mousetrap” study.

Interestingly, neither of these studies of professionals have been published in their own right, but rather have appeared in the discussion sections of the studies from which they were derived. A weakness of both of them is that the vignettes were not representative of the full spectrum of children’s accounts, but chosen based upon unspecified criteria.

Comparable findings regarding human/professional inability to discern a false account were reported by Dalenberg (1992). She had mothers of 97 children assist them in developing either a true or false account of physical punishment by another adult. Dalenberg then had the children's videotaped statements rated for veracity by graduate students, probation officers, social workers, and licensure applicants. They were able to classify correctly 52% of the accounts. Their assessments were compared to those of the computer using 31 objective criteria. The computer was correct 84% of the time. These studies argue in favor of criteria that are applied systematically and against relying on subjective impressions of truthfulness. This issue is addressed in depth in chapter 13.

Criteria for true allegations. In contrast to the almost insurmountable difficulty of determining for sure that an allegation is false, it is possible to know, in certain cases, that the allegation is true. For example in instances where the offender confesses, where there is a reliable eye witness, where pornography involving the victim is found, where the offender's DNA typed semen is detected, where the child is diagnosed with venereal disease, or there is other compelling physical evidence, evaluators can be virtually certain that sexual abuse occurred. However, the absence of these compelling findings does not mean that the accusation is false.

There have been several studies of children's statements in cases substantiated by other means (e.g., a confession, physical evidence, an eye witness; Faller, 1988; Lawson & Chaffin, 1992; Sorenson & Snow, 1991; Terry, 1990). These studies have found that children do not necessarily give complete and coherent accounts of their victimization, despite the veracity of the allegation. These studies are described in Chapter 10.
Sorenson and Snow (1990), one of the studies described in Chapter 9, examined 116 cases with other means of substantiation, mostly offender confession, and found that 72% of children initially denied sexual abuse, and 78% at first gave a tentative disclosure. Terry (1990) examined the accounts of sexual abuse of 18 children victimized by a single offender who confessed. He found that on average the children recounted fewer than 80% of the activities mentioned by the offender. Faller (1988) examined children's statements and behavior in clinical assessments for 103 cases where offenders gave some level of confession. Although each of the three general criteria assumed to be characteristic of a true allegation was found in about 80% of cases, only 68% of children's accounts contained all three clinical criteria. Lawson and Chaffin (1992) reviewed the records of 28 children, ages three to menarche, diagnosed as having venereal disease and subsequently interviewed by an expert in child assessment. Fifty-seven percent did not indicate the source of their venereal disease and 83% of children whose parent was unsupportive failed to disclose. In a study of four girls sexually abused by eight men documented by audiotape and photographs, Bidrose and Goodman (2000) found the victims only described 61% of documented acts.

Thus, evidently interviews, even when conducted by sexual abuse experts, are likely to yield false negatives (i.e., a failure to disclose actual sexual abuse, or less than complete disclosure) in a substantial proportion of cases. This appears to be a problem of larger proportions than false positives (i.e., false accusations of sexual abuse by children; Bidrose & Goodman, 2000; Faller, 1988; Lawson & Chaffin, 1992; Oates et al., 2000; Sorenson & Snow, 1990).

Summary
To summarize, it is important to appreciate that it is quite difficult to be sure that allegations are false. Hence the conclusions one can draw from studies of false allegations are limited, since they could include some true cases. Moreover, although it is possible in some cases to be sure that sexual abuse has happened, studies of these cases suggest that the clinical characteristics of the child's account, generally relied upon in instances without other means of substantiation, are not found in all valid cases. A more detailed discussion of these clinical criteria is provided in Chapter 13.

Base rates for False Reports by Adults and Children.
False accounts of sexual victimization may be made by adults, children, or may involve adult/child collusion. The limited research that compares the proportion of false allegations generated by adults and children is inconclusive. In the 1985 Kempe Center study (Jones & McGraw, 1985), 1% of allegations were false allegations by children and 5% by adults. If the cases in which there was insufficient information are eliminated, the rates for fictitious allegations are 6% for adults and 2% for children.

However, in the more recent Kempe Center study (Oates et al., 2000), results are somewhat different. In the “not abuse” category are cases determined unlikely, but no malicious intent was found (N=114; 21%); situations in which a parent or relative overreacted to signs and symptoms (N=32; 6%); cases where a community professional made a report that was unfounded (for example a teacher report a child who was masturbating in class) (N=30, 5%); and malicious false reports (N=9; 1.6%). To determine the relative rates of false allegations by adults and children, it is necessary to compare the adult false reports to those under erroneous allegations by children, where the accuser knew the allegation was untrue. There were 20 (3.6%) cases judged to be malicious false reports. These break down into 9 (1.6%) cases made by adults, 3 (0.5%) cases of adult-child collusion, and 8 (1.5%) false allegations by children. These findings suggest false reports are made about equally by adults and children.

Risk Situations for False Allegations by Adults
Adults in certain contexts are reported to be more likely to make false allegations of sexual abuse. The context cited most frequently is divorce (Benedek & Schetky, 1985; Faller, 1991; Gardner, 1989, 1991; Jones & McGraw, 1987; Klajner-Diamond, 1987; Mikkelsen et al., 1992). However, there is
disagreement regarding the motivations for making false allegations. Benedek and Schetky (1985) and Gardner (1989) find these parents, almost all of whom they say are mothers, make calculated false reports. Gardner describes these women as wanting to "wreak vengeance" upon their ex-spouses. However, Benedek and Schetky also diagnose many of these mothers with paranoid personality disorder.

Others have found few consciously made false allegations. Jones and McGraw (1987) noted that a substantial number of adults making fictitious allegations were suffering from posttraumatic stress disorder and that a number were otherwise psychiatrically disturbed. In these cases, untrue reports were not conniving, but a consequence of psychiatric illness. Thoennes and Tjaden (1990), who studied allegations in divorce, had data on motivation of only half of the accusers in their 169 cases, but found only 8 cases where the report appeared to be a calculated false accusation and 5 where the charge appeared to arise from parental emotional disturbance. In only half of their cases was the accusation of sexual abuse made by the mother. In a study of 215 cases with sexual abuse allegations in divorce, Faller and DeVoe (1995) found that 21% of cases appeared to be false, but most wrongly accusing parents seemed genuinely to believe the child had been victimized. Only 10 cases involved parents knowing they made false charges.

Emotional disturbance, other than in divorce cases, also appears to cause some adults to believe incorrectly that a child has been sexually abused. Goodwin and colleagues (1980), Klajner-Diamond and colleagues (1987), and Faller (1988) found that sometimes psychotic adults have delusions that children are being sexually abused. And some of the adults in Jones and McGraw's sample were not involved in divorces, but suffered from PTSD and other psychiatric disturbance. Interestingly, two of their nine fictitious accusers were disturbed professionals. Klajner-Diamond and colleagues report PTSD in some mothers who make false allegations, although they also describe mothers with PTSD whose children had, in fact, been sexually abused.

In contrast to these observations that false allegations do occur, but in circumscribed circumstances and often are made by disturbed individuals, is the opinion of Gardner (1991, 1992, 1995), who, as noted earlier in this chapter, asserts our society is preoccupied with sexual abuse and pronounces "sex abuse hysteria." Although he says that 95% of allegations are true, he declares that the overwhelming majority of cases in day care, nursery schools, and divorces are false. He faults parents, "validators", and "therapists" (his quotes). He attributes the deluge of what he says are false accusations essentially to the wish of parents and professionals, themselves, to be involved in sexual activities with children. According to him, making false allegations of sexual abuse and viewing sexual abuse as rampant satisfy the perverse needs of the accuser. Every time the adult makes an accusation he/she imagines the sexual activity and is sexually gratified by this fantasy. As well, Gardner asserts that the overwhelming majority of persons conducting evaluations for sexual abuse and providing sexual abuse treatment are incompetent. As mentioned earlier, despite his statement that he has 40 years of experience as a psychiatrist, Gardner provides no data to support his opinions.

**Risk Situations for False Allegations by Children**

As already noted, false accusations of sexual abuse by children are uncommon (e.g. Jones & McGraw, 1987; Levanthal, Bentovim, Elton, Tranter, & Read, 1987; Oates et al., 2000). As noted above, in the first Kempe Center study (Jones & McGraw, 1987) such allegations comprised 1% of all reports (and 2% when insufficient information cases are eliminated). In the second Kempe Center study, (Oates et al., 2000) erroneous allegations by children consisted of 14 cases (2.5%) and involve three subcategories: 1) collusion with an adult (3 cases; 0.5%), 2) child confused/mistaken (3 cases; 0.5%), and 3) fabricated allegations by child (8; 1.5%). Faller (1988) believed that 3% of her clinical sample of 194 cases were false accounts by children. Goodwin and colleagues (1980) found one false account by a child in the 46 cases they reviewed. Horowitz and colleagues (1984), whose project in the Department of Psychiatry at
Tufts is mentioned above, involved extensive assessment. They found less that five percent of 181 consecutive referrals to be false allegations by children.

In their study of 212 sexual abuse experts, Conte and colleagues (1991) found that respondents noted false allegations of sexual abuse by children occurred “seldom” but noted them in several contexts: being involved in a custody battle, psychological disturbance of the child, being exposed to a sexually overstimulating but non-abusive atmosphere, wanting to punish a hated parent, having no sense of obligation to tell the truth, and being too young to distinguish fact from fantasy.

Children whose parents are involved in divorce with custody or visitation disputes have also been described by a number of authors as making false accusations (Benedek & Schetky, 1987; Gardner, 1989; Green, 1986; Jones & McGraw, 1987; Jones & Seig, 1988; Levanthal et al., 1987; Renshaw, 1987). In Conte and colleagues’ (1991) survey of sexual abuse professionals, 90% of respondents thought that being involved in a custody battle "occasionally" resulted in distortions of the child's report. Jones and McGraw (1987) describe nine cases seen at the Kempe Center, all involving custody disputes, where both parent and child made a false allegation. They noted enmeshed relationships between these parents and children, and, as cited earlier, psychiatric disturbance in the parents. Faller and DeVoe (1995) report 9 cases (2.5%) which involved fused adult/child or child false allegations in the study of 215 cases in divorce, described earlier.

Reports indicate that false accusations are more likely to be made by older children, usually by adolescents (Faller, 1988; Jones and McGraw, 1987; Tufts New England Medical Center, 1984). Jones and McGraw (1987) identified eight allegations made by five children, four of whom were female adolescents who had been sexually abused in the past and had symptoms of post traumatic stress disorder. These researchers concluded that the PTSD resulted in distortions leading to the false allegations. Faller (1988) also identified adolescents as making the majority of false allegations. These children had histories of prior sexual abuse, but appeared to make the allegations for instrumental reasons, for example to cover up their consensual sexual activity or to effect removal from the home. Benedek and Schetky (1987) similarly report false accusations made by adolescents for secondary gain. The AACAP Guidelines (1990) and AACAP Practice Parameters (1997) also caution evaluators that adolescents may make false reports because of vindictiveness or to cover their own sexuality. The majority of the false reports in Horowitz and colleagues’ (1984) sample were from adolescents as well. Reasons they noted were anger at the accused, an attempt to influence living situation, and emotional disturbance. Eight of the 14 (57%) false allegations in the second Kempe Center study were made by adolescents.

Emotional disturbance on the part of the child has been suggested as a source of false allegations (AACAP, 1997; Bernet, 1993; Conte et al., 1991; Jones & McGraw, 1987; Mikkelsen, et al., 1992). A range of possible diagnoses have been proposed, including post traumatic stress disorder (Jones & McGraw), delusions (Bernet, 1993), pseudologia phantastica (fantasy or pathological lying without an evident motive; (Bernet, 1993), and severe mental illness.

Children have also been found to identify the wrong abuser very occasionally (AACAP, 1997; Bernet, 1993). Faller (1988) observed that some children cite someone who is less feared or less loved than the actual offender and reports four children in 136 divorce cases who accused their biological fathers when in fact someone else committed the abuse (Faller, 1991). However, De Young (1986) is of the opinion that the evidence is against the child implicating a convenient rather than the actual person. Bernet (1993) cites several mechanisms reported to be related to perpetrator substitution, including fantasy, psychosis, confabulation, and Oedipal wishes, as well as simply lying.

Young children may also be the source of false or possibly fictitious allegations (Conte et al., 1991; Levanthal et al., 1987). Faller (1988; 1993) has identified social desirability responses as a category of
false allegation by young children. Young children may not understand the question, may not know the answer, or may merely wish to please the evaluator and respond affirmatively to yes-no questions (e.g., "Did Uncle Joe put his finger in your peepee?"). As noted in Chapter 7, these possibilities are the reason for limiting the use of yes-no questions. Numerous experts (e.g., Boat & Everson; 1988; Lamb et al., 2001; Merchant & Toth, 2001; Poole & Lamb, 1998; Reed, 1996; White & Quinn, 1988) express strong reservations regarding these sorts of questions. However, as noted in Chapters 7 and 10, the findings from analogue studies are mixed regarding the risk of yes-no questions. In some studies, they only rarely produce false positives (Goodman & Clarke-Stewart, 1991), but in research involving very young children, such questions produce false positives more frequently (Bruck et al., 1994; Gordon et al., 1993).

In recent literature, there are two individual cases described as detailed false allegations by children (Bernet, 1997; Hershkowitz, 2001). Bernet’s case derives from an audiotaped “interrogation” of 5 year old girl by her babysitter. The allegation arises when the child evidences fear of a broom because she says her parents play a game called “sweep your booty.” Bernet (1997) quotes examples of coercive questioning techniques that ultimately result in the 5-year old making allegations of severe abuse against both her parents. The second example in the literature (Hershkowitz, 2001) involves a 10-year-old girl, who walked through the woods on her way home from school, something she was forbidden to do. A man exposed himself and forced her to look at his penis. She ran away. Initially she failed to report the event, but later upon the advice of friends, decided to report it to her mother. In order to avoid problems because of her delay, she took the same route through the woods, and arrived home crying. Her mother asked her a series of direct questions including whether someone had touched her private parts, which she affirmed. When interviewed, the girl stated that she had been forcibly thrown down and raped. However, the forensic medical exam revealed no evidence of rape or penetration. Eventually she recanted and gave a statement about the man exposing himself to her several days earlier. Hershkowitz subjected both accounts to Criteria Based Content Analysis (CBCA), which is described in Chapter 13, and concluded that the exposure account contained criteria of a true allegation, and the rape account did not. Of note is that in both of these case examples, questioning techniques appeared to have played a role in the false accusations.

Finally, Gardner (1991), again in contrast to the opinions of other professionals, cites the following factors as leading to false allegations of sexual abuse by children: their polymorphous perversity and consequent penchant to fantasize about sexual activity, including such activity with adults; children's exposure to sexual abuse prevention programs, which cause them to confuse appropriate touch with sexual abuse and stimulate their sexual fantasies; and the "ubiquity of environmental sexual stimuli", such as MTV and pornographic videos. His criteria for deciding the likelihood of sexual abuse are discussed in the next chapter.