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The Frequency of False Allegations of Child Sexual Abuse: A Critical Review

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ABSTRACT

The rate of false allegations has been a topic of research spanning back to as early as the 1970s. Studies have often relied on data gathered by Child Protective Services workers and court administrators. Some researchers have also used hypothetical scenarios to estimate rates. However, given the plethora of sampling methods, there is a large variation in estimated rates of false allegations of sexual abuse depending on the data source and context of the allegation. Additionally, methodological problems such as unclear or invalid criteria used to judge truth or falsity of an allegation, unrepresentative samples, and ignoring important contextual variables such as the stage at which an allegation is made, currently all render the determination of actual rates of false child sexual abuse allegations to be unknown. This examination of literature is intended to gain a firmer understanding of the frequency at which allegations are false and during which stage of prosecution they occur, thus assisting with the legal practice of distinguishing between a false versus positive allegation. Research reviewed supports two general conclusions: (a) the vast majority of allegations are true but (b) false allegations do occur at some non-negligible rate. Suggestions for future research, as well as cautions about claims about specific rates of false allegations in the courtroom, are provided.

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Child sexual abuse (CSA) is a significant social problem, with some studies estimating that internationally 20% of women and 5–10% of men reporting having been sexually abused as a child (Freyd et al., 2005). These figures are likely a misestimate, due to the unknown influences of underreporting or over-reporting, as well as variance introduced by diverse legal definitions of abuse. It is unclear what the psychological and social costs are of a child adopting a false autobiographical memory of being sexually abused. However, there have been high profile cases, such as the McMartin abuse trial in California and the Edenton daycare case in North Carolina, among others, that have demonstrated the excessive costs associated with investigations based on a large number of seemingly false allegations. The McMartin

trial resulted in 6 years of persecution and cost approximately \$15 million, but produced no convictions, possibly due to a number of false beliefs about sexual abuse of preschool children (Herman, 2005). Despite this, limited research has been done to understand how often false allegations of CSA are made. A clearer understanding of base rates of false allegations of CSA is vital to understand the implications false reporting may have on the usage of expert opinions of mental health professionals in court, as well as to alleviate the large cost of prosecuting false reports.

What are false allegations?

The first task in determining the false reporting rate of CSA allegations is to decide on a standardized definition of the construct “false allegation.” However, this definition has been both variously characterized and widely debated in the literature. For example, should an allegation that is judged to be “unfounded,” a common term in child welfare investigations that often denotes insufficient evidence, but usually not clearly exonerating or exculpatory evidence, be considered a false allegation? Should each time a child recants his or her allegation be counted as a false allegation even though a child can falsely recant? Should the absence of an allegation when CSA is actually occurring be considered a false allegation (i.e., a false negative)? How should an allegation that is only partly true be categorized, such as if the child alleges abuse happened twice when evidence clearly indicates it happened just one time? Should false reporting only include allegations made by a child or should it also include false allegations made by parents or other caregivers on behalf of the child? Finally, should false allegations be divided into allegations that were unintentionally false (e.g., misconstruing a benign bathing incident or a false memory due to suggestible influences; see Hirtz et al., 2015) or only allegations that were intentionally false (see Cirlugea & O’Donohue, 2016 for a review of lying and CSA allegations)?

Bernet (1993) attempted to conceptualize what constitutes a false allegation and stated that false allegations can be grouped into four different subtypes: “those arising out of custody disputes; those stemming from accusers’ psychological disturbances; those resulting from conscious manipulation; and those caused by iatrogenic elements” (p. 903). O’Donohue, Cirlugea, Bennett and Benuto (2016) have also suggested other causal pathways for false allegations, including lies made by the child, suggestive influences by parents or by the forensic interviewer, misinterpretation of benign events (such as a bath), confabulation of different but benign experiences (a physician touching their genitals with an uncle touching these), distortion guided by having a stake in the outcome, or certain child or adult pathology. Unfortunately, only suggestive influences by parents or by the forensic

Table 1. Rates of False Allegations

Study	Methods	Results
<i>False positives</i>		
Administration for Children and Families (2003)	Collected data from investigations of CPS	Rate of .28% investigations with a final ruling of an intentionally false allegation
Administration for Children and Families (2014)	Collected data from investigations of CPS	Rate of .06% investigations with a final ruling of an intentionally false allegation
Everson and Boat (1989)	Questionnaires from 100 Departments of Social Services in North Carolina; asked workers how many allegations were substantiated vs how many they believed to be false	Overall rate of 4.7% suspected false allegations; 2.5% for children under 6 years old, 4.3% for elementary school age, 8% for adolescents
Goodwin et al. (1978)	Reviewed alleged child sexual abuse at a child protective agency	Rate of 2% false accusations by a child
Jones and McGraw (1987)	Phase 1: Used data from Denver Social Services to examine rates of child sexual abuse; Phase 2: Assessed cases referred to Kempe National Center between 1983 and 1985	Phase 1: Overall rate of 6% of cases fictitiously reported by either a child or adult; Phase 2: False allegation rate of 2.9%
Kendall-Tackett and Watson (1991)	Telephone survey of 201 law and mental health professionals; provided estimates of percentages of children they believed to have made false accusations of sexual abuse	Overall rate of less than 5%
Malloy et al. (2007)	Analyzed rates of recantation of child sexual abuse in 257 substantiated cases	Recantation rate of 23.1%
Oates et al. (2000)	Collected data from 551 sexual abuse cases referred to Denver Social Services in 1992	Rate of 2.5% cases deemed erroneous, 21.1% sexual abuse did not occur
Thoennes and Tjaden (1990)	Administered mail and telephone surveys, interviews, and information from court staff to explore the interplay between custody disputes and perceived sexual abuse allegations	Rates of likely false allegation during a custody dispute in 38% of children aged 1–3 years old, 44% of children aged 4–6 years old, and 29% of children 7 years or older
Trocme and Bala (2005)	Analyzed data from 1998 Canadian Incidence Study of Reported Child Abuse and Neglect	Rate of 6% cases deemed intentionally false
<i>False negatives</i>		
Bradley and Wood (1996)	Evaluated cases of child sexual abuse validated by protective services using Sorenson & Snow's (1991) criteria for inclusion	Rate of 6% false denials and 4% false recantations
Lawson and Chaffin (1992)	Compared verbal disclosure of child sexual abuse vs no verbal disclosure with a sample of children diagnosed with an STD	Rate of 57% children who did not disclose sexual abuse
Sjoberg and Lindblad (2002)	Assessed children's disclosure of sexual abuse during police interview by comparing rates of disclosure to the sexual acts they experienced on videotape	Rate of false positive and false negatives is unclear

interviewer has been studied empirically, thus leaving much that is unknown regarding the frequency and potency of other possible pathways.

Despite such aforementioned attempts, a key question remains: by what evidential standard (preponderance of evidence, beyond a reasonable doubt; presumption of truth), ought what kind(s) of evidence (genetic, witness

statements, statements obtained from child forensic interviews, recantations, unusual features of the allegation (e.g., fantastic details), alleged perpetrator statements, legal outcomes, data from child protective service investigations, etc.) be considered sufficiently complete and sound, be judged by whom (a judge or jury; a researcher; or a forensic investigator) to make what sort of conclusions (true, false, partially true, unable to determine) about a CSA allegations?

What is the rate of false allegations of CSA?

The rate of false allegations has been a topic of research spanning back to as early as the 1970s. Studies have often relied on data gathered by CPS workers (e.g., Kendall-Tackett & Watson, 1991) and court administrators (e.g., Thoennes & Tjaden, 1990). Some researchers have also used hypothetical scenarios to estimate rates, including Poole, Dickinson, Brubacher, Liberty, and Kaake (2014), who examined the effect of cognitive control deficits on false reporting was assessed using the Mr. Science paradigm. Saywitz, Goodman, Nicholas, and Moan (1991) also conducted a study involving the memory of genital touch during a routine medical examination, in order to examine the influence of genital touch, age, type of questioning, and retention of children's reports. However, given the plethora of sampling methods, there is a large variation in estimated rates of false allegations of sexual abuse depending on the data source and context of the allegation. This examination of literature is intended to gain a firmer understanding of the frequency at which allegations are false and during which stage of prosecution they occur (see Table 1), thus assisting with the legal practice of distinguishing between a false versus positive allegation.

Rates of false allegations estimated by police officers and mental health professionals

Kendall-Tackett and Watson (1991) surveyed 74 law enforcement professionals and 127 mental health professionals to determine what percentage of CSA allegations these professionals estimated were false. A total of 201 Boston area participants took part in a standardized telephone interview in which they were asked to provide estimates of the percentages of children below the age of 6, between 6–9, and between 10–12 whom they believed to have made false accusations about being sexually abused. Results indicated most professionals suspected that lying about sexual abuse occurred in less than 5% of cases, and that children ages 10–12 made more false accusations than younger children. A total of 82% of these professionals endorsed that more than 5% of 10 to 12-year olds had lied versus 71% of professionals indicating that for 6 to 9-year olds and 59% professionals for 6-year olds.

Additionally, findings indicated that female professionals reported significantly fewer fictitious allegations than their male peers. This study has several limitations and therefore results should be interpreted with caution. First, lying was defined as a child stating that the abuse occurred when in fact it did not (i.e., false positives). Thus, this study did not assess the child's intentionality and thus failed to distinguish lying from other pathways to false allegations such as false memories or parental influence. In addition, the definition used in the study excluded any instances of abuse in which the child claimed that the abuse did not take place when it clearly did (i.e., false negatives). Second, the only method for determining the percentage of children that had lied about being abused was to ask law enforcement and mental health workers to offer their aggregated opinions as opposed to their judgments about individual cases. In addition, there is no evidence that a professional's opinion about rates of false allegations is a valid indicator of actual rates of false allegations. Instead, this may be a better index of professionals' preconceptions about this issue, as the inclusion criteria for this study did not include a large amount of experience with sexual abuse allegations. Additionally, no evidence was presented providing support for the specific reasons the professionals came to their judgments in individual cases. Finally, this study concentrated on lying while other pathways are possible for false allegations, specifically suggestibility producing false memories.

Rates of false allegations within CPS records

Another method of investigating false allegations of CSA is by examining the United States Department of Health and Human Services' Child Maltreatment reports. In 2003, 2,856,284 children were subjects of a Child Protective Services (CPS) investigation (Administration for Children and Families, 2003). Of those, 7,950 (.28%) received a final ruling that the allegations were intentionally false, as defined as "a conclusion that the person who made the allegation of maltreatment knew that the allegation was not true" (p. 105). In contrast, in 2014 there were 3,940,920 cases of child abuse/neglect that were investigated or given an alternative response by CPS in the United States (Administration for Children and Families, 2014). Of those, 2,242 (.06%) were eventually found to be intentionally false. In terms of false reports, Idaho had the highest rates with 700 out of 14,364 investigations, however the cause of such an elevated rate was not clear. Additionally, both reports failed to distinguish cases based upon the type of maltreatment or abuse (i.e., neglect versus sexual abuse), so it is difficult to estimate base rates of sexual abuse from these reports. Moreover, the criteria used to determine that an allegation of abuse was intentionally false were also unclear. Finally, because these data concentrated only on intentionally false allegations, they provide no information on the total rate of false allegations

as the estimate lacked rates of unintentional false allegations. It is reasonable to assume this latter category, which would cover false memories due to suggestibility as well as misinterpretations, would involve most false allegations.

Everson and Boat (1989) sent questionnaires to 100 county departments of social services in North Carolina. Workers were asked how many investigations of CSA they had been involved in the past 12 months, as well as the number of cases of CSA that were substantiated, and the number of cases in which a child or adolescent made an allegation of CSA believed to be false. Eighty-eight out of 100 questionnaires were completed. There were 34 workers who had described at least one false report of sexual abuse and 24 of those were chosen to compose a "false reports" subgroup. The same procedure was used to compose a 24 worker "true reports" group out of the 54 workers who reported no fictitious accounts in the prior year. One participant from both groups was unable to be interviewed. Those interviewed were asked about their experience with CSA cases, their attitudes toward the credibility of children, and additional details of the false reports of abuse. There were 1249 cases reported. One-third of the children were under 6, one-third were elementary school age, and one-third were adolescents. A total of 56% of the cases were substantiated, with the lowest rate of substantiation for those under 3 which was 48% unsubstantiated. The average rate of suspected false allegations was 4.7%, with a rate of 2.3% for children under 6, 4.3% for elementary school age, and 8% for adolescents.

Everson and Boat (1989) found that rates of false allegations were higher in those who were in the false reports subgroup than the true report group. When examining the factors that were used to determine the allegations to be false, 16 were deemed false due to recantation of the allegation by child, 6 were deemed false due to the improbability of the allegation, while the remaining were determined false with an average rate of 4 cases for the following reasons: insufficient details, inconsistencies in the report, conflicting evidence, failure of others to corroborate, the credibility of alleged abuser, absence of fear of alleged abuser, absence of physical evidence, or polygraph test results. It should be noted that there was overlap of these factors in the 29 cases. The primary motivation for false allegations was reported to be: change in living arrangement (6; 21%), retaliation (6; 21%), attention-seeking (5; 17%), manipulation by another (6; 21%), misperception by child (2; 7%), and the reason was unknown for four of the cases (14%). However, no inter-rater reliabilities were given.

Despite these detailed estimates, the samples seem to be unrepresentative, as the only sample demographics reported by the researchers were gender (96% female) and race (82% White). Neither of these is representative of the general population. However most importantly, there is no argument given for the validity of the individual indicators of a false report used in the study,

nor the comprehensiveness of this list. Some of the criteria used to determine falseness of the allegation do not necessarily indicate falsity (i.e., retraction by the child as a child for a variety of reasons can retract a true allegation). Therefore, there is uncertainty regarding whether the reported false allegations are indeed false. Lastly, there may be issues in interpreting these rates, as the same child may be involved in multiple cases.

Oates and colleagues (2000) utilized data from the Denver Social Services (DSS) gathered between January 1st and December 31st, 1992. The cases were categorized into four groups: substantiated sexual abuse, no sexual abuse, inconclusive cases, and erroneous concerns by children (i.e., in collusion w/parent, child believed it occurred, and child knowingly fabricated). Criteria used to determine substantiation of sexual abuse included "information obtained from the child and family, medical evidence, and court findings or perpetrator's confession" (p. 151). Further, cases were classified as no sexual abuse if the caseworker believed that sexual abuse was highly unlikely or definitely did not occur. Lastly, cases were categorized as inconclusive if the caseworker believed that sexual abuse may have occurred, but there was insufficient evidence.

Oates et al. (2000) examined 551 cases, with 42.8% of those being substantiated, 33.6% were inconclusive, in 21.1% sexual abuse did not occur, and 2.5% were deemed erroneous. Out of those cases deemed erroneous, 32 cases included a parent/relative wrongly claiming that child abuse had occurred (37.6%), 21 cases included a community member making the false notification (24.7%), 14 cases were fabricated by the child (16.5%), 9 cases included a professional requesting an investigation (10.6%), and 9 cases included fabrication by an adult (10.6%). The mean age of children in erroneous cases was 9.6 years old with a standard deviation of 4.9 years. Lastly, out of those cases deemed erroneous, three cases were made in collusion with a parent, in three the child believed abuse occurred, and in eight there was a definite false allegation (one was to "get even," one was to impress a classmate, and in six the reasons were unknown). In this study, the researchers did not describe demographics beyond age, thus it is unclear the extent to which the sample is representative of the general population. Additionally, the researchers did not discuss inter-rater reliability or the process of rating of allegation status, thus the reliability of falsity judgments is unknown. Moreover, the rate of false allegations in this study may be underestimated, as cases in the inconclusive category may in fact be false and the cases reviewed are only cases that were investigated and conclusions were formed. Therefore, the exclusion criteria for this study should be taken into account as affecting the rate of false allegations in this study. Lastly, the criteria for determining falsity were not discussed, which raises further question about the validity of the reported rate of false allegations in this study.

Examining the influence of the parental separation, Trocme and Bala (2005) analyzed data from the 1998 Canadian Incidence Study of Reported Child Abuse and Neglect, consisting of a representative sample of 51 child welfare service areas across Canada. Four of the sites were selectively chosen based on representativeness and accessibility, and the rest were selected randomly. Between October and December 1998, there were 7,672 total cases. It is important to note that this number does not include incidents that were not reported to child protection authorities, reported cases that were screened out by child protection workers before being fully investigated, new reports on cases already opened by child protection authorities, cases that were only investigated by the police, or cases involving separated parents who proceeded through the family courts without having a full child welfare investigation. Of the 798 sexual abuse cases, 6% were deemed intentionally false. Of those deemed false, 19% were reported by a custodial parent, 0% were reported by the child, 16% were reported by a noncustodial parent, 14% were reported by a relative/neighbor/acquaintance, and the remaining cases were reported by unspecified individuals. Limitations of the study include the criteria for determining veracity and intentionality of the allegations were not independently verified, shedding doubt on the validity of these judgments. Additionally, information about custody disputes was provided by the investigating worker and was not verified through court records. Most importantly, it is unclear what the criterion for determining falsity were, casting doubt on both the validity and reliability.

Jones and McGraw (1987) used data from the DSS to examine sexual abuse reporting rates, which reported 576 reports of CSA. DSS workers had investigated the cases, while concurrently allotting the reports into six categories: (a) reliable, (b) recantations of reliable accounts (by child), (c) unsubstantiated suspicions (by adults), (d) insufficient, (e) fictitious allegations (by adults), and (f) fictitious (by child). The reliable and recanted cases (53%) were categorized as founded, with the remaining cases being deemed unfounded. Specifically, 49% of the reports were categorized as reliable, 24% were insufficient, 17% were unsubstantiated by adults, 5% were fictitiously reported by adults, 4% were recanted by the child, and 1% were fictitiously reported by the child. It is important to note that the actual rate of false allegations may be misestimated, as allegations in other categories (i.e., insufficient, recanted by the child and unsubstantiated by adults) could also be false.

Moreover, Jones and McGraw (1987) assessed cases of CSA at the Kempe National Center between 1983 and 1985. There were 21 false cases and 696 reliable allegations (yielding a false allegation rate of 2.9%). The validation process for the categorization consisted of assessing a child's statement (i.e., looking at whether it included explicit detail, word/sentence formation, emotion, psychological response, pattern of abuse, secrecy, unique/

distinguishing detail, and/or age-appropriate perspective), history of family, behavior of child, disclosure, statement to others, consistency, usage of toys, playthings, drawing materials, knowledge of sexual anatomy/function, other children involved, and physical/physiological evidence. Additionally, researchers examined the investigative interview and categorized it as either adequate or inadequate based upon whether it incorporated suggestive or leading questions, used anatomical dolls, and whether it was brief or inappropriate given the child's developmental level.

Out of the 21 false cases, there were 17 girls and 4 boys (Jones & McGraw, 1987). Ages of the children ranged from 1.5 to 10 years old. Nine fictitious allegations were made by the adult (42.9%), seven were mixed reports (33.3%), and five of the fictitious accounts were reported by the child (23.8%). Fictitious accounts by the child included five girls, aged 3–9 years old, who had untreated posttraumatic stress disorder (PTSD) from previous victimization and one was in a custody dispute. Notwithstanding, in the fictitious accounts by an adult, nine of the adults were females, with seven being the mother of the child and two were professionals. The age of the children in these cases ranged from 1 to 6 years old and seven were girls and two were boys. The reasons for reporting fictitious accounts included being in a custody/visitation dispute, the adults having prior victimization/neglect, or the adult was emotionally disturbed. In the fictitious mixed group, the demographics demonstrated that two were male and five were female. The children in these cases were between the ages of 3 and 10 years old. Additionally, for all of the cases, there was a custody/visitation dispute and all the mothers had psychiatric disturbances (i.e., a personality disturbance). Lastly, three of the adults had PTSD symptoms due to prior victimization.

The researchers failed to report the sample demographics beyond gender and age, thus the representativeness of the study sample rate an open question. Additionally, the researchers did not discuss inter-rater reliability, casting further doubt on the reported rate of false allegations. Moreover, in phase one of the study, it is unclear how DSS determined falsity which raises questions about the validity of false allegation rates in the studies. Lastly, the inclusion of PTSD and prior victimization as possible factors of falsity is problematic, as neither have prior literature demonstrating an increase in the likelihood of a child falsely reporting.

Goodwin, Sahd, and Rada (1978) reviewed 46 cases of alleged CSA that they had encountered in their work at a child protective agency as well as an undisclosed number of cases from professionals working at other agencies in the Albuquerque area. All alleged abuse was perpetrated by either a family member or someone living within the family. The authors found that of the 46 cases examined only 1 was a false accusation made by a child (2%). This case involved a 13 year old who began exhibiting behavioral problems after her mother remarried. The girl had run away from her home and sought

shelter with a friend whose father was a policeman. When questioned about why she ran away, the girl disclosed that she had been sexually abused by her stepfather. She later recanted and stated that she had fabricated the story after reading about incest in a book. In addition, two of the cases (4%) were deemed false retractions of a true accusation made by a child. The two sisters ages 11 and 8 had run away and made claims of physical abuse. When those claims were investigated, one of the sisters indicated that sexual abuse had taken place. A medical examination revealed that the older sister had “a ruptured hymen and a wide vaginal canal.” In a subsequent interview the sisters recanted their allegations, calling these a hoax and revealing that they had been coached to make false allegations by an older girl. One of the sisters refused to provide more information about the hoax while the other cried and confessed that the mother had made up the retraction.

Goodwin et al. (1978) only provided the child's statement as a means of verifying that the child knowingly lied about being sexually abused, e.g., in the case of the girl who admitted fabricating the story after reading about incest. Additionally, none of the methods utilized to determine that the child lied (either by stating that the sexual abuse took place when it didn't or by recanting a true allegation) can be taken as conclusive evidence that a false allegation occurred. In the case where a child made a false accusation, the criteria for concluding that the child's claims were in fact false consisted of (a) the general circumstances of the initial outcry and (b) the child's subsequent statement retracting the allegation. In the two cases where the study concluded that the children made false recantations, the criteria for establishing that the children's recantations were truly false were limited to the children's statements and some medical evidence that may or may not be indicative of sexual abuse. In addition, conclusions from this study are limited by sampling technique as there is no reason to believe that the original sample was representative.

Rates of false allegations in legal proceedings

Thoennes and Tjaden (1990), administered surveys by mail and telephone, completed personal interviews, and utilized information collected from court staff to explore the interplay between custody disputes and perceived sexual abuse allegations. In late 1985, telephone interviews and mail surveys were sent to over 200 court administrators, judges, court-based custody evaluators, and/or mediators in 50 states and District of Columbia. Consecutively, five locations were selected for further interviewing: Denver, CO, Los Angeles, CA, Madison, WI, Seattle, WA, Cambridge, MA. Roughly 70 interviews with professionals involved in divorce and sexual abuse cases at these sites and data were collected from domestic relations court staff in 12 jurisdictions: Albuquerque, NM, Cambridge, MA, Connecticut, CT, Chicago, IL, Dallas,

TX, Detroit, MI, Indianapolis, IN, Las Vegas, NV, Los Angeles, CA, Madison, WI, Phoenix, AZ, and Seattle, WA. Out of a sample of over 9,000 families with custody disputes, less than 2% also involved an allegation of sexual abuse (with a range varying from 1% to 8% across sites). Furthermore, when excluding the site with lowest incidence, the overall rate rose to 3%.

Concurrently, Thoennes and Tjaden (1990) conducted an assessment of the CPS workers' and court evaluators' opinions regarding the perceived likelihood of the abuse being true. There were 129 cases for which an assessment was available. In 20% and 47% of the cases, respectively, only the opinion offered by the CPS worker or the custody evaluator's opinion was known, whereas in 33% both the CPS worker and court evaluator opinions were available. It is important to note that in only 10% of these cases were the two workers in disagreement, thus demonstrating adequate inter-rater reliability (.90). Findings suggest that the allegation was perceived as unlikely in 38% of children aged 1–3 years old, 44% of children aged 4–6 years old, and 29% of children 7 years or older. Furthermore, the allegation was perceived as unlikely in 42% of one recent episode allegations and 11% of multiple recent episodes allegations. In 23% of fondling exposure and 37% of penetration/oral-genital contact the allegation was perceived as unlikely. The allegation was perceived as unlikely in 44% of cases without a prior report and in 5% with a prior report. The allegation was perceived as unlikely in 33% of cases with mother against father, in 41% of cases with father against mother, in 45% of parent against a third party, in 34% of cases where length of time between divorce filing and allegation was less than 2 years, and in 23% of cases where length of time between divorce filing and allegation was more than 2 years. While the study adds some insight into the rate of false allegations during a custody dispute, the validity of the criteria used to judge whether an allegation is true or false remains unclear.

Sjoberg and Lindblad (2002) conducted a study to explore children's disclosure of sexual abuse and obstacles to such disclosures. Researchers obtained police interviews of 10 children who were victims of at least one act of sexual abuse by a single perpetrator. The interviews were conducted between 3 and 23 months after the last alleged sexual abuse incident. The acts of sexual abuse were also videotaped and these recordings were obtained, following the arrest of the perpetrator. Researchers compared the child's report of what happened to that of what was recorded. Out of the 10 children, none reported acts of sexual abuse that were not corroborated by video evidence, though 3 reported other forms of maltreatment not documented on the videos. Three children reported difficulty with remembering the incidents, either due to what the researchers judged to be active suppression or "normal" childhood amnesia. Four children reported they did not want to talk about the abuse, though three eventually did after either the interviewer utilized leading questions or being asked whether someone told

the child not to tell. It is unclear the exact number of children who disclosed or the number who failed to, even after usage of leading and suggestive questioning. It is important to note that the children in the study were not randomly selected and are not representative of the general population, casting doubt on the generalizability of the false allegation rate. However, this study does shed some important light on underreporting sexual abuse and thus a situation of allegation being false in that it is not being made.

Lawson and Chaffin (1992) further evaluated false negative disclosures, defined as cases in which sexual abuse occurred but there was no verbal disclosure by the child, in a sample of 28 children ages 3 to puberty diagnosed with one or more STDs. These authors found that 12 children (43%) provided a verbal disclosure during an investigatory interview conducted by a social worker, while 16 (57%) provided no verbal disclosure. The latter group was judged to fit the authors' standard for false negative disclosures of sexual abuse due to the supporting medical findings of the STDs. Caregivers' level of supportiveness was found to be associated with disclosure by the child, given that 63% of children with caregivers deemed supportive disclosed while only 17% of children with caregivers considered unsupportive disclosed.

Bradley and Wood (1996) evaluated 234 cases of CSA validated by Protective Services. Approximately half of the cases (52%) met Sorensen and Snow's (1991) criteria for inclusion (e.g., medical evidence, conviction of offender and offender's confession). Results indicated that of the whole sample, 13 of cases were denials (6%), and 8 were recantations (4%). Because the cases were considered validated, the authors interpreted that the denials and recantations were always false, and therefore the accuracy of these numbers is limited by the accuracy with which protective services originally validated the cases. The researchers also indicated that the child's mother had played a large role in the child's recantations in five of the eight cases through repeated pressuring of the child to take back the allegations of abuse.

Malloy, Lyon, and Quas (2007) analyzed rates of recantation of CSA allegations in 257 substantiated cases of CSA. Disclosures of sexual abuse were drawn from multiple formal (conducted by professionals, e.g. law enforcement personnel) and informal interviews (conducted by nonprofessionals, for example parents). Results indicated that in five cases (2%) children never disclosed abuse. Recantation occurred in 23.1% of the interviews, at times within the same interview. Rates varied based on type of interview (formal vs. informal), informal interviews eliciting a slightly larger number of recantations than the formal ones.

Discussion

The varying results and methodological problems of the studies reviewed do not allow a precise statement to be made about the rates of false allegations of

sexual abuse. However, two broad claims seem to be supported by the literature: (a) most allegations of CSA are true—no study reported a majority of even a sizeable minority of claims to be false; (b) however, false allegations do occur at a non-negligible rate—with studies of actual allegations demonstrating rates usually in the 2–5% range, but with more controlled but analogue studies of false claims of touching revealing the highest rates, sometimes with nearly a third of children making false claims of touching. In addition, it appears that custody disputes result in much higher rates of false reporting and that the phenomena of underreporting (false denials of abuse, or simply no allegation being made) also occur at a substantial rate.

However, even the studies of these rates of abuse allegations are plagued by many methodological problems that need to be addressed in future research. The central problems appear to be: (a) agreeing on clear and valid operational criteria for determining true vs false vs. cannot be determined categorizations; (b) demonstrating consistency of judgments of these by reporting inter-rater reliabilities; (c) obtaining representative samples of CSA allegations that appropriately represent key contextual variables such as the stage of the allegations (to a first responder, vs. to a parent, vs being actively adjudicated); and (d) examining both false positives and false negative rates. More attention to these critical methodological details can allow more confidence in conclusions about false allegation rates. It appears also that there would not be one rate—but rather a family of rates that are a function of a variety of key contextual variables. Thus, empirical studies that incorporate these methodological improvements are needed to better understand the magnitude and variability of false allegations.

One concern that has been raised is how CSA is defined across studies. Unfortunately, many studies fail to explain exactly how they define CSA. The debate extends beyond a simple definitional question of where to draw the cutoff point of the age of the victim. It also includes whether researchers should take into account the age difference between the perpetrator and the victims (i.e. should the case of a 18-year-old perpetrator and a 17-year-old victim be classified as CSA?). Victim ages below and above 18 have been used to define CSA, which results in a great deal of variability across studies and limits the ability to compare rates across studies with a degree of accuracy (Pereda, Guilera, Forns, & Gómez-Benito, 2009). Further complicating the issue is the general lack of information regarding what behaviors should be classified as CSA. Beyond the obvious behaviors of inappropriate touching, groping, and intercourse, questions remain about what other behaviors (i.e. showing pornographic material to children, etc.) should also be included in the definition. Despite an urgency for a concise and commonly agreed upon definition of CSA, there has been a significant lack of progress toward this goal (Mathews & Collin-Vézina, 2017). Further research and international collaboration is needed to establish a universally agreed upon definition of

CSA in order to facilitate research and the kinds of meta-analyses that are crucial in understanding not just false reporting in CSA cases, but also understanding predictors of abuse and the effects such abuse has on its victims over their life span. Another serious issue that has been uncovered during the course of the literature review is the overall lack of studies with large sample sizes. The lack of large sample sizes limits statistical power in the analyses that have been found and further reduces the ability to perform meta-analyses on existing studies. Some larger sample size studies have been performed, however, the number of participants is still generally limited.

A large sample size study was the aforementioned Trocmé and Bala (2005) study, with an impressive 7,672 cases of child maltreatment that had been reported and investigated by Canadian child welfare authorities. However, despite the enormous sample size of the Trocme and Bala (2005), it, similar to many other studies, included all types of abuse and neglect, not just CSA. While extremely useful for other purposes, this lumped sum approach limits our ability to derive a false reporting rate for CSA, as we are unable to determine how many of the 4% of intentionally false cases were CSA allegations. Therefore, there is a need in the field not only for studies of larger sample size, but also for research that focuses exclusively on CSA as opposed to all forms of child abuse and neglect.

Given the methodological problems and variance across studies in rates of false accusations, expert testimony regarding this issue must be made cautiously. As the function of expert testimony is to educate the trier of fact, there appears to be no support from the literature review for some single canonical rate to be given (e.g. 2%). This is true particularly when both the methodological problems described above are considered, as well as the variance across studies, and the fact that this testimony can be misleading for the trier of fact. Judges or jurors can then believe that there is a 98% chance of the accusations in the case before them to be true. However, this ignores a key contextual variable described above; there are no studies that have examined the rates of false accusations in currently adjudicated trials—which would be the information that would be most relevant for the judge or jurors.

However, another important caution is related to the question of what sort of biases have historically been implicit with the investigators and investigations that the previous literature has been based upon. These sorts of endemic biases can have a significant distorting effect on the judgments of falsity. This is a debatable but important question. On one hand, there may be a reluctance to believe that sexual abuse occurs, or denials that can occur for psychological or practical reasons within a family. However, on the other hand, considerations, such as that many of the investigators are allied with the prosecution (police, multidisciplinary interview centers, and even CPS), suggests another set of biases. For example, Ceci and Bruck (2006) indicated

how a biased interviewer can unintentionally influence children to provide false statements (although admittedly not of abuse or even of touching). Subjects were 120 preschool children, 90 of whom attended a birthday party with a visitor. The remaining 30 children did not attend the party but instead spent time coloring with a visitor. Interviewers were graduate students from social work and counseling programs who knew that the children had participated in an activity with a visitor but not what it was. Each interviewer individually questioned four children to discover what the child had done with the visitor. Unbeknownst to the interviewer, the first three children that he or she interviewed had been at the birthday party but the fourth had not.

Bruck and colleagues (1999; as cited by Ceci & Bruck, 2006) found that interviewers, after questioning the first three children who had attended the party, wrongly assumed that the fourth child had also attended the party. The interviewers then (unintentionally) engaged in biased questioning with the fourth child in an apparent attempt to confirm their faulty preconceptions. What is particularly interesting is that, in response to these suggestive interviews, 60% of children who had not actually attended the birthday party made false claims to have been there, and 85% of interviewers wrongly concluded that all four of the children they questioned had attended the party. Thus, even well-intentioned child interviewers can become biased based on their expectations and background beliefs and then use suggestive techniques to extract false statements from children. A key question is, to what extent does this sort of phenomena occur in centers that routinely interview children who may have been sexually abused? What steps can be instilled to assure that it does not in the future?

Moreover, once better designed research into the rates of false allegations is conducted, more research is also needed to understand the mechanisms that produce both false positives and false negative accusations. Some have presented broad categorizations of possible causal pathways but there is little empirical research addressing the actual mechanisms of false accusations. The reviewed literature suggests that parental influence/suggestion is one such pathway. It would be useful to understand the causal pathways that produce false allegations, to both attempt to minimize these, as well as to investigate their possible presence in any individual case.

Thus, it seems that false allegations of CSA do occur and thus ideologies such as “believe the children” which may be construed to mean “always believe every child” need to be tempered by this information. Admitting this fact can be difficult, as it makes the investigatory process more complex. However, this fact in no way ought to be considered “anti-child,” in the sense that providing a child with a false autobiographical memory of being a sexual abuse victim is itself iatrogenic. Further research needs to be conducted to refine investigatory processes so that false positive errors or false negative errors are minimized.

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